CITY OF AUSTIN PURCHASING OFFICE
BENEFIT PLANS ADMINISTRATION
Exhibit 5 - Payroll File Layout

Payroll file layout:			
Column	**Length**	**Description**	**Comment**
01 - 09	9	SSN	
10 - 69	60	Last Name	
70 - 84	15	First Name	
85 - 99	15	Middle Name	
100 - 106	7	Business Phone Number	
107 - 107	1	Gender	
108 - 115	8	Birth Date	YYYYMMDD
116 - 123	8	Current Hire Date	YYYYMMDD
124 - 129	6	Division Code	
130 - 135	6	Location code	
136 - 136	1	Employee Status	
137 - 138	2	Benefit Category	
139 - 140	2	Hours pay	
141 - 152	12	Annual Salary	000000000.00
153 - 160	8	Payroll end date	YYYYMMDD
161 - 163	3	Deduction Code	
164 - 165	2	Plan code	
166 - 177	12	Employee amount	900000000.00
178 - 189	12	Employer amount	900000000.00
190 - 219	30	Address Line1	
220 - 249	30	Address Line2	
250 - 279	30	Address Line3	
280 - 299	20	City	
300 - 302	3	State	
303 - 312	10	Zip Code	
313 - 320	8	Employee Number	99999999
321 - 328	8	Address changed date	YYYYMMDD
329 - 330	2	Ethnic code	
331 - 342	12	Supplemental Life Volume Amount (amount 4)	000000000.00