

**SHPS Record Layout (PPP466)
As of release 1888 – 10/02/09**

“Obsolete”

Header Record

Position	Length/ Format	Field Description	Data Element #	Comments
1 – 11	11	Header ID		Literal “00000000000”
12 – 16	5	Control Number		Literal “97001”
17 – 24	8 ccyymmdd	Pay Period Begin Date		
25 – 32	8 ccyymmdd	Pay Period End Date		
33 – 34	2	Pay Indicator		Literal “DP”
35	1	EFT Indicator		Literal “N”
36 – 800	765	Filler		Value spaces

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Employee Record

Position	Length/ Format	Field Description	Data Element #	Comments
1 – 9	9	Social Security Number	EDB0111	Right justified and zero filled.
10 – 11	2	Filler		Value spaces
12 – 16	5	Control Number		Literal “97001”
17 – 36	20	Employee Last Name	EDB0252	No special characters except dash and apostrophe. The last name may be followed by a blank and either JR, SR, III, etc. The unused portion must be spaces. Left justified.
37 – 50	14	Employee First Name	EDB0250	No special characters except dash and apostrophe. Only one blank at a time is permitted within the name. The unused portion must be spaces. Left justified.
51	1	Employee Middle Initial	EDB0251	Alpha characters A-Z or spaces are accepted. Truncate from the left if UC middle name is longer than 1 character.
52 – 56	5	Branch Code		Location code 000+2 digit location code 00001 UCB 00002 UCSF 00003 UCD 00004 UCLA 00005 UCR 00006 UCSD 00008 UCSB 00009 UCI 00094 LBL 00095 LLNL 0096 LANL 0097 ASUCLA 0098 Hastings
57 – 76	20	Filler		Value is spaces
77 – 111	35	Address Permanent Line One	EDB0204	
112-146	35	Address Permanent Line Two	EDB0205	
147-168	33	Address Permanent City	EDB0206	
169-170	2	Address Permanent State	EDB0207	If Foreign Address Indicator = ‘F’, move ‘XX’ to state field.
171-179	9	Address Permanent Zip Code	EDB0208	If Foreign Address Indicator = ‘F’, move zeros to ZIP Code field. Left justify and space fill. Zero fill for foreign address.
180-187	8 ccyymmdd	Begin Date		Beginning effective date for this plan.
188-195	8	End Date		Ending effective date for this plan.

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	ccyymmdd			
196-227	32	Filler		Value is spaces.
228-235	8 ccyymmdd	Health Care Reimbursement Account Effective Date	EDB7338E	Zero fill if not present.
236-243	8 ccyymmdd	Health Care Reimbursement Account Termination Date	EDB0314	Zero fill if not present.
244-251	8 ccyymmdd	DepCare Reimbursement Account Effective Date	EDB7335E	Zero fill if not present.
252-259	8 ccyymmdd	DepCare Reimbursement Account Termination Date	EDB0315	Zero fill if not present.
260-267	8 ccyymmdd	Employee Birth Date	EDB0107	
268-275	8	Employer Health Care Reimbursement Account Amount		Zero fill. Not used at UC.
276-283	8 S9(6)V99	Employee Health Care Reimbursement Account Amount		HCRA deduction taken (GTN 335)
284-291	8 S9(6)V99	Employer DepCare Reimbursement Account Amount		Zero fill. Not used at UC.
292-299	8 S9(6)V99	Employee DepCare Reimbursement Account Amount		DepCare deduction taken (GTN 335)
300-307	8 S9(6)V99	Health Care Reimbursement Account Annual Amount	EDB6338U	Zero fill if not present.
308-315	8 S9(6)99	DepCare Reimbursement Account Annual Amount	EDB6335U	Zero fill if not present.
316	1	Pay Cycle		B = Biweekly, M-Monthly, S= Semi-monthly
317-351	35	Street 3		Space fill. Not used at UC.
352-360	9	Survivor Social Security Number		Space fill. Not used at UC.
361	1	EFT Account Type		Space fill.
362-369	8	EFT Termination Date		Zero fill. Not used at UC.
370-378	9	EFT Transit Number		Zero fill. Not used at UC.
379-395	17	EFT Account Number		Space fill. Not used at UC.
396-400	5	Filler		Space fill.

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401-500	100	Internet Address		Space fill. Not used at UC.
501-532	32	Filler		Value is spaces.
533-540	8	EE – Parking Effective Date		Zero fill. Not used at UC.
541-548	8	EE – Parking Termination date		Zero fill. Not used at UC.
549-556	8	EE – Transportation Effective Date		Zero fill. Not used at UC.
557-564	8	EE – Transportation Termination Date		Zero fill. Not used at UC.
565-572	8	Employer Parking Amount		Zero fill. Not used at UC.
573-580	8	Employee Parking Amount		Zero fill. Not used at UC.
581-588	8	Employer Transportation Amount		Zero fill. Not used at UC.
589-596	8	Employee Transportation Amount		Zero fill. Not used at UC.
597-604	8	Annual parking Plan Maximum		Zero fill. Not used at UC.
605-612	8	Annual Transportation Plan Maximum		Zero fill. Not used at UC.
613-622	10	Medical Plan Code	EDB0292	2 digit Medical Plan code. Left justified. Spaces are accepted. BC - Blue Cross Plus BH - High Option (Blue Cross) BP - Blue Cross PPO CM - Core Major Medical (Blue Cross) DH - Definity Health (UCSF and UCSB only) FP - PacifiCare HN - Health Net KN - Kaiser North KS - Kaiser South KU - Kaiser Umbrella KW - Kaiser MidAtlantic PN - PacifiCare Nevada WH - Western Health Advantage
623-630	8 ccyyymmdd	Medical Plan Effective Date	EDB0454	Zero fill if not present.
631-638	8 ccyyymmdd	Medical Plan End Date	EDB0300	Zero fill if not present.
639-648	10	Dental Plan Code	EDB0272	2 digit Dental Plan code. Left justified. Spaces are accepted. D1 - Delta Dental Service D3 - PMI
649-656	8	Dental Plan Effective	EDB0455	Zero fill if not present.

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	ccyymmdd	Date		
657-664	8 ccyymmdd	Dental Plan End Date	EDB0271	Zero fill if not present.
665-674	10	Vision Plan Code	EDB0347	2 digit Vision Plan code. Left justified. Spaces are accepted. VI - Vision Care
675-682	8 ccyymmdd	Vision Plan Effective Date	EDB0456	Zero fill if not present.
683-690	8 ccyymmdd	Vision Plan End Date	EDB0346	Zero fill if not present.
691-700	10	RX Plan Code		Space fill. Not used at UC.
701-708	8	RX Plan Effective Date		Zero fill. Not used at UC.
709-716	8	RX Plan End Date		Zero fill. Not used at UC.
717-800	84	Filler		Value is spaces.

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Trailer Record

Position	Length/ Format	Field Description	Data Element #	Comments
1 – 9	9	Trailer ID		Literal “999999999”
10-11	2	Filler		Literal “00”
12 – 16	5	Control Number		Literal “97001”
17 – 23	7	Record Count		Number of records on the file including header and trailer.
24 – 34	11	Employer Health Care Reimbursement Account Total		Zero fill. Not used at UC.
35 – 45	11 S9(9)V99	Employee Health Care Reimbursement Account Total		Zero fill if not present.
46 – 56	11 S9(9)V99	Employer DepCare Reimbursement Account Total		Zero fill. . Not used at UC.
57 – 67	11 S9(9)V99	Employee DepCare Reimbursement Account Total		Zero fill if not present.
68 – 78	11 S9(9)V99	Health Care Reimbursement Account Annual Amount Total		Zero fill if not present.
79 – 89	11 S9(9)V99	DepCare Reimbursement Account Annual Amount Total		Zero fill if not present.
90 – 100	11	Employer Parking Total		Zero fill. Not used at UC.
101-111	11	Employee Parking Total		Zero fill. Not used at UC.
112-122	11	Employer Transportation Total		Zero fill. Not used at UC.
123-133	11	Employee Transportation Total		Zero fill. Not used at UC.
134-800	667	Filler		Value is spaces.