

# ELECTRONIC FILE LAYOUT

## File Formats: Tab Delimited or Fixed Length Ascii

NEW or UPDATED FIELDS=N

CURRENT FIELDS=C

Note: Some fields were previously combined

Must Have From Employer to Process Report		Column Name	Format	Size	Starting Position	Ending Position	Format
Y	N	Employer Number (WGA Assigned)	X(10)	10	1	10	
	N	Employer Federal ID #	X(10)	10	11	20	
Y	C	Employer Name	X(36)	36	21	56	
Y	C	Writer Last Name	X(18)	18	57	74	
Y	C	Writer First Name	X(12)	12	75	86	
	C	Writer Middle Name or Initial	X(12)	12	87	98	
Y	C	Writer's Social Security Number	X(9)	9	99	107	
	C	Employer Project Name	X(40)	40	108	147	
Y	C	Earned From Date	9(8)	8	148	155	YYYYMMDD
Y	C	Earned Thru Date	9(8)	8	156	163	YYYYMMDD
Y	N	Pension Plan Subject Comp.	9(8).99	11	164	174	99999999.99
Y	N	Health Fund Subject Comp.	9(8).99	11	175	185	99999999.99
Y	C	Pension Plan Contribution Rate	9(2).99	5	186	190	99.99
Y	C	Health Fund Contribution Rate	9(2).99	5	191	195	99.99
	C	Budget	X(1)	1	196	196	
	C	Project Length	9(3)	3	197	199	
	N	Project Type	X(25)	25	200	224	
	C	Episode Number	X(8)	8	225	232	
	C	Episode Title	X(40)	40	233	272	
	C	Residual Air Date	9(8)	8	273	280	YYYYMMDD
	C	Residual Run #	X(10)	10	281	290	
	C	Residual Payment Type	X(3)	3	291	293	
	C	Employer Project ID #	X(20)	20	294	313	
	N	Report Begin Date	9(8)	8	314	321	YYYYMMDD
	N	Report End Date	9(8)	8	322	329	YYYYMMDD
	N	Date Prepared	9(8)	8	330	337	
	N	Agreement Type	X(20)	20	338	357	
	N	Agreement Year	9(4)	4	358	361	
	N	Initial Market	X(20)	20	362	381	
	N	Pension Contribution Paid Amount	9(8).99	11	382	392	99999999.99
	N	Health Contribution Paid Amount	9(8).99	11	393	403	99999999.99
	N	Writer's Contract Date	9(8)	8	404	411	YYYYMMDD
	N	Writer's Hired Service	X(30)	30	412	441	
	N	Compensation Type	X(30)	30	442	471	

<b>Must Have From Employer To Process Report</b>		<b>Column Name</b>	<b>Format</b>	<b>Size</b>	<b>Starting Position</b>	<b>Ending Position</b>	<b>Format</b>
	N	Writer's Loan-Out Corp Federal ID #	X(10)	10	472	481	
	N	Writer's Loan-Out Corp Name	X(30)	30	482	511	
	N	Team Writer %	9(2).99	5	512	516	99.99
	N	Purchase Payment	X(3)	3	517	517	
	N	Paying Agent Code	X(10)	10	518	527	
	N	Paying Agent Name	X(40)	40	528	567	
	N	Quarter Earned	X(5)	5	568	572	YYYYQ
	N	Fund Office Use Only	X(10)	10	573	582	

If you have any questions, please call the Administrative Office at 818-846-1015.