

Format of Textfile

S.No	Field Name	Length	Position	Type	Mandatory	Remarks
1	Employer code	12	01-12	Alphanumeric	Yes	Employer Code, Verify employer code using check digit checking. Left justified
2	Myco ID/SSM number	20	13-32	Alphanumeric	No	ROB, ROC. Left justified
3	ID Number	12	33-44	Alphanumeric	Yes	New IC number (12 digit) or Social security number (SSN). Left justified
4	Employee Name	150	45-194	Text	Yes	Name of employee as per employer submitted. Left justified
5	Month Contribution	6	195-200	Number	Yes	Contribution Month (mmyyyy). Month due cannot be advance date ex: month due for Jan 2014 payment date < Jan 2014
6	Contribution Amount	14	201-214	Number	Yes	Ringgit amount (ie. in cents, no decimal point) Right justified
7	Employment Date	8	215-222	Number	No	Employment start or end date (DDMMYYYY) for employee join/resign for that month
8	Employment Status	1	223	Text	No	Status of the employee: B (Pekerja Baru), H (Berhenti), M (Meninggal Dunia), S (Cuti Sakit dalam tempoh menerima faedah Perkeso) T – Cuti tanpa gaji