UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

Electronic Official Personnel Folder (eOPF) Interface Control Document

Form Data Feed (FDF)

OPM.GOV

Issue Date: March 31, 2021

Effective with eOPFv20260602 (06/02/2026)

Change Page

Version	Date	Revision Description
		See Appendix D for previous changes.
5.2	11/05/2019	Added error code 930 Missing field found – <field name inserted> for SF-50, SF-2809, SF-2810, SF-2817, TSP-1, TSP-1C and DG-60
5.2	12/12/2020	• Removed references to DWP and replaced with eOPF • Removed references to Data Warehouse Production Support team • Updated eOPF Points of Contact • Removed references to virtual folders other than Permanent, Temporary and Performance • Removed form TSP1-C • Updated Field Types to M (Mandatory) on the following SF-2809 - EMPLOYEE-ADDRESS1, EMPLOYEE-ADDRESS4, EVENT-CODE, EVENT-DATE, RECEIVED-DATE SF-2810: EMPLOYEE-ADDRESS1, PAYROLL-OFFICE-NUMBER, PERSONNEL-CONTACT, PERSONNEL-TELEPHONE, PAYROLL-CONTACT, PAYROLL-TELEPHONE SF-2817: EMPLOYEE_NAME_LAST, EMPLOYEE_NAME_FIRST, DATE_BIRTH, AGENCY, ADDRESS_AGENCY_CURRENT_CITY, ADDRESS_AGENCY_CURRENT_STATE, ADDRESS_AGENCY_CURRENT_ZIP, EMPLOYEE_PHONE_NUMBER, AGENCY1, DATE_RECEIVED, FEGLI_EVENT TSP-1: ADDRESS1, ADDRESS2, PHONE-AREA-CODE, PHONE-NUMBER, OFFICE-IDENTIFIER, PAYROLL-OFFICE-NO, RECEIPT-DATE DG-60: NATURE-TRANSACTION, PAYROLL-OFFICE-NO, CPDF-CODE, DATE-OF-ACTION
5.3	3/17/2025	• Added clarification for Effective Date in the modernization system.
5.4	9/10/2025	• Corrected FLSA_Category_35 spelling • Updated various validation elements from Mandatory to Optional • Updated references of transfer protocol to SFTP from Connect:Direct
5.5	9/24/2025	• Added definition for AF 2545
5.6	06/02/2026	• File size limit recommendation updated to no larger than 350 MB

Table of Contents

List of Tables

List of Figures

1.0 Overview

Disclaimer: This is to be a living document and will receive periodic updates throughout the end of FY25 and the beginning of FY26. Notifications will be made when updates are published with the details of said changes.

The electronic Official Personnel Folder (eOPF) solution supports a variety of methods to capture personnel data and documents and place the data and documents into specified folders. This document addresses the Form Data Feed (FDF) service method of data ingestion into eOPF, which creates a Portable Document Format (PDF) file document from provided data elements rather than loading a provided PDF file document. The information provided in a FDF file is used to create a form-based eOPF document and to index the document into an employee's eOPF. The data provided in the FDF populates a variety of forms (e.g., SF-50, SF-52, TSP-1, etc.) found in an employee's folder in an eOPF instance. This document provides specification for each supported form.

1.1 Purpose

This document focuses on the eOPF FDF service and the specifications a Data Provider must meet to deliver form data into the Office of Personnel Management's (OPM) eOPF solution. It addresses the entire delivery, testing, and reconciliation process. It defines the roles for both the eOPF Host Provider and Data Provider to ensure accurate and complete ingestion of data into OPM's eOPF solution. This document standardizes the specifications for the system interface used for transmissions from a personnel or payroll provider to eOPF.

1.2 Scope

The intent of this document is to delineate transaction flow, file naming conventions, file structures, file formats, error handling, testing procedures and reconciliation processes needed to exchange data between the Data Provider's system and the eOPF solution. This common framework—used by both the Data Provider and the eOPF Host Provider—ensures data are ingested and reconciled into the eOPF solution.

1.3 eOPF Points of Contact

Please submit a helpdesk request at eopfhelpdesk@eopf.opm.gov

2.0 Repository of Information

The electronic Official Personnel Folder (eOPF) is a comprehensive repository for employee and HR data for the entire life cycle of a federal employee. OPM formally approved the eOPF as the Official Personnel Folder for federal employees on March 9, 2009. The eOPF is the official record for an employee.

The purpose of the eOPF is to provide a consolidated image and data view to digitally document the employment actions and history of individuals employed by the federal government. The eOPF is a digitally imaged version of an employee's paper personnel folder with documents housed on the virtual Permanent (right) and Temporary (left) sides of the eOPF. When digitally imaging the OPF, the scanning vendor must preserve the integrity of the signed record just as if it was the OPF filled with paper documents. The OPM Guide to Personnel Recordkeeping (GPR) provides guidance on documents filed in an employee's eOPF on the Permanent and Temporary sides.

eOPF functionality enables HR Specialists to digitize, index, and store hard copy personnel documents in an electronic format from a designated point in time, known as *day forward*, thus eliminating the need for paper filing and storage while improving access to eOPFs for HR personnel and employees. After the conversion of an employee's paper OPF, eOPF is the repository for any data related to a federal employee's career.

2.1 Interfacing with eOPF

Agencies use either a personnel or payroll provider that cross-services multiple agencies or they provide the data from their own agency systems. This requires the establishment of an interface between eOPF and the personnel and/or payroll providers to routinely update employee records with employee data, SF-50 transactions, and benefits data.

2.2 eOPF Security and Privacy Safeguards

eOPF works within a multi-level secure environment established in accordance with the Federal Information Processing Standards Publication (FIPS PUB 199), Federal Information Security Management Act of 2002 (FISMA, Public Law 107-347, 44 U.S.C. 3531-3536) and the Office of Management and Budget's (OMB) Circular A-130, Appendix III Security of Federal Automated Information Systems.

The eOPF system is categorized with a High security level because the system as a whole is subject to stringent security controls to accommodate the sensitive but unclassified (SBU) data.

eOPF complies with the Privacy Act of 1974 to safeguard the system from unauthorized use. Transport Layer Security (TLS) authenticates the connection between client and server and encrypts/decrypts data using FIPS 140-2 compliant encryption algorithms. eOPF monitors and restricts document access on a need-to-know basis. The eOPF system logs all activity performed in the eOPF application which is accessible through various reports. The eOPF provides an audit trail, including a mandatory log that documents when and why an authorized user reviewed an eOPF.

2.3 File Transmission Process

The process for transmitting data from the Data Provider to the eOPF Host Provider and staging the data feed files to be processed by the eOPF FDF service is shown in Figure 1.

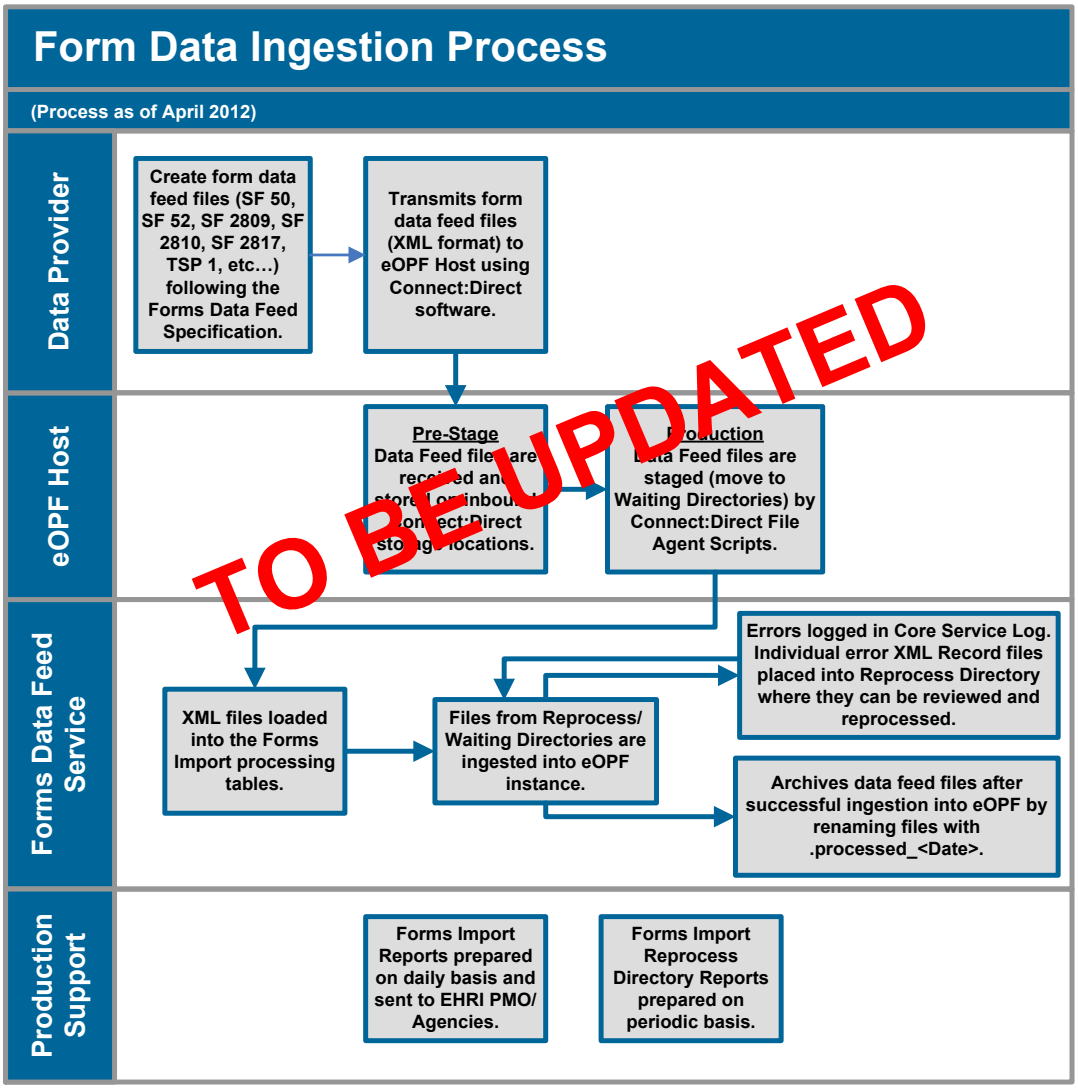

Figure 1. Form Feed Data Ingestion Process

The process begins with receipt of a Data Provider generated transaction file (i.e., FDF file) to populate documents into an eOPF instance. This FDF file is sent from the Data Provider to the eOPF Host Provider using SFTP transport services. Host scripts are used to move the received data feed files to the appropriate agency and service waiting directory. The FDF service picks up a file from the waiting directory and begins the ingestion process. Each form has its own Extensible Markup Language (XML) specification representing the data elements specific to a form. Typically, an agency data provider sends an initial employee data feed to create all required employee accounts in an eOPF instance prior to sending any FDF files. After eOPF establishes the eOPF account and folder, the system processes the FDF files for document creation and assignment into an employee folder. The FDF file contains information that triggers the creation of a new document record in an eOPF instance.

All FDF files follow the process flow shown in **Figure 1**. However, the setup of an agency's FDF service impacts how the system processes the data in the files. The eOPF Operations Team discusses these settings and tests them with the agency and the data provider to ensure the FDF matches the agency's requirements and the configuration of the service. Settings include defining the forms the service supports in an agency's eOPF instance.

When a Data Provider makes system changes that affect the FDF file and its contents for an agency, the Data Provider and agency must work with the eOPF PMO to test the changes to ensure the FDF service is configured to process the new data and the file loads.

When the FDF file fails to open, the system moves it to the service-agency ‘Reprocess’ directory and an error logged. The eOPF Operations team contacts the provider and agency when an error is detected that requires resolution by the data provider or a decision that must be made by the agency. The eOPF Operations team resolves and processes the file when the error is local to the eOPF Host Provider infrastructure.

3.0 Roles and Responsibilities

The eOPF PMO works with numerous organizations, both government and commercial, to maintain the eOPF application. Throughout this document the following terms identify the roles of the multiple organizations participating in the transmission of information to eOPF:

- **eOPF PMO** – Provides program management oversight for the eOPF system.
- **eOPF Operations (Ops) Team** – Provides technical oversight for the eOPF system - including the interfaces with key HR data systems—to routinely accept, process, and post personnel data received through electronic data feeds.
- **eOPF Host Provider** – Provides a managed hosting solution for the eOPF application. The host is responsible for the hardware, software, maintenance, upgrades, backup/disaster recovery and day-to-day operations for the environment.
- **Agency/Subagency –** Obtains approvals for the submission of forms/data; provides requirements to providers; tests, reviews and approves the results of the test file submissions; assures compliance by the provider and agency personnel with the OPM guidance; and focuses on the day-to-day administration of the eOPF functions and the delivery of service and support to their employees. The agency is responsible for the entry and accuracy of data contained on the documents and forms filed in the OPF and must work with the Data Provider to assure eOPF PMO is notified of all software changes that affect data and files submitted to OPM.
- **Data Provider** – Transmits agency information in Extensible Markup Language (XML) format, scanned PDF images, and form data to eOPF. The provider is responsible for:
  - The accuracy and completeness of the transmittal file
  - Ensuring correctly formatted XML with NO additional white space in the data element tags
  - Reconciling data
  - Working with the serviced agencies to correct the root causes of data errors
  - Coordinating notifications to eOPF PMO with the serviced agencies when software or hardware changes affect the data and files submitted to OPM

  Different types of Data Providers include:

  - **Conversion Vendor/Scan Provider** – Works with agencies at the direction of the, eOPF PMO to manage the process of converting agency documents from paper to electronic format and incorporating the data and images into eOPF. This includes managing data from various Data Providers, maintaining the eOPF interface, and managing the day-to-day operations of the eOPF production environment. It also includes scanning and indexing paper OPFs to create ZIP files with PDFs and indexing data resulting from backfile and day forward conversion, which is the ongoing scanning and indexing of new records not available during backfile conversion, such as OPFs for new hires. A Scan Provider is either a contractor or a government agency certified by OPM.
  - **Personnel/Payroll Provider** – Provides data feeds for an agency or multiple agencies, including data feeds for employee data, employee forms such as SF-50 or SF-52 and employee self-service elections. Personnel/Payroll Providers include the National Finance Center (NFC), Interior Business

Center (IBC), the General Services Administration (GSA) and the Defense Consolidated Personnel Data System (DCPDS).
    - **Agency Provider** – Provides data for its own agency. For example, the Department of Energy (DOE) sends employee data to eOPF rather than using an external Data Provider to transmit the data.
    - **Employee Self Service Provider** – Provides self-service benefit elections in an automated system. Examples are Employee Express (EEX) and the Employee Benefits Information System (EBIS).
    - **Entry on Duty (EOD) Provider** – Provides EOD data for a specific agency or for multiple agencies. Example is USA Staffing.
    - **Other Providers** – Supplies documents for a specific agency or for multiple agencies. An example is one that provides Performance documents.

- **Form Owner** – The office that owns a form, including the right to approve and publish form updates, manage the policy affecting the form, and approve or deny the completion of the form. The eOPF PMO provides specific contact information for the Form Owners.

4.0 Getting Started

As indicated previously, the focus of this document is the transmission of form information via data feed for ingestion into the agency's eOPF instance. For those forms completed by an employee, Data Providers transmit data entered by an employee directly into an electronic employee self-service system. Data Providers do not transmit transactions entered by HR personnel based on a paper election form submitted by an employee to a Personnel Office Identifier (POID). If an employee submits a paper transaction, HR scans/loads the paper document into eOPF from a desktop or shared drive. Data providers must contact the PMO before sending data to eOPF.

4.1 Transmission Protocol

Data Providers use SFTP as the primary mechanism for transmitting data files to the eOPF Host Provider. Depending on the source of HR-related data, one Data Provider may submit data for many agencies. While the data file format and content may vary by Provider, all Data Providers are required to submit data, in the format specified, to the eOPF hosting site using SFTP.

When a Data Provider does not have an established SFTP capability, the Data Provider must contact the eOPF PMO point of contact for SFTP to determine the appropriate software and connectivity to the eOPF hosting site. Contact the eOPF PMO point of contact (**Error! Reference source not found.**) for a schedule of the eOPF Host Provider maintenance periods.

Data Providers are expected to maintain their SFTP software and infrastructure with current patches and maintenance activities to ensure ongoing connectivity with the eOPF hosting site.

4.2 Transmission Schedule

The agency, working with its Data Provider and the eOPF PMO Operations team establishes a schedule for testing its transmissions and a schedule for the initial transmission, subsequent transmissions, and the frequency of recurring transmissions.

4.3 Notifications

The agency and Data Provider coordinate the testing and transmission of data to eOPF and provide the schedule for any subsequent transmissions to the eOPF PMO prior to the initial transmission. The schedule must include type of data, agency, start date, and frequency when the agency and its Data Provider plan to transmit data feeds.

The agency and Data Provider also notify eOPF PMO and coordinate the testing and transmission of data to eOPF when software changes are made that affect the data or files submitted to OPM.

4.4 Required Documentation

The agency, the Data Provider, and eOPF PMO must complete required documentation before data is transmitted for the first time. The eOPF PMO requires the following documents to ensure all parties comply with established conditions:

- **Memorandum of Understanding (MOU)** – A business-level agreement or contract between eOPF PMO and the agency. The MOU specifies the quality of data and requirements for adherence to eOPF standards and guidelines.
- **EOD System Certification** – A list of requirements an agency must meet before transmitting EOD data to eOPF. The agency must test the functionality of the EOD

system and provide a certification indicating the EOD system meets the requirements in this document and the HRLOB EOD CONOPS.

- **Terms of Reference (TOR) Addendum** – When sending data containing electronic signatures, agencies must obtain approval to use an electronic signature in lieu of personally signed paper SF-50s in accordance with the GPR, Ch. 1, and the Guide to Processing Personnel Actions (GPPA), Ch. 3. The agency must complete a TOR and provide it to the eOPF PMO when the agency uses an electronic signature on its SF-50s without OPM approval.
- **Interconnection Security Agreement (ISA)** – An agreement to exchange data between the two parties who plan to exchange data. The ISA is only necessary when the connection is LAN-to-LAN. A client connection does not need an ISA. For EOD, the ISA specifies security considerations, rules of behavior, formal standards, and audit trail responsibilities.
- **Authority to Operate (ATO)** – A letter or memorandum from the agency's senior official indicating the successful completion of the Security Assessment and Authorization (SA&A) process, including a plan to continue to mitigate problems and sustain operations.
- **Test Plan** - The agency and Data Provider must provide a complete eOPF XML development test plan for review and approval by the eOPF PMO. The plan must include accuracy analysis with feedback for all the Data Provider's test data submissions.

4.5 Electronic Signature

Many of the FDF files provide data for signature fields found on the forms. This section contains guidance for the Data Providers who are transmitting signature field data to the eOPF Host Provider.

Agencies must conduct an assessment of data sensitivity and available electronic signature technologies, as well as the federal policy and regulations that support the use of electronic signatures. The following sections of the Government Paperwork Elimination Act (GPEA) provide guidance for the use of electronic signatures:

- Section 1703: Procedures for Use and Acceptance of Electronic Signatures by Executive Agencies
- Section 1706: Study on Use of Electronic Signatures
- Section 1707: Enforceability and Legal Effect of Electronic Records

Additional guidance in the Use of Electronic Signatures in Federal Organization Transactions developed by General Services Administration (GSA) and Federal Chief Information Officers (CIO) Council at the request of the Office of Management and Budget (OMB).

Most form owners allow electronic signature when the agency deems the security and reliability of its electronic approval process to be equivalent to or greater than a wet signature, and the collection of an electronic signature is practical.

For forms transmitted to eOPF, the employee signature block on an electronically signed form must contain the text "Electronically signed by: <Signer Name>". Alternate signature blocks (Witness, Agency Official, etc.) must contain "Electronically signed by <Signer Name>", with the signer's title, regardless of the presence of the signee title in a separate field. In accordance with the GPR, Ch. 1, and the GPPA, Ch. 3, agencies must request approval to use an electronic signature in lieu of personally signed paper SF-50s. If an agency uses an electronic signature on its SF-50s and has not requested approval to do so, the agency must complete a Terms of Reference (TOR) Addendum with the eOPF PMO.

5.0 Standards for FDF Transmissions to eOPF

The eOPF FDF service supports the ingestion of files into an eOPF repository. The following diagram shows a high-level flow of the many data feeds transmitted to the eOPF Host Provider for ingestion into an eOPF instance, including the eOPF FDF service. The transmission of data to eOPF includes a consistent set of activities, no matter the kind of information. Although differences exist between the eOPF processing services this document focuses on the eOPF FDF service.

In general, the Data Provider transmits data in the format specified in each service's document to the eOPF Host Provider using SFTP. The data enters the Pre-Stage area. Scripts developed by the eOPF Host Provider move the files from Pre-Stage to the appropriate service's staging directory. The system retrieves data from the staging directory and processes it.

During ingestion, the service logs the errors and continues to process the next record from the provided data feed file. When the FDF service cannot read the FDF data file, the service renames the file with an extension of '.processed' and logs the error. When the file is readable but individual records contain errors, the FDF service places the failed data feed file records into a reprocess directory for retry and determination of appropriate action to load or delete the data. The eOPF Operations team notifies the eOPF PMO and the appropriate agency eOPF representatives when the FDF service error occurs.

A Data Provider can send multiple FDF files to the eOPF Host Provider for ingestion by the eOPF FDF service.

It is the responsibility of the Data Provider to track and maintain its deliveries to the eOPF Host Provider for reconciliation of all transactions.

5.1 FDF File Transmissions to the eOPF Host Provider

Files are transmitted to the eOPF Host Provider via secure file transfer using SFTP to address a National Institute of Standards and Technology (NIST) requirement. Data Providers are required to submit their data feeds, as specified in this document, to the eOPF Host Provider using SFTP. SFTP is a software product that supports the secure transmission of files between two parties. This product requires a license and configuration, testing, and verification by both the Data Provider and eOPF Host Provider. If a Data Provider does not currently have SFTP capability, the Data Provider must contact the eOPF PMO point of contact for SFTP (**Error! Reference source not found.**) to discuss the appropriate software and/or connectivity to the eOPF hosting site.

The Data Provider establishes a connection to the eOPF Host Provider to secure the data during transmission. At the eOPF Host Provider the SFTP File Agent is used to move files from the eOPF Host Provider SFTP server to the correct eOPF staging area for processing by the eOPF FDF service.

One Data Provider may submit data for many agencies and when that is the case, the provider uniquely identifies each submission. This document provides the specifications to ensure the provider submits uniquely named files.

SFTP is used for data transmissions because it ensures rigorous security and shortened processing windows. It also ensures the following:

- **Predictability** – Ensures delivery via automated scheduling, checkpoint restart, and automatic recovery/retry
- **Security** – Ensures the information remains private and file transmissions are auditable for regulatory compliance via a proprietary protocol, authorization, and encryption (FIPS 140-2 and Common Criteria certified)
- **Performance** – Ensures transmission of high volumes of files

If a Data Provider already has SFTP capability, the Data Provider must contact the appropriate eOPF PMO point of contact (**Error! Reference source not found.**) to determine the required documentation that must be submitted to and approved by the PMO.

5.2 Field Sizes and Truncation

The Data Provider must truncate any data that exceed the maximum field size, as specified in this document, before transmitting the data to the eOPF Host Provider for ingestion into an eOPF instance. The Data Provider truncates any beginning or trailing white space on a value contained in an XML element. The eOPF system reads values as provided including the white space in the XML element.

5.3 Field Type

The field type indicates if data in a field is mandatory or optional. A mandatory field indicates the Data Provider must send data to eOPF. An optional field indicates the Data Provider may/may not need to submit data. An optional field may become mandatory when another related field contains data. For example, when the agency elects to send new document notifications to the employee, the work email address is necessary to send the email notification.

5.4 Data Quality and its Impact

The eOPF system reads and stores data as delivered, including any white space at the beginning or ending of a value. The provider is responsible for providing valid data and eliminating any initial or trailing unwanted characters/white space. Any mandatory/optional date field when populated must contain a real date. The use of 00/00/00 is not a valid date and results in a rejected/error record placed into FDF reprocessing.

The agency is responsible for the accuracy of data and the Data Provider is responsible for accuracy and completeness of the transmittal file. Both the agency and the Data Provider must work together to ensure compliance with federal regulations and requirements. The Data Provider should validate the contents of the file before transmitting to eOPF. The agency should validate the contents of the folders after the file processes.

Poor data quality can result in the failure to process a record at best and at worse, processes the record but results in the need to back out the transactions from the eOPF repository. When this occurs, the eOPF PMO works with the provider to determine the best course of corrective action; however, the eOPF PMO takes no actions until the Data Provider notifies the customer agencies of the issue and the corrective steps. Depending on the complexity of the issue caused by improper/incomplete provider data, the eOPF PMO may assess additional charges to an agency to resolve the issues. **If a data provider transmits a data feed file that only partially processes, the data provider must be able to resubmit the remaining portion of the file for processing.**

5.5 Unique Identifier for Each Data Provider

The eOPF PMO assigns a unique identifier to each Data Provider for inclusion in each transmission. The unique identifier for a federal government organization is the four-character code defined in the Guide of Data Standards (GDS) in which the first and second positions indicate the agency and the third and fourth positions indicate the administrative subdivision (i.e., sub-element). When an agency has no sub-elements, the third and fourth positions are zeros (xx00).

The Vendor Identifier is the unique identifier for a Data Provider such as a Scan Provider that is not a federal government agency. The identifier is a two alpha-character code provided by the eOPF PMO.

5.6 XML – Supported File Format

XML is the standard for the eOPF FDF service files. The FDF file contains data elements used to produce documents (SF-50, TSP-1, SF-2809, etc.) associated to agency's employees in an agency's eOPF instance. The file must be a well-formed XML document as defined in the World Wide Web Consortium (W3C) XML Specification 1.0 (Fifth Edition).

The XML 1.0 Specification defines an XML document as a text file that is well-formed (i.e., it satisfies a list of syntax rules provided in the specification). Some key points are:

- Use character set encoded "ENCODING=ISO-8859-1".
- XML predefines the following five entity references for special characters that would otherwise be part of markup language:

Table 1. XML Entity Reference

Character Name	Entity Reference	Character Reference
Ampersand	&amp;	&
Left angle bracket	&lt;	<
Right angle bracket	&gt;	>
Straight quotation mark	&quot;	"
Apostrophe	&apos;	'

- Substitute the Character References stated above with the Entity References accordingly.
- The element tags are CamelCase with underscores.
- The beginning and end tags must match.
- The XML must be formatted with NO additional white space in the data element tags.
- There is a single "root" element that contains all the other elements.
- The file must be an American Standard Code for Information Interchange (ASCII) formatted text file.

Providers must include XML declaration instructions in each XML file submission. The XML declaration is a processing instruction that identifies the document as being XML. All XML documents must begin with an XML declaration.

Declaration Instruction Rules:

- Declaration must be situated at the first position of the first line in the XML document
- Declaration must contain the version number attribute
- Place the XML declaration in the order shown below
- The XML declaration must be in lower case (except for the encoding declarations)

eOPF Declaration Requirement:
<?xml version="1.0" encoding="ISO-8859-1" standalone="yes" ?>

6.0 Data Description and Required Format

6.1 Types of Feed Information Transmitted to eOPF

The role of an organization that transmits information to eOPF determines the types of information it sends to eOPF. Although various Data Providers send Employee Data Feed files, FDF files, etc. the focus of this document is the eOPF FDF file specification and interactions with the eOPF FDF service. A Data Provider submits FDF files according to the specifications in this document. When the eOPF PMO adds a new file to the FDF service, the Data Provider sends applicable FDF files for all agencies for whom they collect the data. The submission of the data via FDF is not optional when the data is available in the Data Provider system. For example, when eOPF included the TSP-1, each provider collecting the TSP-1 data as prescribed in this ICD should submit FDF TSP-1 files for all the serviced agencies.

All actions/documents contained in the files must be effective. The Data Providers do not submit future dated actions or documents to eOPF.

6.2 FDF File Description

Each FDF service file contains a combination of agency, employee, and form data used to ensure the system creates and places forms in the proper eOPF instance and in the correct employee folder. The XML file contains form specific transactions for one or more employees found in a specific agency eOPF instance. The file cannot co-mingle a variety of form data nor can it contain data for employees found in different eOPF instances.

6.3 FDF File Naming Format

The files ingested by the eOPF FDF service must conform to the following naming convention which identifies the purpose of the file and the agency it represents in the transmission, staging and process of the FDF.

Convention:
FILETYPEDATAPROVIDERIDENTIFIERNAMEOFFORMYYYYMMDDAGENCYCODENNNN.SUFFIX

Example:
MFDFAG90SF50XX20101112HS000000.XML

Description:
First U.S. Coast Guard XML SF-50 data feed file submitted by NFC on November 12, 2010 containing data for multiple employees

The following table contains an explanation of each portion of the file name:

Table 2. FDF File Naming Convention

Name Segment	Data Length	Description	Example or Note
File Type	4	Always use 'MFDF'. Constant value of MFDF indicates file contains data for multiple employees	Always Use 'MFDF' whether file contains a single employee transaction or multiple employee transactions. The value 'S' is legacy.
Data Provider Identifier	4	The OPM-assigned code for the submitting provider. Contact eOPF PMO when a value is missing from the list.	National Finance Center = AG90 Interior Business Center = IN00 U. S. Department of Energy = DN00 Bonneville Power Administration = DN03 General Services Administration = GS00 U. S. Department of Health and Human Services = HE00 U. S. Courts = JL02 U. S. Department of Veterans Affairs= VA00 Defense Civilian Personnel Advisory Service = DD75 Smithsonian Institution Trust = SI00 Office of Personnel Management/Employee Express = OM00 IBM = 99IB
Name of Form	6	This part of the file name varies in length as it matches the form identifier. It is a constant value for each form. It is used by the Host Provider to process the file. Constant value of DG60 indicates the DG-60 data file type, which is in lieu of an FEHB Premium Conversion	Supported Forms: SF50XX SF52XX TSP1XX DG60XX AO52XX AO250X DA3434 NAF52X SF2809 SF2810 SF2817 SI650X
Century	4	For file "as of" date, indicates century (19 to 20) and year (01 to 99)	2010
Month	2	For file "as of" date, indicates month (01 to 12)	11, Single digit values must be zero padded. A '7' becomes '07'.
Day	2	For file "as of" date, indicates day (01 to 31)	12, Single digit values must be zero padded. A '7' becomes '07'.
Agency Code	4	The agency code followed by 00 for the agency collecting the data.	HS00
Submission Indicator	4	The first submission for each "as of" date and form is a numeric zero. When submitting multiple files for the same "as of" date and form, the indicator increases by 0001	0001
.SUFFIX		Use the file suffix .XML for XML format files.	.XML

The eOPF Operations team configures the FDF service to support specific types of data feeds. When a provider changes existing or adds new FDF files for an agency, the provider must test with the eOPF PMO to ensure the FDF service can process the feeds.

6.4 Field Formats

The following table lists the various data formats for fields transmitted to eOPF and provides descriptions and examples.

Table 3. Field Format

Data Format	Description	Examples
CHARACTER	One or more alphanumeric and special characters, not including the vertical bar character ('|') that represents a field value.	000456789 125 Main St., S.W. Y OM00
NUMBER	One or more numeric characters that represent a number.	0 180
DECIMAL	One or more numeric characters with up to "n" positions to the right of the decimal point. The decimal point should appear in the field value if required. A decimal point is neither required nor implied, e.g., 400 represents 400 not 4.00.	For a format of Decimal (9,2): 0 1500 1234567.89 1234.0 0.75
DATE	Values that contain a precise calendar date. Format is MM/DD/YYYY. **Slashes are required**	Valid date: 05/22/2011 **It must be a valid date. 99/99/9999 and 00/00/0000 are not valid dates.**
DOLLAR AMOUNT	One or more numeric characters with a $ sign that represent a monetary value. The inclusion of the $ sign is based on the form. When the $ sign is on the form, do not send it. When the $ sign is not on the form, send it. The data displays as sent.	$200.00 200.00
PERCENTAGE	One or more numeric characters with a % sign. The inclusion of the % sign is based on the form. When the % sign is on the form, do not send it. When the % sign is not on the form, send it. The data displays as sent.	25% 25

7.0 FDF File Specifications

The eOPF FDF service supports a form data feed file as a single large XML file containing multiple transactions for a single form type associated to a single eOPF instance. For example, a provider may send an SF-50 form import feed file that contains only SF-50 data for a group of employees found on a single instance of eOPF. The FDF service feed file cannot co-mingle a variety of form data nor should the data be for employees found in different eOPF instances. Appendix A provides a list of required tests between the Data Provider and the eOPF Host Provider to ensure compliance with the input file specifications.

Prior to sending any form feeds, the agency must coordinate with eOPF PMO to test and ensure the form is enabled in the agency's eOPF instance.

7.1 Form Data Feed File XML Format

Each data feed file must comply with the following rules:

- The data feed file must be an ASCII formatted text file
- The data feed file must comply with the form XML specification provided in section 7 of this document
- The data file record must contain all XML tags as specified for the form even if the tag is null
- The data feed file must be a well-formed XML document as defined in the W3C XML Specification 1.0 (Fifth Edition)
- The data feed file validates successfully against the eOPF XML specification.
- The agency code in the name of the delivered data feed file must match the agency code in the configuration setup
- The XML file encoding must comply with the "ISO-8859-1" standard

7.2 Form Data Feed File Specification

There are multiple form import feed file specifications as each of the forms is unique. The following table lists the forms accepted by the eOPF FDF service.

Table 4. Location of Form Specifications

WHEN THE TYPE OF FORM IS…		FIND SPECIFICATIONS IN TABLE…
SF-50	Notification of Personnel Action, 6/30/93	Table 6
SF-52	Request for Personnel Action, 6/30/93	Table 7
SF-2809	Employee Health Benefits Election. November 2014	Table 8
SF-2810	Notice of Change in Health Benefits, June 1995	Table 9
SF-2817	Life Insurance Election, November 2011	Table 10
TSP-1	Thrift Savings Plan Enrollment, 01/2015	Table 11
AO-52	Request for Personnel Action, 6/30/93, U.S. Courts	Table 12
AO-250	Notification of Personnel Action, 12/2001, U.S. Courts	Table 13
NAF-52	Request for Personnel Action, 6/30/93	Table 14
DA-3434	Notification of Personnel Action Non-Appropriated Funds Employee, FEB 89	Table 15

WHEN THE TYPE OF FORM IS…		FIND SPECIFICATIONS IN TABLE…
DG-60	Employee Express - Premium Conversion Waiver / Election Form	Table 16
SI-650	Notification of Personnel Action- Smithsonian Institution	Table 17

7.3 Record Specifications

The following table defines the column headings used to describe the form specification.

Table 5. Structure of Delivery Transaction XML File

Structure of Delivery Transaction XML File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example**
Name used for XML tag in the XML record structure XML Tag Name should not contain spaces.	Max Size of value	M = Mandatory Field O = Optional Field	Description of desired information placed into element.	Specifies the format of the data.	Provides an example of a valid XML element entry.
SSN	11	M	Social Security Number with dashes	Character	“000-00-0000”

7.4 SF-50 Notification of Personnel Action Form Input File Specifications

7.4.1 SF-50 Data Feed XML-based File Specification

The eOPF system processes and loads the SF-50s created by HR. The SF-50s must be in compliance with the OPM guidance and the file contents must match the data on the SF-50s produced by the provider system, the Individual Retirement Records (IRR) and the data included on the file submitted to EHRI.

The following table presents the structure for current and history correction SF-50s. The XML record tags defined below separate the transactions. Where appropriate the Description column contains the SF-50 block numbers.

When sending large amounts of data, providers send multiple files sized at, no larger than, approximately 350 MB each and increment the submission indicator in the filename.

Providers must send a record containing all XML tags as specified for the form. The order of the XML elements/tags does not matter; however, the Data Provider must include all elements/tags with either a value or null.

Table 6. XML Format for SF-50 FDF File

XML Format for SF-50 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
EMPDATA		M	Mandatory tag that indicates the start and end of a Data Feed and consists of 2 mandatory attributes.	Character	Complete EMP DATA parent tag. <EMPDATA AGENCY="ZZ00" RECORD-COUNT="**2**">
	4	M	The mandatory attribute AGENCY="XXXX"" is assigned by OPM and used to identify an agency.	Character	AGENCY="ZZ00"
	6	M	The mandatory attribute RECORD-COUNT="XXXXXX" identifies the total number of records contained in the transaction file.	Character	000002
EMPLOYEE	6	M	Mandatory tag that indicates the start and end of an Employee Record in a Data Feed. The attribute RECORD="XXXXXX" is used to uniquely identify a record in the Data Feed.	Character	000001
NAME_1	70	M	Block 1 Last Name, First Name, MI Name should match the name on the Employee Data Feed and comply with the guidance provided in the GPPA.	Character	Doe, John A.
SSN_2	11	M	Block 2 Social Security Number with dashes	Character	000-00-0000

XML Format for SF-50 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
DATE_OF_BIRTH_3	10	M	Block 3 Birth Date Format: MM/DD/YYYY	Date	
EFFECTIVE_DATE_4	10	M	Block 4 Effective Date Format: MM/DD/YYYY	Date	
CODE_5A	4	O	Block 5-A First Nature Of Action Code. OPM code from The Guide to Processing Personnel Actions (GPPA).	Character	170
NATURE_OF_ACTION_5B	35	O	Block 5-B First Nature Of Action Description. OPM description from The Guide to Processing Personnel Actions (GPPA).	Character	Exc Appt
CODE_5C	4	O	Block 5-C Legal Authority Code. OPM code from The Guide to Data Standards.	Character	ABR
LEGAL_AUTHORITY_5D	35	O	Block 5-D Legal Authority Description. OPM description from The Guide to Data Standards.	Character	Reg 330.608
CODE_5E	4	O	Block 5-E Second Legal Authority Code. OPM code from The Guide to Data Standards.	Character	
LEGAL_AUTHORITY_5F	35	O	Block 5-F Second Legal Authority. Description OPM description from The Guide to Data Standards.	Character	
CODE_6A	4	O	Block 6-A Second Nature Of Action Code. OPM code from The Guide to Processing Personnel Actions (GPPA).	Character	
NATURE_OF_ACTION_6B	35	O	Block 6-B Second Nature Of Action Description. OPM description from The Guide to Processing Personnel Actions (GPPA).	Character	
CODE_6C	4	O	Block 6-C Legal Authority Code. OPM code from The Guide to Data Standards.	Character	

XML Format for SF-50 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
LEGAL_AUTHORITY_6D	35	O	Block 6-D Legal Authority Description OPM description from the Guide to Data Standards.	Character	
CODE_6E	4	O	Block 6-E Second NOA Second Legal Authority Code OPM code from The Guide to Data Standards.	Character	
LEGAL_AUTHORITY_6F	35	O	Block 6-F Second NOA Second Legal Authority Description OPM description from The Guide to Processing Personnel Actions (GPPA).	Character	
FROM_POSITION_7	70	O	Block 7 Line 1 From: Position Title and Number	Character	
FROM_POSITION_7A	70	O	Block 7 Line 2 From: Position Title and Number	Character	
FROM_POSITION_7B	70	O	Block 7 Line 3 From: Position Title and Number	Character	
PAY_PLAN_8	3	O	Block 8 From: Pay Plan	Character	
OCC_CODE_9	5	O	Block 9 From: Occ Code	Character	
GRADE_OR_LEVEL_10	6	O	Block 10 From: Grade or Level	Character	
STEP_OR_RATE_11	5	O	Block 11 From: Step or Rate	Character	
TOTAL_SALARY_12	15	O	Block 12 From: Total Salary Include $ sign and decimal or %.	Character	
BASIC_PAY_12A	15	O	Block 12A From: Basic Pay Include $ sign and decimal.	Character	
LOCALITY_ADJ_12B	15	O	Block 12B From: Locality Adjustment Include $ sign and decimal.	Character	
ADJ_BASIC_PAY_12C	15	O	Block 12C From: Adjusted Basic Pay Include $ sign and decimal.	Character	
OTHER_PAY_12D	15	O	Block 12D From: Other Pay Include $ sign and decimal.	Character	

XML Format for SF-50 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
PAY_BASIS_13	3	O	Block 13 From: Pay Basis Include $ sign and decimal.	Character	
POSITION_ORGANIZATION_14	60	O	Block 14 Line 1 From: Name and Location of Position's Organization Description of the lowest administrative subdivision of an agency to which an employee is assigned. Must include the Agency and Sub-agency description at the highest level.	Character	NOTE: The ORG_CODE_FROM is the code equal to the description in Block 14 and both translate to the ORG CODE sent to the EHRI. The ORG CODE in the FDF and the ORG CODE in EHRI submissions must match. The SF-50s produced by the provider submitting the EDF must also match the data sent to eOPF and EHRI.
POSITION_ORGANIZATION_14A	60	O	Block 14 Line 2 From: Name and Location of Position's Organization Description of the lowest administrative subdivision of an agency to which an employee is assigned. Must include the Agency and Sub-agency description at the highest level.	Character	NOTE: The ORG_CODE_FROM is the code equal to the description in Block 14 and both translate to the ORG CODE sent to the EHRI. The ORG CODE in the FDF and the ORG CODE in the EHRI submissions must match. The SF-50s produced by the provider submitting the EDF must also match the data sent to eOPF and EHRI.

XML Format for SF-50 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
POSITION_ORGANIZATION_14B	60	O	Block 14 Line 3 From: Name and Location of Position's Organization Description of the lowest administrative subdivision of an agency to which an employee is assigned. Must include the Agency and Sub-agency description at the highest level.	Character	NOTE: The ORG_CODE_FROM is the code equal to the description in Block 14 and both translate to the ORG CODE sent to the EHRI. The ORG CODE in the FDF and the ORG CODE in the EHRI submissions must match. The SF-50s produced by the provider submitting the EDF must also match the data sent to eOPF and EHRI.
POSITION_ORGANIZATION_14C	60	O	Block 14 Line 4 From: Name and Location of Position's Organization Description of the lowest administrative subdivision of an agency to which an employee is assigned. Must include the Agency and Sub-agency description at the highest level.	Character	NOTE: The ORG_CODE_FROM is the code equal to the description in Block 14 and both translate to the ORG CODE sent to the EHRI. The ORG CODE in the FDF and the ORG CODE in the EHRI submissions must match. The SF-50s produced by the provider submitting the EDF must also match the data sent to eOPF and EHRI.
POSITION_ORGANIZATION_14D	60	O	Block 14 Line 5 From: Name and Location of Position's Organization Description of the lowest administrative subdivision of an agency to which an employee is assigned. Must include the Agency and Sub-agency description at the highest level.	Character	NOTE: The ORG_CODE_FROM is the code equal to the description in Block 14 and both translate to the ORG CODE sent to the EHRI. The ORG CODE in the FDF and the ORG CODE in the EHRI submissions must match. The SF-50s produced by the provider submitting the EDF must also match the data sent to eOPF and EHRI.

XML Format for SF-50 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
POSITION_ORGANIZATION_14E	60	O	Block 14 Line 6 From: Name and Location of Position's Organization Description of the lowest administrative subdivision of an agency to which an employee is assigned. Must include the Agency and Sub-agency description at the highest level.	Character	NOTE: The ORG_CODE_FROM is the code equal to the description in Block 14 and both translate to the ORG CODE sent to the EHRI. The ORG CODE in the FDF and the ORG CODE in the EHRI submissions must match. The SF-50s produced by the provider submitting the EDF must also match the data sent to eOPF and EHRI.
POSITION_ORGANIZATION_14F	60	O	Block 14 Line 7 From: Name and Location of Position's Organization Description of the lowest administrative subdivision of an agency to which an employee is assigned. Must include the Agency and Sub-agency description at the highest level.	Character	NOTE: The ORG_CODE_FROM is the code equal to the description in Block 14 and both translate to the ORG CODE sent to the EHRI. The ORG CODE in the FDF and the ORG CODE in the EHRI submissions must match. The SF-50s produced by the provider submitting the EDF must also match the data sent to eOPF and EHRI.
TO_POSITION_15	70	O	Block 15 Line 1 To: Position Title and Number	Character	
TO_POSITION_15A	70	O	Block 15 Line 2 To: Position Title and Number	Character	
TO_POSITION_15B	70	O	Block 15 Line 3 To: Position Title and Number	Character	
PAY_PLAN_16	3	O	Block 16 To: Pay Plan	Character	
OCC_CODE_17	5	O	Block 17 To: Occ Code	Character	
GRADE_OR_LEVEL_18	6	O	Block 18 To: Grade or Level	Character	
STEP_OR_GRADE_19	5	O	Block 19 To: Step or Rate	Character	

XML Format for SF-50 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
TOTAL_SALARY_20	15	O	Block 20 To: Total Salary/Award Include $ sign and decimal or %. NOTE: Format of hours for a Time Off Award is documented in EHRI ICD #93 from the Guide to Human Resources Reporting Chapter 3, Dynamics feed, page 3-98. Decimal (9,2)	Character	
BASIC_PAY_20A	15	O	Block 20A To: Basic Pay Include $ sign and decimal.	Character	
LOCALITY_ADJ_20B	15	O	Block 20B To: Locality Adjustment Include $ sign and decimal.	Character	
ADJ_BASIC_PAY_20C	15	O	Block 20C To: Adjusted Basic Pay Include $ sign and decimal.	Character	
OTHER_PAY_20D	15	O	Block 20D To: Other Pay Include $ sign and decimal.	Character	
PAY_BASIS_21	3	O	Block 21 To: Pay Basis	Character	
POSITION_ORGANIZATION_22	60	O	Block 22 Line 1 To: Name and Location of Position's Organization Description of the lowest administrative subdivision of an agency to which an employee is assigned. Must include the Agency and Sub-agency description at the highest level.	Character	NOTE: The ORG_CODE_TO is the code equal to the description in Block 22 and both translate to the ORG CODE sent to the EHRI. The ORG CODE in the FDF and the ORG CODE in the EHRI submissions must match. The SF-50s produced by the provider submitting the EDF must also match the data sent to eOPF and EHRI.

XML Format for SF-50 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
POSITION_ORGANIZATION_22A	60	O	Block 22 Line 2 To: Name and Location of Position's Organization Description of the lowest administrative subdivision of an agency to which an employee is assigned. Must include the Agency and Sub-agency description at the highest level.	Character	NOTE: The ORG_CODE_TO is the code equal to the description in Block 22 and both translate to the ORG CODE sent to the EHRI. The ORG CODE in the FDF and the ORG CODE in the EHRI submissions must match. The SF-50s produced by the provider submitting the EDF must also match the data sent to eOPF and EHRI.
POSITION_ORGANIZATION_22B	60	O	Block 22 Line 3 To: Name and Location of Position's Organization Description of the lowest administrative subdivision of an agency to which an employee is assigned. Must include the Agency and Sub-agency description at the highest level.	Character	NOTE: The ORG_CODE_TO is the code equal to the description in Block 22 and both translate to the ORG CODE sent to the EHRI. The ORG CODE in the FDF and the ORG CODE in the EHRI submissions must match. The SF-50s produced by the provider submitting the EDF must also match the data sent to eOPF and EHRI.
POSITION_ORGANIZATION_22C	60	O	Block 22 Line 4 To: Name and Location of Position's Organization Description of the lowest administrative subdivision of an agency to which an employee is assigned. Must include the Agency and Sub-agency description at the highest level.	Character	NOTE: The ORG_CODE_TO is the code equal to the description in Block 22 and both translate to the ORG CODE sent to the EHRI. The ORG CODE in the FDF and the ORG CODE in the EHRI submissions must match. The SF-50s produced by the provider submitting the EDF must also match the data sent to eOPF and EHRI.

XML Format for SF-50 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
POSITION_ORGANIZATION_22D	60	O	Block 22 Line 5 To: Name and Location of Position's Organization Description of the lowest administrative subdivision of an agency to which an employee is assigned. Must include the Agency and Sub-agency description at the highest level.	Character	NOTE: The ORG_CODE_TO is the code equal to the description in Block 22 and both translate to the ORG CODE sent to the EHRI. The ORG CODE in the FDF and the ORG CODE in the EHRI submissions must match. The SF-50s produced by the provider submitting the EDF must also match the data sent to eOPF and EHRI.
POSITION_ORGANIZATION_22E	60	O	Block 22 Line 6 To: Name and Location of Position's Organization Description of the lowest administrative subdivision of an agency to which an employee is assigned. Must include the Agency and Sub-agency description at the highest level.	Character	NOTE: The ORG_CODE_TO is the code equal to the description in Block 22 and both translate to the ORG CODE sent to the EHRI. The ORG CODE in the FDF and the ORG CODE in the EHRI submissions must match. The SF-50s produced by the provider submitting the EDF must also match the data sent to eOPF and EHRI.
POSITION_ORGANIZATION_22F	60	O	Block 22 Line 7 To: Name and Location of Position's Organization Description of the lowest administrative subdivision of an agency to which an employee is assigned. Must include the Agency and Sub-agency description at the highest level.	Character	NOTE: The ORG_CODE_TO is the code equal to the description in Block 22 and both translate to the ORG CODE sent to the EHRI. The ORG CODE in the FDF and the ORG CODE in the EHRI submissions must match. The SF-50s produced by the provider submitting the EDF must also match the data sent to eOPF and EHRI.
VETERANS_PREFERENCE_23	1	O	Block 23 Veterans Preference	Character	

XML Format for SF-50 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
TENURE_24	1	O	Block 24 Tenure	Character	
AGENCY_USE_25	5	O	Block 25 Agency Use	Character	
AGENCY_USE_25A	8	O	Block 25 Agency Use Description	Character	
VETERANS_PREF_FOR_RIF_YES_26	1	O	Block 26 Veterans Preference for RIF; Send 'X' to indicate Yes. If No, send nothing/null.	Character	
VETERANS_PREF_FOR_RIF_NO_26	1	O	Block 26 Veterans Preference for RIF; Send 'X' to indicate No. If Yes, send nothing/null.	Character	
FEGLI_27	3	O	Block 27 FEGLI	Character	
FEGLI_27A	60	O	Block 27 FEGLI Description	Character	
ANNUITANT_INDICATOR_28	3	O	Block 28 Annuitant Indicator	Character	
ANNUITANT_INDICATOR_28A	30	O	Block 28 Annuitant Indicator Description	Character	
PAY_DETERMINANT_29	3	O	Block 29 Pay Rate Determinant	Character	
PAY_DETERMINANT_29A	50	O	Block 29 Pay Rate Determinant Description	Character	
RETIREMENT_PLAN_30	3	O	Block 30 Retirement Plan	Character	
RETIREMENT_PLAN_30A	50	O	Block 30 Retirement Plan Description	Character	
SERVICE_COMP_DATE_31	10	O	Block 31 Service Comp Date (Leave) Format: MM/DD/YYYY	Date	
WORK_SCHEDULE_32	3	O	Block 32 Work Schedule	Character	
WORK_SCHEDULE_32A	30	O	Block 32 Work Schedule Description	Character	
PART_TIME_HOURS_33	6	O	Block 33 Part-Time Hours Per Biweekly Pay Period	Character	
POSITION_OCCUPIED_34	1	O	Block 34 Position Occupied	Character	
FLSA_CATEGORY_35	1	O	Block 35 FLSA Category	Character	

XML Format for SF-50 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
APPROPRIATION_CODE_36	35	O	Block 36 Appropriation Code	Character	
BARGAINING_UNIT_STATUS_37	4	O	Block 37 Bargaining Unit Status	Character	
DUTY_STATION_CODE_38	25	O	Block 38 Duty Station Code	Character	
DUTY_STATION_39	80	O	Block 39 Duty Station (City-County-State or Overseas Location)	Character	
AGENCY_DATA_40	17	O	Block 40 Agency Data	Character	
AGENCY_DATA_41	17	O	Block 41 Agency Data	Character	
AGENCY_DATA_42	17	O	Block 42 Agency Data	Character	
AGENCY_DATA_43	27	O	Block 43 Agency Data	Character	
AGENCY_DATA_44	60	O	Block 44 Agency Data	Character	
REMARK_45 Note: Remark_45 tag must be encapsulated with a beginning and ending <REMARKS> element. See Section 7.4.2 for additional details.	2000	O	Block 45 Remarks	Character	
AGENCY_46	100	O	Block 46 Employing Department or Agency OPM approved description	Character	USDA APHIS
AGENCY_CODE_47	13	M	Block 47 Agency Code OPM Assigned Code	Character	IF00

XML Format for SF-50 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
SUBAGENCY_CODE	4	M	Block 47 Agency Code. An alpha and/or numeric code assigned by OPM. The agency and, where applicable, the administrative subdivision (i.e., sub-element) in which a person is employed. The first and second positions of the code indicate the agency. The third and fourth positions indicate the administrative subdivision. If no sub-element or sub-agency is assigned to an agency the third and fourth positions are zeros (xx00). For a listing of assigned codes and explanations, see The Guide to Data Standards. Contact eOPF PMO when a value is missing from the list. NOTE: Non-Title 5 and non-Federal organizations cannot use the Agency codes assigned to Title 5 organizations and vice versa. Each organization must have a unique code.	Character	DJ06
PERSONNEL_OFFICE_ID_48	10	M	Block 48. Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa*	Number	4002
CPO_ID	4	O	Block 48. Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	4002
APPROVAL_DATE_49	10	O	Block 49 Approval Date Format: MM/DD/YYYY	Date	04/24/2012

XML Format for SF-50 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
SIGNATURE_50	80	M	Block 50 Signature/Authentication and Title of Approving Official Send "Electronically signed by:""	Character	Electronically signed by:
SIGNATURE_50A	80	M	Block 50 Signature/Authentication and Title of Approving Official Send name of the approving official	Character	Jane Doe
SIGNATURE_50B	80	O	Block 50 Signature/Authentication and Title of Approving Official Send Title of the approving official	Character	Chief Operating Officer
ORG_CODE_FROM	18	O	The ORG_CODE_FROM is the code equal to the description in Block 14 and both translate to the ORG CODE sent to the EHRI. The organizational code for the Position Organization Title in Block 14. If block 14 does not have an entry, leave blank. The SF-50 does not display the data. The first four characters of each code are the OPM assigned AGENCY/SUBELEMENT code identified in the OPM Data Standards. No special characters	Character	AG340501000915 NOTE: The ORG CODE in the FDF and the ORG CODE in EHRI submissions must match. The SF-50s produced by the provider submitting the EDF must also match the data sent to eOPF and EHRI.

XML Format for SF-50 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
ORG_CODE_TO	18	O	The ORG_CODE_TO is the code equal to the description in Block 22 and both translate to the ORG CODE sent to the EHRI. The organizational code for the Position Organization Title in Block 22. If block 22 does not have an entry, leave blank. The SF-59 does not display the data. The first four characters of each code are the OPM assigned AGENCY/SUBELEMENT code identified in the OPM Data Standards. No special characters	Character	AG3401000915

7.4.2 REMARKS

Submit the Remark element as required by OPM. All remarks appear in chronological order per employee transaction. The limit is 2,000 characters per Remark element; however, each transaction may contain more than one Remark element.

Enclose the remark element(s) by a start and end element named <REMARKS></REMARKS>. eOPF generates continuation page(s) when REMARKS text exceeds the storage limit on Block 45.

Example:

```
<REMARKS>
        <Remark_45>  This is remark 1, which cannot exceed 2000 characters. </Remark_45>
        <Remark_45>  This is remark 2, which cannot exceed 2000 characters. </Remark_45>
        <Remark_45>  This is remark 3, which cannot exceed 2000 characters. </Remark_45>
</REMARKS>
```

7.4.3 SAMPLE XML FOR SF-50 FDF FILE

The following is an example XML SF-50 file layout, containing two actions. Each action begins and ends with the named element <EMPLOYEE RECORD>.

```
<?xml version="1.0" encoding="ISO-8859-1" standalone="yes" ?>
<EMPDATA AGENCY="ZZ00" RECORD-COUNT="2">
  <EMPLOYEE RECORD="000001">
    <SSN_2>000-00-0000</SSN_2>
    <NAME_1>.Doe, John A.</NAME_1>
    <DATE_OF_BIRTH_3>10/02/1944</DATE_OF_BIRTH_3>
    <EFFECTIVE_DATE_4>12/22/2011</EFFECTIVE_DATE_4>
    <CODE_5A>101</CODE_5A>
    <NATURE_OF_ACTION_5B>Exc Appt</NATURE_OF_ACTION_5B>
    <CODE_5C />ABR</CODE_5C>
    <LEGAL_AUTHORITY_5D /> Reg 330.608</LEGAL_AUTHORITY_5D>
    <CODE_5E />ZLM</CODE_5E>
```

<LEGAL_AUTHORITY_5F />Agency Authorization Dated 3/25/2011</LEGAL_AUTHORITY_5F>
<CODE_6A />
<NATURE_OF_ACTION_6B />
<CODE_6C />
<LEGAL_AUTHORITY_6D />
<CODE_6E />
<LEGAL_AUTHORITY_6F />
<FROM_POSITION_7 />
<FROM_POSITION_7A />
<FROM_POSITION_7B />
<PAY_PLAN_8 />
<OCC_CODE_9 />
<GRADE_OR_LEVEL_10 />
<STEP_OR_RATE_11 />
<TOTAL_SALARY_12 />
<BASIC_PAY_12A />
<LOCALITY_ADJ_12B />
<ADJ_BASIC_PAY_12C />
<OTHER_PAY_12D />
<PAY_BASIS_13 />
<POSITION_ORGANIZATION_14 />
<POSITION_ORGANIZATION_14A />
<POSITION_ORGANIZATION_14B />
<POSITION_ORGANIZATION_14C />
<POSITION_ORGANIZATION_14D />
<POSITION_ORGANIZATION_14E />
<POSITION_ORGANIZATION_14F />
<TO_POSITION_15>Program Manager</TO_POSITION_15>
<TO_POSITION_15A>1234</TO_POSITION_15A>
<TO_POSITION_15B>0000000000 ZZ08010</TO_POSITION_15B>
<PAY_PLAN_16 />GS</PAY_PLAN_16>
<OCC_CODE_17 />0301</OCC_CODE_17>
<GRADE_OR_LEVEL_18 />12</GRADE_OR_LEVEL_18>
<STEP_OR_GRADE_19 />01</STEP_OR_GRADE_19>
<TOTAL_SALARY_20></TOTAL_SALARY_20>
<BASIC_PAY_20A />$61486.00</BASIC_PAY_20A>
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7.5 SF-52 Request for Personnel Action Form Input File Specifications

7.5.1 SF-52 Data Feed XML-based File Specification

The eOPF system processes and loads the SF-52s created by HR. The data submitted in this file must match the data on the SF-52s produced by the provider system.

The following table presents the data feed file structure for current and history correction SF-52s. The XML record tags defined below separate the transactions. Where appropriate the Description column contains the SF-52 block numbers.

When sending large amounts of data, providers send multiple files sized at, no larger than, approximately 350 MB each and increment the submission indicator in the filename.

Providers must send a record containing all XML tags as specified for the form. The order of the XML elements/tags does not matter; however, the Data Provider must include all elements/tags with either a value or null.

Table 7. XML Format for SF-52 FDF File

XML Format for SF-52 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
EMPDATA		M	Mandatory tag that indicates the start and end of a Data Feed and consists of 2 mandatory attributes.	N/A	Complete EMP DATA parent tag. <EMPDATA AGENCY="AR00" RECORD-COUNT="**2**">
	4	M	The mandatory attribute AGENCY="XXXX" is assigned by OPM and used to identify an agency.	Character	AGENCY="AR00"
	6	M	The mandatory attribute RECORD-COUNT="XXXXXX" identifies the total number of records contained in the transaction file.	Character	2
EMPLOYEE	6	M	Mandatory tag that indicates the start and end of an Employee Record in a Data Feed. The attribute RECORD="XXXXXX" is used to uniquely identify a record in the Data Feed.	Character	000001
PRTA_ACTN_REQST_DESC1	200	O	Part A Block 1 Requesting Office Actions Requested	Character	
PRTA_REQST_NUMBER	24	O	Part A Block 2 Requesting Office Request Number	Character	
PRTA_ADDITIONAL_NAME	70	O	Part A Block 3 Requesting Office For Additional Information (Name)	Character	
PRTA_ADDITIONAL_PHONE_NUMBER	15	O	Part A Block 3 Requesting Office For Additional Information (Telephone Number)	Character	(555) 555-5555
PRTA_PROP_EFF_DATE	10	O	Part A Block 4 Requesting Office Proposed Effective Date Format: MM/DD/YYYY	Date	

XML Format for SF-52 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
PRTA_ACTN_REQST_NAME	70	O	Part A Block 5 Requesting Office Action Requested By (Typed Name)	Character	
PRTA_ACTN_REQST_TITLE	70	O	Part A Block 5 Requesting Office Action Requested By (Typed Title)	Character	
PRTA_ACTN_REQST_DATE	10	O	Part A Block 5 Requesting Office Action Requested By (Typed Request Date) Format: MM/DD/YYYY	Date	
PRTA_ACTN_AUTH_NAME	70	O	Part A Block 6 Requesting Office Action Authorized By (Typed Name)	Character	
PRTA_ACTN_AUTH_TITLE	70	O	Part A Block 6 Requesting Office Action Authorized By (Typed Title)	Character	
PRTA_ACTN_AUTH_CONCUR_DATE	10	O	Part A Block 6 Requesting Office Action Authorized By (Typed Concurrence Date) Format: MM/DD/YYYY	Date	
PRTB_EMP_NAME	70	M	Part B Block 1 For Preparation of SF-50 Name (Last, First, Middle) Name should match the name on the Employee Data Feed and comply with the guidance provided in the GPPA.	Character	Doe, Jane S.
PRTB_EMP_SSN	11	M	Part B Block 2 For Preparation of SF-50 Social Security Number with dashes	Character	000-00-0000
PRTB_EMP_DOB	10	M	Part B Block 3 For Preparation of SF-50 Date of Birth Format: MM/DD/YYYY	Date	
PRTB_ACTUAL_EFF_DATE	10	O	Part B Block 4 Preparation of SF-50 Effective Date Format: MM/DD/YYYY	Date	
PRTB_NOA_CODE_5A	4	O	Part B Block 5-A For Preparation of SF-50 First Action Code OPM code from The Guide to Processing Personnel Actions (GPPA).	Character	
PRTB_NOA_DESC_5B	35	O	Part B Block 5-B For Preparation of SF-50 First Action Nature of Action OPM description from The Guide to Processing Personnel Actions (GPPA).	Character	
PRTB_DUAL_NOA_CODE_6A	4	O	Part B Block 6-A For Preparation of SF-50 Second Action Code OPM code from The Guide to Processing Personnel Actions (GPPA).	Character	

XML Format for SF-52 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
PRTB_NOA_DESC_6B	35	O	Part B Block 6-B For Preparation of SF-50 Second Action Nature of Action OPM description from The Guide to Processing Personnel Actions (GPPA).	Character	
PRTB_NTE_DATE_5B	10	O	Part B Block 5-B For Preparation of SF-50 First Action Not to Exceed Date Format: MM/DD/YYYY	Date	
PRTB_NTE_DATE_6B	10	O	Part B Block 6-B For Preparation of SF-50 Second Action Not to Exceed Date Format: MM/DD/YYYY	Date	
PRTB_LEG_AUTH_CODE_5C	4	O	Part B Block 5-C For Preparation of SF-50 First Action Legal Authority Code OPM code from The Guide to Data Standards.	Character	
PRTB_LEG_AUTH_DESC_5D	35	O	Part B Block 5-D For Preparation of SF-50 First Action Legal Authority Description OPM description from The Guide to Data Standards.	Character	
PRTB_DUAL_NOA_AUTH_CODE_6C	4	O	Part B Block 6-C For Preparation of SF-50 Second Action Legal Authority Code OPM code from The Guide to Data Standards.	Character	
PRTB_LEG_AUTH_DESC_6D	35	O	Part B Block 6-D For Preparation of SF-50 Second Action Legal Authority Description OPM description from The Guide to Data Standards.	Character	
PRTB_LEG_AUTH_CODE_5E	4	O	Part B Block 5-E For Preparation of SF-50 First Action Legal Authority Code OPM code from The Guide to Data Standards.	Character	
PRTB_LEG_AUTH_DESC_5F	35	O	Part B Block 5-F For Preparation of SF-50 First Action Legal Authority Description OPM description from The Guide to Data Standards.	Character	
PRTB_DUAL_NOA_AUTH_6E	4	O	Part B Block 6-E For Preparation of SF-50 Second Action Legal Authority Code OPM code from The Guide to Data Standards.	Character	
PRTB_LEG_AUTH_DESC_6F	35	O	Part B Block 6-F For Preparation of SF-50 Second Action Legal Authority Description OPM description from The Guide to Data Standards.	Character	

XML Format for SF-52 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
PRTB_FROM_POS_TITLE	70	O	Part B Block 7 For Preparation of SF-50 FROM Position Title	Character	
PRTB_FROM_PD_NO	15	O	Part B Block 7 For Preparation of SF-50 FROM Position Number	Character	
PRTB_FROM_BU_NO	22	O	Part B Block 7 For Preparation of SF-50 FROM Position Title and Number	Character	
PRTB_FROM_ORG	9	O	Part B Block 7 For Preparation of SF-50 FROM Position Title and Number	Character	
PRTB_FROM_COST_CNTR	6	O	Part B Block 7 For Preparation of SF-50 FROM Position Title and Number	Character	
PRTB_FROM_PAY_PLAN	3	O	Part B Block 8 For Preparation of SF-50 FROM Pay Plan	Character	
PRTB_FROM_OCC_CODE	5	O	Part B Block 9 For Preparation of SF-50 FROM Occ. Code	Character	
PRTB_FROM_GRADE_LEVEL	6	O	Part B Block 10 For Preparation of SF-50 FROM Grade or Level	Character	
PRTB_FROM_STEP_RATE	5	O	Part B Block 11 For Preparation of SF-50 FROM Step or Rate	Character	
PRTB_FROM_TOTAL_SALARY	15	O	Part B Block 12 For Preparation of SF-50 FROM Total Salary Include $ sign and decimal.	Character	
PRTB_FROM_PAY_BASIS	3	O	Part B Block 13 For Preparation of SF-50 FROM Pay Basis	Character	
PRTB_FROM_BASIC_PAY	15	O	Part B Block 12A For Preparation of SF-50 FROM Basic Pay Include $ sign and decimal.	Character	
PRTB_FROM_LOCAL_ADJ	15	O	Part B Block 12B For Preparation of SF-50 FROM Locality Adj. Include $ sign and decimal.	Character	
PRTB_FROM_ADJ_BASIC_PAY	15	O	Part B Block 12C For Preparation of SF-50 FROM Adj. Basic Pay Include $ sign and decimal.	Character	
PRTB_FROM_OTHER_PAY	15	O	Part B Block 12D For Preparation of SF-50 FROM Other Pay Include $ sign and decimal.	Character	
PRTB_FROM_NAME_LOCATION1	60	O	Part B Block 14 Line 1 For Preparation of SF-50 FROM Name and Location of Position's Organization	Character	
PRTB_FROM_NAME_LOCATION2	60	O	Part B Block 14 Line 2 For Preparation of SF5-0 FROM Name and Location of Position's Organization	Character	

XML Format for SF-52 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
PRTB_FROM_NAME_LOCATION3	60	O	Part B Block 14 Line 3 For Preparation of SF-50 FROM Name and Location of Position's Organization	Character	
PRTB_FROM_NAME_LOCATION4	60	O	Part B Block 14 Line 4 For Preparation of SF-50 FROM Name and Location of Position's Organization	Character	
PRTB_FROM_NAME_LOCATION5	60	O	Part B Block 14 Line 5 For Preparation of SF-50 FROM Name and Location of Position's Organization	Character	
PRTB_TO_POS_TITLE	70	O	Part B Block 15 For Preparation of SF-50 TO: Position Title	Character	
PRTB_TO_PD_NO	15	O	Part B Block 15 For Preparation of SF-50 TO: Position Number	Character	
PRTB_TO_BU_NO	22	O	Part B Block 15 For Preparation of SF-50 TO: Position Title and Number	Character	
PRTB_TO_ORG	9	O	Part B Block 15 For Preparation of SF-50 TO: Position Title and Number	Character	
PRTB_TO_COST_CNTR	6	O	Part B Block 15 For Preparation of SF-50 TO: Position Title and Number	Character	
PRTB_TO_PAY_PLAN	3	O	Part B Block 16 For Preparation of SF-50 TO Pay Plan	Character	
PRTB_TO_OCC_CODE	5	O	Part B Block 17 For Preparation of SF-50 TO Occ. Code	Character	
PRTB_TO_GRADE_LEVEL	6	O	Part B Block 18 For Preparation of SF-50 TO Grade or Level	Character	
PRTB_TO_STEP_RATE	5	O	Part B Block 19 For Preparation of SF-50 TO Step or Rate	Character	
PRTB_TO_TOTAL_SALARY	15	O	Part B Block 20 For Preparation of SF-50 TO Total Salary / Award Include $ sign and decimal or %. NOTE: Format of hours for a Time Off Award is documented in EHRI ICD #93 from the Guide to Human Resources Reporting Chapter 3, Dynamics feed, page 3-98. Decimal (9,2)	Character	
PRTB_TO_PAY_BASIS	3	O	Part B Block 21 For Preparation of SF-50 TO Pay Basis	Character	
PRTB_TO_BASIC_PAY	15	O	Part B Block 20A For Preparation of SF-50 TO Basic Pay Include $ sign and decimal.	Character	

XML Format for SF-52 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
PRTB_TO_LOC_ADJ	15	O	Part B Block 20B For Preparation of SF-50 TO Locality Adj. Include $ sign and decimal.	Character	
PRTB_TO_ADJ_BASIC_PAY	15	O	Part B Block 20C For Preparation of SF-50 TO Adj. Basic Pay Include $ sign and decimal.	Character	
PRTB_TO_OTHER_PAY	15	O	Part B Block 20D For Preparation of SF-50 TO Other Pay Include $ sign and decimal.	Character	
PRTB_TO_NAME_LOCATION 1	60	O	Part B Block 22 Line 1 For Preparation of SF-50 TO Name and Location of Position's Organization	Character	
PRTB_TO_NAME_LOCATION 2	60	O	Part B Block 22 Line 2 For Preparation of SF-50 TO Name and Location of Position's Organization	Character	
PRTB_TO_NAME_LOCATION 3	60	O	Part B Block 22 Line 3 For Preparation of SF-50 TO Name and Location of Position's Organization	Character	
PRTB_TO_NAME_LOCATION 4	60	O	Part B Block 22 Line 4 For Preparation of SF-50 TO Name and Location of Position's Organization	Character	
PRTB_TO_NAME_LOCATION 5	60	O	Part B Block 22 Line 5 For Preparation of SF-50 TO Name and Location of Position's Organization	Character	
PRTB_VET_PREF	1	O	Part B Block 23 For Preparation of SF-50 Employee Data Veteran's Preference	Character	
PRTB_TENURE	1	O	Part B Block 24 For Preparation of SF-50 Employee Data Tenure	Character	
PRTB_AGENCY_USE_25	5	O	Part B Block 25 For Preparation of SF-50 Employee Data Agency Use	Character	
PRTB_AGENCY_USE_25_IN D	3	O	Part B Block 25 For Preparation of SF-50 Employee Data Agency Use Description	Character	
PRTB_VET_PREF_FOR_RIF_ YES	1	O	Part B Block 26 For Preparation of SF-50 Employee Data Veteran's Pref for RIF. Send ‘X’ to indicate Yes. If No, send nothing/null.	Character	
PRTB_VET_PREF_FOR_RIF_ NO	1	O	Part B Block 26 For Preparation of SF-50 Employee Data Veteran's Pref for RIF. Send ‘X’ to indicate No. If Yes, send nothing/null.	Character	
PRTB_FEGLI	3	O	Part B Block 27 For Preparation of SF-50 Employee Data FEGLI	Character	

XML Format for SF-52 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
PRTB_FEGLI_DESC	60	O	Part B Block 27 For Preparation of SF-50 Employee Data FEGLI Description	Character	
PRTB_ANNT_IND	3	O	Part B Block 28 For Preparation of SF-50 Employee Data Annuitant Indicator	Character	
PRTB_ANNT_DESC	30	O	Part B Block 28 For Preparation of SF-50 Employee Data Annuitant Indicator Description	Character	
PRTB_PAY_RATE_DET	3	O	Part B Block 29 For Preparation of SF-50 Employee Data Pay Rate Determinant	Character	
PRTB_PAY_RATE_DET_DESC	50	O	Part B Block 29 For Preparation of SF-50 Employee Data Pay Rate Determinant Description	Character	
PRTB_RETIRE_PLAN	3	O	Part B Block 30 For Preparation of SF-50 Employee Data Retirement Plan	Character	
PRTB_RETIRE_PLAN_DESC	50	O	Part B Block 30 For Preparation of SF-50 Employee Data Retirement Plan Description	Character	
PRTB_SCHEDULE_LEAVE	10	O	Part B Block 31 For Preparation of SF-50 Employee Data Service Comp. Date (Leave) Format: MM/DD/YYYY	Date	
PRTB_WORK_SCHEDULE	3	O	Part B Block 32 For Preparation of SF-50 Employee Data Work Schedule	Character	
PRTB_WORK_SCHEDULE_DESC	30	O	Part B Block 32 For Preparation of SF-50 Employee Data Work Schedule Description	Character	
PRTB_PART_TIME_HRS	6	O	Part B Block 33 For Preparation of SF-50 Employee Data Part-time Hours Per Biweekly Pay Period	Character	
PRTB_POSITION_OCC	1	O	Part B Block 34 For Preparation of SF-50 Position Data Position Occupied	Character	
PRTB_FLSA	1	O	Part B Block 35 For Preparation of SF-50 Position Data FLSA Category	Character	
PRTB_APPROP_CODE	35	O	Part B Block 36 For Preparation of SF-50 Position Data Appropriation Code	Character	
PRTB_BARGAIN_UNIT_STATUS	4	O	Part B Block 37 For Preparation of SF-50 Position Data Bargaining Unit Status	Character	
PRTB_DUTY_STATION_CODE	25	O	Part B Block 38 For Preparation of SF-50 Position Data Duty Station Code	Character	
PRTB_DUTY_STATION_CITY	80	O	Part B Block 39 For Preparation of SF-50 Position Data Duty Station (City – County – State or Overseas Location)	Character	

XML Format for SF-52 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
PRTB_AGENCY_DATA_40	17	O	Part B Block 40 For Preparation of SF-50 Agency Data	Character	
PRTB_AGENCY_DATA_41	17	O	Part B Block 41 For Preparation of SF-50 Agency Data	Character	
PRTB_AGENCY_DATA_42	17	O	Part B Block 42 For Preparation of SF-50 Agency Data	Character	
PRTB_AGENCY_DATA_43	27	O	Part B Block 43 For Preparation of SF-50 Agency Data	Character	
PRTB_AGENCY_DATA_44	60	O	Part B Block 44 For Preparation of SF-50 Agency Data	Character	
PRTB_EDUCATION_LEVEL	2	O	Part B Block 45 For Preparation of SF-50 Educational Level	Character	
PRTB_YR_DEGREE_ATT	4	O	Part B Block 46 For Preparation of SF-50 Year Degree Attained	Character	
PRTB_ACADEMIC_DISCP	6	O	Part B Block 47 For Preparation of S- 50 Academic Discipline	Character	
PRTB_FUNC_CLASS	2	O	Part B Block 48 For Preparation of SF-50 Functional Class	Character	
PRTB_CITIZENSHIP	1	O	Part B Block 49 For Preparation of SF-50 Citizenship	Character	
PRTB_VET_STATUS	1	O	Part B Block 50 For Preparation of SF-50 Veterans Status	Character	
PRTB_VET_STATUS_DESC	8	O	Part B Block 50 For Preparation of SF-50 Veterans Status Description	Character	
PRTB_SUPV_STATUS	2	O	Part B Block 51 For Preparation of SF-50 Supervisory Status	Character	
PRTB_SUPV_STATUS_DESC	10	O	Part B Block 51 For Preparation of SF-50 Supervisory Status Description	Character	
PRTC_OFFICE_1A	10	O	Part C Block 1A Reviews and Approvals Office/Function	Character	
PRTC_SIGNATURE_1A	42	M	Part C Block 1A Reviews and Approvals Initials/Signature Send “Electronically signed by: <Signer Name>” and title. If the approving official’s first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: JDoe Admin Ofcr
PRTC_DATE_1A	10	M	Part C Block 1A Reviews and Approvals Date Format: MM/DD/YYYY	Date	
PRTC_OFFICE_1B	10	O	Part C Block 1B Reviews and Approvals Office/Function	Character	

XML Format for SF-52 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
PRTC_SIGNATURE_1B	42	O	Part C Block 1B Reviews and Approvals Initials/Signature Send “Electronically signed by: <Signer Name>” and title. If the approving official’s first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: JDoe Admin Ofcr
PRTC_DATE_1B	10	O	Part C Block 1B Reviews and Approvals Date Format: MM/DD/YYYY	Date	
PRTC_OFFICE_1C	10	O	Part C Block 1C Reviews and Approvals Office/Function	Character	
PRTC_SIGNATURE_1C	42	O	Part C Block 1C Reviews and Approvals Initials/Signature Send “Electronically signed by: <Signer Name>” and title. If the approving official’s first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: JDoe Admin Ofcr
PRTC_DATE_1C	10	O	Part C Block 1C Reviews and Approvals Date Format: MM/DD/YYYY	Date	
PRTC_OFFICE_1D	10	O	Part C Block 1D Reviews and Approvals Office/Function	Character	
PRTC_SIGNATURE_1D	42	O	Part C Block 1D Reviews and Approvals Initials/Signature Send “Electronically signed by: <Signer Name>” and title. If the approving official’s first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: JDoe Admin Ofcr
PRTC_DATE_1D	10	O	Part C Block 1D Reviews and Approvals Date Format: MM/DD/YYYY	Date	
PRTC_OFFICE_1E	10	O	Part C Block 1E Reviews and Approvals Office/Function	Character	
PRTC_SIGNATURE_1E	42	O	Part C Block 1E Reviews and Approvals Initials/Signature Send “Electronically signed by: <Signer Name>” and title. If the approving official’s first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: JDoe Admin Ofcr
PRTC_DATE_1E	10	O	Part C Block 1E Reviews and Approvals Date Format: MM/DD/YYYY	Date	
PRTC_OFFICE_1F	10	O	Part C Block 1F Reviews and Approvals Office/Function	Character	

XML Format for SF-52 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
PRTC_SIGNATURE_1F	42	O	Part C Block 1F Reviews and Approvals Initials/Signature Send “Electronically signed by: <Signer Name>” and title. If the approving official’s first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: JDoe Admin Ofcr
PRTC_DATE_1F	10	O	Part C Block 1F Reviews and Approvals Date Format: MM/DD/YYYY	Date	
PRTC_SIGNATURE	50	O	Part C Block 2 Reviews and Approvals Approval Signature Send “Electronically signed by: <Signer Name>” and title. If the approving official’s first and last name does not fit in the allotted space allotted, show the first initial followed by the last name.	Character	Electronically signed by: JDoe Admin Ofcr
PRTC_TITLE	50	O	Part C Block 2 Reviews and Approvals Approving Official’s Title	Character	Administrative Officer
PRTC_APPRDATE	10	O	Part C Block 2 Reviews and Approvals Approval Date Format: MM/DD/YYYY	Date	
PRTD_RMK_ANS_YES	1	O	Part D Remarks by Requesting Office. Send ‘X’ to indicate Yes. If No, send nothing/null.	Character	
PRTD_RMK_ANS_NO	1	O	Part D Remarks by Requesting Office. Send ‘X’ to indicate No. If Yes, send nothing/null.	Character	
PRTD_REMARK See Section 7.5.2 for additional information.	2000	O	Part D Remarks by Requesting Office	Character	Contains all remarks for Part D
PRTF_REMARK See Section 7.5.2 for additional information.	2000	O	Part F Remarks for SF-50	Character	Contains all remarks for Part F
PERSONNEL_OFFICE_ID	10	M	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	4002
CPO_ID	4	O	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	4002

XML Format for SF-52 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
SUBAGENCY_CODE	4	M	Agency/Sub-agency. An alpha and/or numeric code assigned by OPM. The agency and, where applicable, the administrative subdivision (i.e., sub-element) in which a person is employed. The first and second positions of the code indicate the agency. The third and fourth positions indicate the administrative subdivision. When there is no sub-element or sub-agency assigned, the third and fourth positions are zeros (xx00). For a listing of assigned codes and explanations, see The Guide to Data Standards. Contact eOPF PMO when a value is missing from the list. NOTE: Non-Title 5 and non-Federal organizations cannot use the Agency codes assigned to Title 5 organizations and vice versa. Each organization has a unique code.	Character	DJ06

7.5.2 REMARKS

Submit the Remark element as required by OPM. All remarks appear in chronological order per employee transaction. The limit is 2,000 characters per Remark element; however, each transaction may contain more than one Remark element.

Enclose the Remark element(s) by a start and end element named <PRTD_REMARKS></PRTD_REMARKS> or <PRTF_REMARKS></PRTF_REMARKS>. eOPF generates a continuation page(s) when REMARKS text exceeds the storage limit on Part D or Part F REMARKS.

If there are **remarks for both Part D and Part F**, send the following:

```
<PRTD_REMARKS>
        <PRTD_REMARK>A part D Remark 1</PRTD_REMARK>
        <PRTD_REMARK>Another part D Remark 2</PRTD_REMARK>
        <PRTD_REMARK>And yet another part D Remark 3</PRTD_REMARK>
</PRTD_REMARKS>
<PRTF_REMARKS>
        <PRTF_REMARK>A part F Remark 1</PRTF_REMARK>
        <PRTF_REMARK>Another part F remark 2</PRTF_REMARK>
        <PRTF_REMARK>And yet another part F remark 3</PRTF_REMARK>
</PRTF_REMARKS>
```

If there is a **remark for Part D but not for Part F**, send the following:

```
<PRTD_REMARKS>
        <PRTD_REMARK>A part D Remark 1</PRTD_REMARK>
</PRTD_REMARKS>
<PRTF_REMARKS/>
```

If there is **no remark for Part D but there is for Part F**, send the following:

```
<PRTD_REMARKS/>
<PRTF_REMARKS>
        <PRTF_REMARK>A part F Remark 1</PRTF_REMARK>
</PRTF_REMARKS>
```

If there are **no remarks for either Part D or Part F**, send the following:

```
<PRTD_REMARKS/>
<PRTF_REMARKS/>
```

7.5.3 SAMPLE XML FOR SF-52 FDF FILE

The following sample XML file for the SF-52 form has two employee SF-52 records. Each action begins and ends with the named element <EMPLOYEE RECORD>.

```
<?xml version="1.0" encoding="ISO-8859-1" standalone=”yes” ?>
<EMPDATA AGENCY="AR00" RECORD-COUNT="2">>
    <EMPLOYEE RECORD="000001">
    <PRTA_ACTN_REQST_DESC1>Extension of NTE</PRTA_ACTN_REQST_DESC1>
    <PRTA_REQST_NUMBER>11DEC12ZZZ2ZZ015</PRTA_REQST_NUMBER>
    <PRTA_ADDITIONAL_NAME>John Doe</PRTA_ADDITIONAL_NAME>
    <PRTA_ADDITIONAL_PHONE_NUMBER>(555) 555-5555</PRTA_ADDITIONAL_PHONE_NUMBER>
    <PRTA_PROP_EFF_DATE>12/31/2011</PRTA_PROP_EFF_DATE>
    <PRTA_ACTN_REQST_NAME>John Doe</PRTA_ACTN_REQST_NAME>
    <PRTA_ACTN_REQST_TITLE>Procurement Technician</PRTA_ACTN_REQST_TITLE>
     <PRTA_ACTN_REQST_DATE>12/31/2011</PRTA_ACTN_REQST_DATE>
     <PRTA_ACTN_AUTH_NAME>John Doe</PRTA_ACTN_AUTH_NAME>
     <PRTA_ACTN_AUTH_TITLE>Workforce Specialist</PRTA_ACTN_AUTH_TITLE>
     <PRTA_ACTN_AUTH_CONCUR_DATE>12/31/2011</PRTA_ACTN_AUTH_CONCUR_DATE>
     <PRTB_EMP_NAME>Doe, Jane S.</PRTB_EMP_NAME>
     <PRTB_EMP_SSN>000-00-0000</PRTB_EMP_SSN>
     <PRTB_EMP_DOB>10/19/1953</PRTB_EMP_DOB>
     <PRTB_ACTUAL_EFF_DATE>12/31/2011</PRTB_ACTUAL_EFF_DATE>
     <PRTB_NOA_CODE_5A>773</PRTB_NOA_CODE_5A>
     <PRTB_NOA_DESC_5B>Ext of LWOP NTE 31-JAN-2012</PRTB_NOA_DESC_5B>
     <PRTB_NTE_DATE_5B />
     <PRTB_LEG_AUTH_CODE_5C>DAM</PRTB_LEG_AUTH_CODE_5C>
     <PRTB_LEG_AUTH_DESC_5D>REG 630.101</PRTB_LEG_AUTH_DESC_5D>
     <PRTB_LEG_AUTH_CODE_5E />
     <PRTB_LEG_AUTH_DESC_5F />
     <PRTB_DUAL_NOA_CODE_6A />
     <PRTB_NOA_DESC_6B />
     <PRTB_NTE_DATE_6B />
     <PRTB_DUAL_NOA_AUTH_CODE_6C />
     <PRTB_LEG_AUTH_DESC_6D />
     <PRTB_DUAL_NOA_AUTH_6E />
     <PRTB_LEG_AUTH_DESC_6F />
     <PRTB_FROM_POS_TITLE>Supv Contract Specialist</PRTB_FROM_POS_TITLE>
     <PRTB_FROM_PD_NO>0U999</PRTB_FROM_PD_NO>
     <PRTB_FROM_BU_NO>9999999</PRTB_FROM_BU_NO>
     <PRTB_FROM_ORG />
     <PRTB_FROM_COST_CNTR />
     <PRTB_FROM_PAY_PLAN>GS</PRTB_FROM_PAY_PLAN>
     <PRTB_FROM_OCC_CODE>1102</PRTB_FROM_OCC_CODE>
     <PRTB_FROM_GRADE_LEVEL>13</PRTB_FROM_GRADE_LEVEL>
     <PRTB_FROM_STEP_RATE>04</PRTB_FROM_STEP_RATE>
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     <PRTB_FROM_BASIC_PAY>$78,841.00</PRTB_FROM_BASIC_PAY>
     <PRTB_FROM_LOCAL_ADJ>$0</PRTB_FROM_LOCAL_ADJ>
     <PRTB_FROM_ADJ_BASIC_PAY>$78,841.00</PRTB_FROM_ADJ_BASIC_PAY>
     <PRTB_FROM_OTHER_PAY>$0</PRTB_FROM_OTHER_PAY>
     <PRTB_FROM_PAY_BASIS>PA</PRTB_FROM_PAY_BASIS>
     <PRTB_FROM_NAME_LOCATION1>USA Engr Dist, NORTH</PRTB_FROM_NAME_LOCATION1>
     <PRTB_FROM_NAME_LOCATION2>Contracting Organization</PRTB_FROM_NAME_LOCATION2>
     <PRTB_FROM_NAME_LOCATION3>Contracting Div</PRTB_FROM_NAME_LOCATION3>
     <PRTB_FROM_NAME_LOCATION4>Contracts Br</PRTB_FROM_NAME_LOCATION4>
     <PRTB_FROM_NAME_LOCATION5>UNIT 99999</PRTB_FROM_NAME_LOCATION5>
     <PRTB_TO_POS_TITLE>Supv Contract Specialist</PRTB_TO_POS_TITLE>
          <PRTB_TO_PD_NO>0U999</PRTB_TO_PD_NO>
```

<PRTB_TO_BU_NO>**9999999**</PRTB_TO_BU_NO>
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<PRTB_TO_LOC_ADJ>**$.00**</PRTB_TO_LOC_ADJ>
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<PRTB_TO_OTHER_PAY />
<PRTB_TO_PAY_BASIS>**PA**</PRTB_TO_PAY_BASIS>
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<PRTB_TO_NAME_LOCATION2 />
<PRTB_TO_NAME_LOCATION3 />
<PRTB_TO_NAME_LOCATION4 />
<PRTB_TO_NAME_LOCATION5 />
<PRTB_VET_PREF>**1**</PRTB_VET_PREF>
<PRTB_TENURE>**1**</PRTB_TENURE>
<PRTB_AGENCY_USE_25_IND />
<PRTB_AGENCY_USE_25 />
<PRTB_VET_PREF_FOR_RIF_YES />
<PRTB_VET_PREF_FOR_RIF_NO>**X**</PRTB_VET_PREF_FOR_RIF_NO>
<PRTB_FEGLI>**P0**</PRTB_FEGLI>
<PRTB_FEGLI_DESC>**Basic + Option B (3X) + Option A**</PRTB_FEGLI_DESC>
<PRTB_ANNT_IND>**9**</PRTB_ANNT_IND>
<PRTB_ANNT_DESC>**Not Applicable**</PRTB_ANNT_DESC>
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<PRTB_RETIRE_PLAN>**K**</PRTB_RETIRE_PLAN>
<PRTB_RETIRE_PLAN_DESC>**FERS and FICA**</PRTB_RETIRE_PLAN_DESC>
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<PRTB_PART_TIME_HRS />
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<PRTC_DATE_1A>**12/29/2011**</PRTC_DATE1A>
<PRTC_OFFICE_1B />**Office 123**</PRTC_OFFICE_1B >
<PRTC_SIGNATURE_1B>**Electronically signed by: JDoe Admin Ofcr**</PRTC_SIGNATURE_1B>
<PRTC_DATE_1B>**12/29/2011**</PRTC_DATE_1B>
<PRTC_OFFICE_1C />**Office123**</PRTC_OFFICE_1C >
<PRTC_SIGNATURE_1C>**Electronically signed by: JDoe Admin Ofcr**</PRTC_SIGNATURE_1C>
<PRTC_DATE_1C>**01/02/2012**</PRTC_DATE_1C>
<PRTC_OFFICE_1D />
<PRTC_SIGNATURE_1D />
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  <PRTC_OFFICE_1F />
  <PRTC_SIGNATURE_1F />
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  <CPO_ID>4822</CPO_ID>
  </EMPLOYEE>
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  <PRTA_ADDITIONAL_NAME>John Doe</PRTA_ADDITIONAL_NAME>
  <PRTA_ADDITIONAL_PHONE_NUMBER>(555) 555-5555</PRTA_ADDITIONAL_PHONE_NUMBER>
  <PRTA_PROP_EFF_DATE>11/01/2010</PRTA_PROP_EFF_DATE>
  <PRTA_ACTN_REQST_NAME>John Doe</PRTA_ACTN_REQST_NAME>
  <PRTA_ACTN_REQST_TITLE>Administrative Support</PRTA_ACTN_REQST_TITLE>
  <PRTA_ACTN_REQST_DATE>10/04/2010</PRTA_ACTN_REQST_DATE>
  <PRTA_ACTN_AUTH_NAME>John Doe</PRTA_ACTN_AUTH_NAME>
  <PRTA_ACTN_AUTH_TITLE>Administrative Services Spec</PRTA_ACTN_AUTH_TITLE>
<PRTA_ACTN_AUTH_CONCUR_DATE>10/05/2010</PRTA_ACTN_AUTH_CONCUR_DATE>
  <PRTB_EMP_NAME>Doe, John S.</PRTB_EMP_NAME>
  <PRTB_EMP_SSN>000-00-0002/PRTB_EMP_SSN>
  <PRTB_EMP_DOB>10/14/1959</PRTB_EMP_DOB>
  <PRTB_ACTUAL_EFF_DATE>01/01/2012</PRTB_ACTUAL_EFF_DATE>
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  <PRTB_NOA_DESC_5B>Rassignment</PRTB_NOA_DESC_5B>
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  <PRTB_LEG_AUTH_DESC_5D>Reg 335.102</PRTB_LEG_AUTH_DESC_5D>
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  <PRTB_LEG_AUTH_DESC_5F />
  <PRTB_DUAL_NOA_CODE_6A />
  <PRTB_NOA_DESC_6B />
  <PRTB_NTE_DATE_6B />
  <PRTB_DUAL_NOA_AUTH_CODE_6C />
  <PRTB_LEG_AUTH_DESC_6D />
  <PRTB_DUAL_NOA_AUTH_6E />
  <PRTB_LEG_AUTH_DESC_6F />
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  <PRTB_FROM_NAME_LOCATION1>USA Depot</PRTB_FROM_NAME_LOCATION1>
  <PRTB_FROM_NAME_LOCATION2>Public Works</PRTB_FROM_NAME_LOCATION2>
  <PRTB_FROM_NAME_LOCATION3>Division 0Z000</PRTB_FROM_NAME_LOCATION3>
  <PRTB_FROM_NAME_LOCATION4>Sterling, VA 99999-9999</PRTB_FROM_NAME_LOCATION4>
  <PRTB_FROM_NAME_LOCATION5 />
  <PRTB_TO_POS_TITLE>Engineer</PRTB_TO_POS_TITLE>
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<PRTB_TO_PAY_PLAN>**GS**</PRTB_TO_PAY_PLAN>
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<PRTB_TO_BASIC_PAY>**$111,298.00**</PRTB_TO_BASIC_PAY>
<PRTB_TO_LOC_ADJ>**$0**</PRTB_TO_LOC_ADJ>
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<PRTB_TO_NAME_LOCATION2>**USA**</PRTB_TO_NAME_LOCATION2>
<PRTB_TO_NAME_LOCATION3>**Public Works**</PRTB_TO_NAME_LOCATION3>
<PRTB_TO_NAME_LOCATION4>**Division**</PRTB_TO_NAME_LOCATION4>
<PRTB_TO_NAME_LOCATION5>**Sterling, VA 99999**</PRTB_TO_NAME_LOCATION5>
<PRTB_VET_PREF>**1**</PRTB_VET_PREF>
<PRTB_TENURE>**1**</PRTB_TENURE>
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7.6 SF-2809 Health Benefits Election Form Input File Specifications

7.6.1 SF-2809 Data Feed XML-based File Specification

The eOPF system processes and loads FEHB changes in the Health Benefits Election Form (SF-2809) elected by an employee using an electronic employee self-service system. This functionality is not for elections entered by HR personnel from a paper election form and it is not for elections entered in an employee self-service system and corrected by HR personnel. HR personnel corrects or changes FEHB data in a provider system after receiving a new election from the employee. When the employee submits a paper document, HR loads it into eOPF from a desktop or via a scanning vendor.

The data submitted in this file must match the data on the SF-2809s produced by the provider system and the files submitted to EHRI and the OPM FEHB HUB.

The following table presents the structure for SF-2809 data submitted by the Data Provider in a single large XML file format with one XML file for each form and agency. An Agency Identifier and record count create the tag identifying the beginning and end of the data within the file. The XML record tags defined below separate the employee transactions. Where appropriate the Description column contains the SF-2809 block numbers.

When sending large amounts of data, providers send multiple files sized at, no larger than, approximately 350 MB each and increment the submission indicator in the filename.

Providers must send a record containing all XML tags as specified for the form. The order of the XML elements/tags does not matter; however, the Data Provider must include all elements/tags with either a value or null.

Table 8. XML Format for SF-2809 FDF File

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
EMPDATA		M	Mandatory tag that indicates the start and end of a Health Benefits Election Data Feed and consists of 2 mandatory attributes.	N/A	Complete EMP DATA parent tag. <EMPDATA AGENCY="ZZ00" RECORD_COUNT="**2**">
	4	M	The mandatory attribute AGENCY="XXXX" is assigned by OPM and used to identify an agency.	Character	AGENCY="ZZ00"
	6	M	The mandatory attribute RECORD-COUNT="XXXXXX" identifies the total number of records contained in the transaction file.	Character	2
EMPLOYEE	6	M	Mandatory tag that indicates the start and end of a Transaction Record in the File. The "RECORD="XXXXXX" is used to uniquely identify a record in the Data Feed.	Character	000001
EMPLOYEE-NAME	70	M	Part A Block 1 Enrollee and Family Member Information. Enrollee Name (Last, First, Middle Initial) Name should match the name on the Employee Data Feed and comply with the guidance provided in the GPPA.	Character	Doe, John D.
EMPLOYEE-SSN	11	M	Part A Block 2 Enrollee and Family Member Information. Social Security Number	Character	000-00-0000

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
BIRTH-DATE	10	M	Part A Block 3 Enrollee and Family Member Information. Date of Birth (MM/DD/YYYY)	Date	08/17/1978
EMPLOYEE-SEX-MALE	1	O	Part A Block 4 Enrollee and Family Member Information. Sex Male. Send 'X' to indicate Male. If Female, send nothing/null.	Character	X
EMPLOYEE-SEX-FEMALE	1	O	Part A Block 4 Enrollee and Family Member Information. Sex Female. Send 'X' to indicate Female. If Male, send nothing/null.	Character	X
MARRIED-YES	1	O	Part A Block 5 Enrollee and Family Member Information. Are you Married? Send 'X' to indicate Married. If Not Married, send nothing/null.	Character	X
MARRIED-NO	1	O	Part A Block 5 Enrollee and Family Member Information. Are you Married? Send 'X' to indicate Not Married. If Married, send nothing/null.	Character	X
EMPLOYEE-ADDRESS1	60	O	Part A Block 6 Enrollee and Family Member Information. Home Mailing Address, Street/Apt# or PO Box#, City, State, and ZIP Code. Use USPS abbreviations.	Character	999 Main St
EMPLOYEE-ADDRESS2	60	O	Part A Block 6 Enrollee and Family Member Information. Home Mailing Address, Street/Apt# or PO Box #, City, State, and ZIP Code. Use USPS abbreviations.	Character	Ap 103
EMPLOYEE-ADDRESS3	60	O	Part A Block 6 Enrollee and Family Member Information. Home Mailing Address, Street/Apt# or PO Box #, City, State, and ZIP Code. Use USPS abbreviations.	Character	PO Box 1234
EMPLOYEE-ADDRESS4	60	O	Part A Block 6 Enrollee and Family Member Information. Home Mailing Address, Street/Apt# or PO Box #, City, State, and ZIP Code. Use USPS abbreviations.	Character	Hometown, ZZ 99999-9999
EMPLOYEE-MEDICARE-PARTA	1	O	Part A Block 7 Enrollee and Family Member Information. Are you covered by Medicare, check all that apply. Send 'X' to indicate employee checked Part A. If employee checked Part B or Part D, send nothing/null.	Character	X
EMPLOYEE-MEDICARE-PARTB	1	O	Part A Block 7 Enrollee and Family Member Information. Are you covered by Medicare, check all that apply. Send 'X' to indicate employee checked Part B. If employee checked Part A or Part D, send nothing/null.	Character	X
EMPLOYEE-MEDICARE-PARTD	1	O	Part A Block 7 Enrollee and Family Member Information. Are you covered by Medicare, check all that apply. Send 'X' to indicate employee checked Part D. If employee checked Part A or Part B, send nothing/null.	Character	X

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
EMPLOYEE-MEDICARE-CLAIMNO	25	O	Part A Block 8 Enrollee and Family Member Information. Medicare Claim Number	Character	123456789
EMPLOYEE-COVERED-BY-OTHER-YES	1	O	Part A Block 9 Enrollee and Family Member Information. Are you covered by insurance other than Medicare? Send 'X' to indicate employee is covered by insurance other than Medicare. If employee is not covered by insurance other than Medicare, send nothing/null.	Character	X
EMPLOYEE-COVERED-BY-OTHER-NO	1	O	Part A Block 9 Enrollee and Family Member Information. Are you covered by insurance other than Medicare? Send 'X' to indicate employee is not covered by insurance other than Medicare. If employee is covered by insurance other than Medicare send nothing/null.	Character	X
EMPLOYEE-TRICARE	1	O	Part A Block 10 Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' to indicate employee is covered by TRICARE. If employee is covered by FEHB or some other insurance, send nothing/null.	Character	X
EMPLOYEE-OTHER-INSURANCE	1	O	Part A Block 10 Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' if employee is covered by insurance other than FEHB or TRICARE. If employee is covered by FEHB or TRICARE, send nothing/null.	Character	X
EMPLOYEE-INSURANCE-NAME	70	O	Part A Block 10 Enrollee and Family Member Information. Name of other insurance.	Character	Insurance113
EMPLOYEE-INSURANCE-POLICY-NO	40	O	Part A Block 10 Enrollee and Family Member Information. Other Insurance Policy Number.	Character	1234567
EMPLOYEE-FEHB-INSURED	1	O	Part A Block 10 Enrollee and Family Member Information. FEHB Insured. Send 'X' to indicate employee is covered by another FEHB enrollment. If employee is not covered by another FEHB enrollment, send nothing/null.	Character	X
MEMBER1-NAME	70	O	Part A Block 13 Enrollee and Family Member Information. Name of Family Member Name (last, first, middle initial).	Character	Doe, Jane E.
MEMBER1-SSN	11	O	Part A Block 14 Enrollee and Family Member Information. Social Security Number.	Character	000-00-0000
MEMBER1-BIRTH-DATE	10	O	Part A Block 15 Enrollee and Family Member Information. Date of Birth (MM/DD/YYYY).	Date	08/19/1978

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER1-SEX-MALE	1	O	Part A Block 16 Enrollee and Family Member Information. Sex. Send 'X' to indicate Male. If Female, send nothing/null.	Character	X
MEMBER1-SEX-FEMALE	1	O	Part A Block 16 Enrollee and Family Member Information. Sex. Send 'X' to indicate Female. If Male, send nothing/null.	Character	X
MEMBER1-RELATIONSHIP-CODE	2	O	Part A Block 17 Enrollee and Family Member Information. Relationship Code.	Character	01
MEMBER1-ADDRESS1	60	O	Part A Block 18 Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code. Use USPS abbreviations.	Character	998 Main St
MEMBER1-ADDRESS2	60	O	Part A Block 18 Enrollee and Family Member Information Address (if different from enrollee) Street/Apt# or PO Box #, City, State, and ZIP Code. Use USPS abbreviations.	Character	APT 103
MEMBER1-ADDRESS3	60	O	Part A Block 18 Enrollee and Family Member Information Address (if different from enrollee) Street/Apt# or PO Box #, City, State, and ZIP Code. Use USPS abbreviations.	Character	PO Box 1234
MEMBER1-ADDRESS4	60	O	Part A Block 18 Enrollee and Family Member Information Address (if different from employee) Street/Apt# or PO Box #, City, State, and ZIP Code. Use USPS abbreviations.	Character	Hometown, ZZ 99999-9999
MEMBER1-MEDICARE-PARTA	1	O	Part A Block 19 Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is covered by Part A. If family member is covered by Part B or Part D, send nothing/null.	Character	X
MEMBER1-MEDICARE-PARTB	1	O	Part A Block 19 Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is enrolled in Part B. If family member is enrolled in Part A or Part D, send nothing/null.	Character	X
MEMBER1-MEDICARE-PARTD	1	O	Part A Block 19 Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is covered by Part D. If family member is covered by Part A or Part B, send nothing/null.	Character	X
MEMBER1-MEDICARE-CLAIMNO	25	O	Part A Block 20 Enrollee and Family Member Information. Medicare Claim Number.	Character	456789012

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER1-COVERED-BY-OTHER-YES	1	O	Part A Block 21 Enrollee and Family Member Information. Is this family member covered by insurance other than Medicare? Send 'X' to indicate family member is covered by insurance other than Medicare. If family member is not covered, send nothing/null.	Character	X
MEMBER1-COVERED-BY-OTHER-NO	1	O	Part A Block 21 Enrollee and Family Member Information. Is this family member covered by insurance other than Medicare? Send 'X' to indicate family member is not covered by insurance other than Medicare. If family member is covered, send nothing/null.	Character	X
MEMBER1-TRICARE	1	O	Part A Block 22 Enrollee and Family Member Information Indicate the type(s) of other insurance. Send 'X' to indicate family member is covered by TRICARE. If family member is covered by FEHB or some other insurance, send nothing/null.	Character	X
MEMBER1-OTHER-INSURANCE	1	O	Part A Block 22 Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' to indicate family member is covered by insurance other than FEHB or TRICARE. If employee is covered by FEHB or TRICARE, send nothing/null.	Character	X
MEMBER1-INSURANCE-NAME	70	O	Part A Block 22 Enrollee and Family Member Information. Name of other insurance.	Character	Other Insurance
MEMBER1-POLICY-NO	40	O	Part A Block 22 Enrollee and Family Member Information. Other Insurance Policy Number.	Character	567890
MEMBER1-FEHB-INSURED	1	O	Part A Block 22 Enrollee and Family Member Information. FEHB Send 'X' to indicate family member is covered by another FEHB enrollment. If family member is not covered by another FEHB enrollment, send nothing/null.	Character	X
MEMBER1-EMAIL	80	O	Part A Block 23 Enrollee and Family Member Information. Email Address (if applicable, enter email address of your spouse or adult child).	Character	Jane.doe@email.com
MEMBER1-PHONE	25	O	Part A Block 24 Enrollee and Family Member Information. Preferred telephone number (if applicable, enter preferred phone number of spouse or adult child).	Character	(555) 555-5555
MEMBER2-NAME	70	O	Part A Block 25 Enrollee and Family Member Information. Name of Family Member (last, first, middle initial).	Character	Doe, Jane J.
MEMBER2-SSN	11	O	Part A Block 26 Enrollee and Family Member Information. Social Security Number	Character	000-00-0003

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER2-BIRTH-DATE	10	O	Part A Block 27 Enrollee and Family Member Information. Date of Birth (MM/DD/YYYY).	Date	04/01/2010
MEMBER2-SEX-MALE	1	O	Part A Block 28 Enrollee and Family Member Information. Sex. Send 'X' to indicate Male. If Female, send nothing/null.	Character	X
MEMBER2-SEX-FEMALE	1	O	Part A Block 28 Enrollee and Family Member Information. Sex. Send 'X' to indicate Female. If Male, send nothing/null.	Character	X
MEMBER2-RELATIONSHIP-CODE	2	O	Part A Block 29 Enrollee and Family Member Information. Relationship Code.	Character	19
MEMBER2-ADDRESS1	60	O	Part A Block 30 Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code. Use USPS abbreviations.	Character	999 Main St
MEMBER2-ADDRESS2	60	O	Part A Block 30 Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box# City, State, and ZIP Code. Use USPS abbreviations.	Character	APT 103
MEMBER2-ADDRESS3	60	O	Part A Block 30 Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box# City, State, and ZIP Code. Use USPS abbreviations.	Character	PO Box 1234
MEMBER2-ADDRESS4	60	O	Part A Block 30 Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box# City, State, and ZIP Code. Use USPS abbreviations.	Character	Hometown, ZZ 99999-9999
MEMBER2-MEDICARE-PARTA	1	O	Part A Block 31 Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is covered by Part A. If family member is covered by Part B or Part D, send nothing/null.	Character	X
MEMBER2-MEDICARE-PARTB	1	O	Part A Block 31 Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is enrolled in Part B. If family member is enrolled in Part A or Part D, send nothing/null.	Character	X
MEMBER2-MEDICARE-PARTD	1	O	Part A Block 31 Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is covered by Part D. If family member is covered by Part A or Part B, send nothing/null.	Character	X

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER2-MEDICARE-CLAIMNO	25	O	Part A Block 32 Enrollee and Family Member Information. Medicare Claim Number.	Character	123456789
MEMBER2-COVERED-BY-OTHER-YES	1	O	Part A Block 33 Enrollee and Family Member Information. Is this family member covered by insurance other than Medicare? Send 'X' to indicate family member is covered by insurance other than Medicare. If family member is not covered, send nothing/null.	Character	X
MEMBER2-COVERED-BY-OTHER-NO	1	O	Part A Block 33 Enrollee and Family Member Information. Is this family member covered by insurance other than Medicare? Send 'X' to indicate family member is not covered by insurance other than Medicare. If family member is covered, send nothing/null.	Character	X
MEMBER2-TRICARE	1	O	Part A Block 34 Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' to indicate family member is covered by TRICARE. If family member is covered by FEHB or some other insurance, send nothing/null.	Character	X
MEMBER2-OTHER-INSURANCE	1	O	Part A Block 34 Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' to indicate family member is covered by insurance other than FEHB or TRICARE. If employee is covered by FEHB or TRICARE, send nothing/null.	Character	X
MEMBER2-INSURANCE-NAME	70	O	Part A Block 34 Enrollee and Family Member Information. Name of other insurance.	Character	Other Insurance 1
MEMBER2-POLICY-NO	40	O	Part A Block 34 Enrollee and Family Member Information. Other Insurance Policy Number.	Character	9876543
MEMBER2-FEHB-INSURED	1	O	Part A Block 34 Enrollee and Family Member Information. FEHB. Send 'X' to indicate family member is covered by another FEHB enrollment. If family member is not covered by another FEHB enrollment, send nothing/null.	Character	X
MEMBER2-EMAIL	80	O	Part A Block 35 Enrollee and Family Member Information. Email Address (if applicable, enter email address of spouse or adult child).	Character	JaneJ.Doe@email.com
MEMBER2-PHONE	25	O	Part A Block 36 Enrollee and Family Member Information. Preferred telephone number (if applicable, enter preferred phone number of your spouse or adult child).	Character	(555) 555-5555
MEMBER3-NAME	70	O	Part A Block 37 Enrollee and Family Member Information. Name of family member (last, first, middle initial).	Character	Doe Jr, John NMN

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER3-SSN	11	O	Part A Block 38 Enrollee and Family Member Information. Social Security Number.	Character	000-00-0004
MEMBER3-BIRTH-DATE	10	O	Part A Block 39 Enrollee and Family Member Information. Date of Birth (MM/DD/YYYY).	Date	01/01/2012
MEMBER3-SEX-MALE	1	O	Part A Block 40 Enrollee and Family Member Information. Sex. Send 'X' to indicate Male. If Female, send nothing/null.	Character	X
MEMBER3-SEX-FEMALE	1	O	Part A Block 40 Enrollee and Family Member Information. Sex. Send 'X' to indicate Female. If Male, send nothing/null.	Character	X
MEMBER3-RELATIONSHIP-CODE	2	O	Part A Block 41 Enrollee and Family Member Information. Relationship Code.	Character	09
MEMBER3-ADDRESS1	60	O	Part A Block 42 Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code. Use USPS abbreviations.	Character	999 Main St
MEMBER3-ADDRESS2	60	O	Part A Block 42 Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code. Use USPS abbreviations.	Character	APT 103
MEMBER3-ADDRESS3	60	O	Part A Block 42 Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code. Use USPS abbreviations.	Character	PO Box 1234
MEMBER3-ADDRESS4	60	O	Part A Block 42 Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code. Use USPS abbreviations.	Character	Hometown, ZZ 99999-9999
MEMBER3-MEDICARE-PARTA	1	O	Part A Block 43 Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is covered by Part A. If family member is covered by Part B or Part D, send nothing/null.	Character	X
MEMBER3-MEDICARE-PARTB	1	O	Part A Block 43 Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is enrolled in Part B. If family member is enrolled in Part A or Part D, send nothing/null.	Character	X

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER3-MEDICARE-PARTD	1	O	Part A Block 43 Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is covered by Part D. If family member is covered by Part A or Part B, send nothing/null.	Character	X
MEMBER3-MEDICARE-CLAIMNO	25	O	Part A Block 44 Enrollee and Family Member Information. Medicare Claim Number.	Character	123456
MEMBER3-COVERED-BY-OTHER-YES	1	O	Part A Block 45 Enrollee and Family Member Information. Is this family member covered by insurance other than Medicare? Send 'X' to indicate family member is covered by insurance other than Medicare. If family member is not covered, send nothing/null.	Character	X
MEMBER3-COVERED-BY-OTHER-NO	1	O	Part A Block 45 Enrollee and Family Member Information. Is this family member covered by insurance other than Medicare? Send 'X' to indicate family member is not covered by insurance other than Medicare. If family member is covered, send nothing/null.	Character	X
MEMBER3-TRICARE	1	O	Part A Block 46 Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' to indicate family member is covered by TRICARE. If family member is covered by FEHB or some other insurance, send nothing/null.	Character	X
MEMBER3-OTHER-INSURANCE	1	O	Part A Block 46 Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' to indicate family member is covered by insurance other than FEHB or TRICARE. If employee is covered by FEHB or TRICARE, send nothing/null.	Character	X
MEMBER3-INSURANCE-NAME	70	O	Part A Block 46 Enrollee and Family Member Information. Name of other insurance.	Character	Other Insurance 1
MEMBER3-POLICY-NO	40	O	Part A Block 46 Enrollee and Family Member Information. Other Insurance Policy Number.	Character	1234567
MEMBER3-FEHB-INSURED	1	O	Part A Block 46 Enrollee and Family Member Information. FEHB. Send 'X' to indicate family member is covered by another FEHB enrollment. If family member is not covered by another FEHB enrollment, send nothing/null.	Character	X
MEMBER3-EMAIL	80	O	Part A Block 47 Enrollee and Family Member Information. Email Address (if applicable, enter email address of your spouse or adult child).	Character	John.doe1@email.com

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER3-PHONE	25	O	Part A Block 48 Enrollee and Family Member Information. Preferred telephone number (if applicable, enter preferred phone number of your spouse or adult child).	Character	(555) 555-5555
MEMBER4-NAME	70	O	Part A Enrollee and Family Member Information. Name of family member (last, first, middle initial).*	Character	Doe, Johnny NMN
MEMBER4-SSN	11	O	Part A Enrollee and Family Member Information. Social Security Number. *	Character	000-00-0014
MEMBER4-BIRTH-DATE	10	O	Part A Enrollee and Family Member Information. Date of Birth (MM/DD/YYYY).*	Date	01/02/2013
MEMBER4-SEX-MALE	1	O	Part A Enrollee and Family Member Information. Sex. Send 'X' to indicate Male. If Female, send nothing/null.*	Character	X
MEMBER4-SEX-FEMALE	1	O	Part A Enrollee and Family Member Information. Sex. Send 'X' to indicate Female. If Male, send nothing/null.*	Character	X
MEMBER4-RELATIONSHIP-CODE	2	O	Part A Enrollee and Family Member Information. Relationship Code.*	Character	19
MEMBER4-ADDRESS1	60	O	Part A Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	999 Main St
MEMBER4-ADDRESS2	60	O	Part A Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	APT 103
MEMBER4-ADDRESS3	60	O	Part A Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	PO Box 1234
MEMBER4-ADDRESS4	60	O	Part A Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	Hometown, ZZ 99999-9999
MEMBER4-MEDICARE-PARTA	1	O	Part A Enrollee and Family Member Information. Is this family member covered by Medicare, check all that apply. Send 'X' to indicate family member is covered by Part A. If family member is covered by Part B or Part D, send nothing/null.*	Character	X
MEMBER4-MEDICARE-PARTB	1	O	Part A Enrollee and Family Member Information. Is this family member covered by Medicare, check all that apply. Send 'X' to indicate family member is enrolled in Part B. If family member is enrolled in Part A or Part D, send nothing/null.*	Character	X

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER4-MEDICARE-PARTD	1	O	Part A Enrollee and Family Member Information. Is this family member covered by Medicare, check all that apply. Send 'X' to indicate family member is covered by Part D. If family member is covered by Part A or Part B, send nothing/null.*	Character	X
MEMBER4-MEDICARE-CLAIMNO	25	O	Part A Enrollee and Family Member Information. Medicare Claim Number.*	Character	123456
MEMBER4-COVERED-BY-OTHER-YES	1	O	Part A Enrollee and Family Member Information. Is this family member covered by insurance other than Medicare? Send 'X' to indicate family member is covered by insurance other than Medicare. If family member is not covered, send nothing/null. *	Character	X
MEMBER4-COVERED-BY-OTHER-NO	1	O	Part A Enrollee and Family Member Information. Is this family member covered by insurance other than Medicare? Send 'X' to indicate family member is not covered by insurance other than Medicare. If family member is covered, send nothing/null. *	Character	X
MEMBER4-TRICARE	1	O	Part A Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' to indicate family member is covered by TRICARE. If family member is covered by FEHB or some other insurance, send nothing/null.*	Character	X
MEMBER4-OTHER-INSURANCE	1	O	Part A Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' to indicate family member is covered by insurance other than FEHB or TRICARE. If employee is covered by FEHB or TRICARE, send nothing/null.*	Character	X
MEMBER4-INSURANCE-NAME	70	O	Part A Enrollee and Family Member Information. Name of other insurance.*	Character	Other Insurance Name
MEMBER4-POLICY-NO	40	O	Part A Enrollee and Family Member Information. Other Insurance Policy Number.*	Character	9876543
MEMBER4-FEHB-INSURED	1	O	Part A Enrollee and Family Member Information. FEHB. Send 'X' to indicate family member is covered by another FEHB enrollment. If family member is not covered by another FEHB enrollment, send nothing/null.*	Character	X
MEMBER4-EMAIL	80	O	Part A Enrollee and Family Member Information. Email Address (if applicable, enter email address of your spouse or adult child).*	Character	Johnny.doe@email.com

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER4-PHONE	25	O	Part A Enrollee and Family Member Information. Preferred telephone number (if applicable, enter preferred phone number of your spouse or adult child).*	Character	(555) 555-5555
MEMBER5-NAME	70	O	Part A Enrollee and Family Member Information. Name of Family Member (last, first, middle initial).*	Character	Doe, Janie NMN
MEMBER5-SSN	11	O	Part A Enrollee and Family Member Information. Social Security Number.*	Character	000-00-0015
MEMBER5-BIRTH-DATE	10	O	Part A Enrollee and Family Member Information. Date of Birth (MM/DD/YYYY).*	Date	01/01/2012
MEMBER5-SEX-MALE	1	O	Part A Enrollee and Family Member Information. Sex. Send 'X' to indicate Male. If Female, send nothing/null.*	Character	X
MEMBER5-SEX-FEMALE	1	O	Part A Enrollee and Family Member Information. Sex. Send 'X' to indicate Female. If Male, send nothing/null.*	Character	X
MEMBER5-RELATIONSHIP-CODE	2	O	Part A Enrollee and Family Member Information. Relationship Code.*	Character	19
MEMBER5-ADDRESS1	60	O	Part A Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	999 Main St
MEMBER5-ADDRESS2	60	O	Part A Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	APT 103
MEMBER5-ADDRESS3	60	O	Part A Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	PO Box 1234
MEMBER5-ADDRESS4	60	O	Part A Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	Hometown, ZZ 99999-9999
MEMBER5-MEDICARE-PARTA	1	O	Part A Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is covered by Part A. If family member is covered by Part B or Part D, send nothing/null.*	Character	X
MEMBER5-MEDICARE-PARTB	1	O	Part A Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is enrolled in Part B. If family member is enrolled in Part A or Part D, send nothing/null.*	Character	X

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER5-MEDICARE-PARTD	1	O	Part A Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is covered by Part D. If family member is covered by Part A or Part B, send nothing/null.*	Character	X
MEMBER5-MEDICARE-CLAIMNO	25	O	Part A Enrollee and Family Member Information. Medicare Claim Number.*	Character	123456
MEMBER5-COVERED-BY-OTHER-YES	1	O	Part A Enrollee and Family Member Information. Is this family member covered by insurance other than Medicare? Send 'X' to indicate family member is covered by insurance other than Medicare. If family member is not covered, send nothing/null. *	Character	X
MEMBER5-COVERED-BY-OTHER-NO	1	O	Part A Enrollee and Family Member Information. Is this family member covered by insurance other than Medicare? Send 'X' to indicate family member is not covered by insurance other than Medicare. If family member is covered, send nothing/null.*	Character	X
MEMBER5-TRICARE	1	O	Part A Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' to indicate family member is covered by TRICARE. If family member is covered by FEHB or some other insurance, send nothing/null.*	Character	X
MEMBER5-OTHER-INSURANCE	1	O	Part A Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' to indicate family member is covered by insurance other than FEHB or TRICARE. If employee is covered by FEHB or TRICARE, send nothing/null.*	Character	X
MEMBER5-INSURANCE-NAME	70	O	Part A Enrollee and Family Member Information. Name of other insurance.*	Character	Other Insurance Name
MEMBER5-POLICY-NO	40	O	Part A Enrollee and Family Member Information. Other Insurance Policy Number.*	Character	9876543
MEMBER5-FEHB-INSURED	1	O	Part A Enrollee and Family Member Information. FEHB. Send 'X' to indicate family member is covered by another FEHB enrollment. If family member is not covered by another FEHB enrollment, send nothing/null.*	Character	X
MEMBER5-EMAIL	80	O	Part A Enrollee and Family Member Information. Email Address (if applicable, enter email address of your spouse or adult child).*	Character	Janie.doe@email.com

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER5-PHONE	25	O	Part A Enrollee and Family Member Information. Preferred telephone number (if applicable, enter preferred phone number of your spouse or adult child).*	Character	(555) 555-5555
MEMBER6-NAME	70	O	Part A Enrollee and Family Member Information. Name of Family Member (last, first, middle initial).*	Character	Doe, Jon L.
MEMBER6-SSN	11	O	Part A Enrollee and Family Member Information. Social Security Number.*	Character	000-00-0016
MEMBER6-BIRTH-DATE	10	O	Part A Enrollee and Family Member Information. Date of Birth (MM/DD/YYYY).*	Date	01/02/2012
MEMBER6-SEX-MALE	1	O	Part A Enrollee and Family Member Information. Sex. Send 'X' to indicate Male. If Female, send nothing/null.*	Character	X
MEMBER6-SEX-FEMALE	1	O	Part A Enrollee and Family Member Information. Sex. Send 'X' to indicate Female. If Male, send nothing/null.*	Character	X
MEMBER6-RELATIONSHIP-CODE	2	O	Part A Enrollee and Family Member Information. Relationship Code.*	Character	19
MEMBER6-ADDRESS1	60	O	Part A Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	999 Main St
MEMBER6-ADDRESS2	60	O	Part A Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	APT 103
MEMBER6A-DDRESS3	60	O	Part A Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	PO Box 1234
MEMBER6-ADDRESS4	60	O	Part A Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	Hometown, ZZ 99999-9999
MEMBER6-MEDICARE-PARTA	1	O	Part A Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is covered by Part A. If family member is covered by Part B or Part D, send nothing/null.*	Character	X
MEMBER6-MEDICARE-PARTB	1	O	Part A Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is enrolled in Part B. If family member is enrolled in Part A or Part D, send nothing/null.*	Character	X

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER6-MEDICARE-PARTD	1	O	Part A Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is covered by Part D. If family member is covered by Part A or Part B, send nothing/null.*	Character	X
MEMBER6-MEDICARE-CLAIMNO	25	O	Part A Enrollee and Family Member Information. Medicare Claim Number.*	Character	123456
MEMBER6-COVERED-BY-OTHER-YES	1	O	Part A Enrollee and Family Member Information. Is this family member covered by insurance other than Medicare? Send 'X' to indicate family member is covered by insurance other than Medicare. If family member is not covered, send nothing/null. *	Character	X
MEMBER6-COVERED-BY-OTHER-NO	1	O	Part A Enrollee and Family Member Information. Is this family member covered by insurance other than Medicare? Send 'X' to indicate family member is not covered by insurance other than Medicare. If family member is covered, send nothing/null.*	Character	X
MEMBER6-TRICARE	1	O	Part A Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' to indicate family member is covered by TRICARE. If family member is covered by FEHB or some other insurance, send nothing/null.*	Character	X
MEMBER6-OTHER-INSURANCE	1	O	Part A Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' to indicate family member is covered by insurance other than FEHB or TRICARE. If employee is covered by FEHB or TRICARE, send nothing/null.*	Character	X
MEMBER6-INSURANCE-NAME	70	O	Part A Enrollee and Family Member Information. Name of other insurance.*	Character	Other Insurance Name
MEMBER6-POLICY-NO	40	O	Part A Enrollee and Family Member Information. Other Insurance Policy Number.*	Character	9876543
MEMBER6-FEHB-INSURED	1	O	Part A Enrollee and Family Member Information. FEHB. Send 'X' to indicate family member is covered by another FEHB enrollment. If family member is not covered by another FEHB enrollment, send nothing/null.*	Character	X
MEMBER6-EMAIL	80	O	Part A Enrollee and Family Member Information. Email Address (if applicable, enter email address of your spouse or adult child).*	Character	Jon.doe@email.com

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER6-PHONE	25	O	Part A Enrollee and Family Member Information. Preferred telephone number (if applicable, enter preferred phone number of your spouse or adult child).*	Character	(555) 555-5555
MEMBER7-NAME	70	O	Part A Enrollee and Family Member Information. Name of Family Member (last, first, middle initial).*	Character	Doe, Jaine M.
MEMBER7-SSN	11	O	Part A Enrollee and Family Member Information. Social Security Number.*	Character	000-00-0017
MEMBER7-BIRTH-DATE	10	O	Part A Enrollee and Family Member Information. Date of Birth (MM/DD/YYYY).*	Date	01/01/2013
MEMBER7-SEX-MALE	1	O	Part A Enrollee and Family Member Information. Sex. Send 'X' to indicate Male. If Female, send nothing/null.*	Character	X
MEMBER7-SEX-FEMALE	1	O	Part A Enrollee and Family Member Information. Sex. Send 'X' to indicate Female. If Male, send nothing/null.*	Character	X
MEMBER7-RELATIONSHIP-CODE	2	O	Part A Enrollee and Family Member Information. Relationship Code.*	Character	19
MEMBER7-ADDRESS1	60	O	Part A Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	999 Main St
MEMBER7-ADDRESS2	60	O	Part A Enrollee and Family Member Information Family Member Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	APT 103
MEMBER7-ADDRESS3	60	O	Part A Enrollee and Family Member Information Family Member Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	PO Box 1234
MEMBER7-ADDRESS4	60	O	Part A Enrollee and Family Member Information Family Member Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	Hometown, ZZ 99999-9999
MEMBER7-MEDICARE-PARTA	1	O	Part A Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is covered by Part A. If family member is covered by Part B or Part D, send nothing/null.*	Character	X
MEMBER7-MEDICARE-PARTB	1	O	Part A Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is enrolled in Part B. If family member is enrolled in Part A or Part D, send nothing/null.*	Character	X

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER7-MEDICARE-PARTD	1	O	Part A Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is covered by Part D. If family member is covered by Part A or Part B, send nothing/null.*	Character	X
MEMBER7-MEDICARE-CLAIMNO	25	O	Part A Enrollee and Family Member Information. Medicare Claim Number.*	Character	123456
MEMBER7-COVERED-BY-OTHER-YES	1	O	Part A Enrollee and Family Member Information. Is this family member covered by insurance other than Medicare? Send 'X' to indicate family member is covered by insurance other than Medicare. If family member is not covered, send nothing/null.*	Character	X
MEMBER7-COVERED-BY-OTHER-NO	1	O	Part A Enrollee and Family Member Information. Is this family member covered by insurance other than Medicare? Send 'X' to indicate family member is not covered by insurance other than Medicare. If family member is covered, send nothing/null.*	Character	X
MEMBER7-TRICARE	1	O	Part A Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' to indicate family member is covered by TRICARE. If family member is covered by FEHB or some other insurance, send nothing/null.*	Character	X
MEMBER7-OTHER-INSURANCE	1	O	Part A Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' to indicate family member is covered by insurance other than FEHB or TRICARE. If employee is covered by FEHB or TRICARE, send nothing/null.*	Character	X
MEMBER7-INSURANCE-NAME	70	O	Part A Enrollee and Family Member Information. Name of other insurance.*	Character	Other Insurance Name
MEMBER7-POLICY-NO	40	O	Part A Enrollee and Family Member Information. Other Insurance Policy Number.*	Character	9876543
MEMBER7-FEHB-INSURED	1	O	Part A Enrollee and Family Member Information. FEHB. Send 'X' to indicate family member is covered by another FEHB enrollment. If family member is not covered by another FEHB enrollment, send nothing/null.*	Character	X
MEMBER7-EMAIL	80	O	Part A Enrollee and Family Member Information. Email Address (if applicable, enter email address of your spouse or adult child).*	Character	Doe.jaine@email.com

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER7-PHONE	25	O	Part A Enrollee and Family Member Information. Preferred telephone number (if applicable, enter preferred phone number of your spouse or adult child).*	Character	(555) 555-5555
MEMBER8-NAME	70	O	Part A Enrollee and Family Member Information. Name of Family Member (last, first, middle initial).*	Character	Doe, Juanita L.
MEMBER8-SSN	11	O	Part A Enrollee and Family Member Information. Social Security Number.*	Character	000-00-0018
MEMBER8-BIRTH-DATE	10	O	Part A Enrollee and Family Member Information. Date of Birth (MM/DD/YYYY).*	Date	01/01/2013
MEMBER8-SEX-MALE	1	O	Part A Enrollee and Family Member Information. Sex. Send 'X' to indicate Male. If Female, send nothing/null.*	Character	X
MEMBER8-SEX-FEMALE	1	O	Part A Enrollee and Family Member Information. Sex. Send 'X' to indicate Female. If Male, send nothing/null.*	Character	X
MEMBER8-RELATIONSHIP-CODE	2	O	Part A Enrollee and Family Member Information. Relationship Code.*	Character	19
MEMBER8-ADDRESS1	60	O	Part A Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	999 Main St
MEMBER8-ADDRESS2	60	O	Part A Enrollee and Family Member Information Family Member Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	APT 103
MEMBER8-ADDRESS3	60	O	Part A Enrollee and Family Member Information Family Member Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	PO Box 1234
MEMBER8-ADDRESS4	60	O	Part A Enrollee and Family Member Information Family Member Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	Hometown, ZZ 99999-9999
MEMBER8-MEDICARE-PARTA	1	O	Part A Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is covered by Part A. If family member is covered by Part B or Part D, send nothing/null.*	Character	X
MEMBER8-MEDICARE-PARTB	1	O	Part A Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is enrolled in Part B. If family member is enrolled in Part A or Part D, send nothing/null.*	Character	X

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER8-MEDICARE-PARTD	1	O	Part A Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is covered by Part D. If family member is covered by Part A or Part B, send nothing/null.*	Character	X
MEMBER8-MEDICARE-CLAIMNO	25	O	Part A Enrollee and Family Member Information. Medicare Claim Number.*	Character	1234567
MEMBER8-COVERED-BY-OTHER-YES	1	O	Part A Enrollee and Family Member Information. Is this family member covered by insurance other than Medicare? Send 'X' to indicate family member is covered by insurance other than Medicare. If family member is not covered, send nothing/null. *	Character	X
MEMBER8-COVERED-BY-OTHER-NO	1	O	Part A Enrollee and Family Member Information. Is this family member covered by insurance other than Medicare? Send 'X' to indicate family member is not covered by insurance other than Medicare. If family member is covered, send nothing/null.*	Character	X
MEMBER8-TRICARE	1	O	Part A Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' to indicate family member is covered by TRICARE. If family member is covered by FEHB or some other insurance, send nothing/null.*	Character	X
MEMBER8-OTHER-INSURANCE	1	O	Part A Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' to indicate family member is covered by insurance other than FEHB or TRICARE. If employee is covered by FEHB or TRICARE, send nothing/null.*	Character	X
MEMBER8-INSURANCE-NAME	70	O	Part A Enrollee and Family Member Information. Name of other insurance.*	Character	Other Insurance Name
MEMBER8-POLICY-NO	40	O	Part A Enrollee and Family Member Information. Other Insurance Policy Number.*	Character	9876543
MEMBER8-FEHB-INSURED	1	O	Part A Enrollee and Family Member Information. FEHB. Send 'X' to indicate family member is covered by another FEHB enrollment. If family member is not covered by another FEHB enrollment, send nothing/null.*	Character	X
MEMBER8-EMAIL	80	O	Part A Enrollee and Family Member Information. Email Address (if applicable, enter email address of your spouse or adult child).*	Character	Juanita.doe@email.com

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER8-PHONE	25	O	Part A Enrollee and Family Member Information. Preferred telephone number (if applicable, enter preferred phone number of your spouse or adult child).*	Character	(555) 555-5555
MEMBER9-NAME	70	O	Part A Enrollee and Family Member Information. Name of Family Member (last, first, middle initial.*	Character	Doe, Juan M.
MEMBER9-SSN	11	O	Part A Enrollee and Family Member Information. Social Security Number.*	Character	000-00-0019
MEMBER9-BIRTH-DATE	10	O	Part A Enrollee and Family Member Information. Date of Birth (MM/DD/YYYY).*	Date	01/01/2002
MEMBER9-SEX-MALE	1	O	Part A Enrollee and Family Member Information. Sex. Send 'X' to indicate Male. If Female, send nothing/null.*	Character	X
MEMBER9-SEX-FEMALE	1	O	Part A Enrollee and Family Member Information. Sex. Send 'X' to indicate Female. If Male, send nothing/null.*	Character	X
MEMBER9-RELATIONSHIP-CODE	2	O	Part A Enrollee and Family Member Information. Relationship Code.*	Character	09
MEMBER9-ADDRESS1	60	O	Part A Enrollee and Family Member Information Family Member Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	999 Main St
MEMBER9-ADDRESS2	60	O	Part A Enrollee and Family Member Information Family Member Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	APT 103
MEMBER9-ADDRESS3	60	O	Part A Enrollee and Family Member Information Family Member Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	PO Box 1234
MEMBER9-ADDRESS4	60	O	Part A Enrollee and Family Member Information Family Member Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	Hometown, ZZ 99999-9999
MEMBER9-MEDICARE-PARTA	1	O	Part A Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is covered by Part A. If family member is covered by Part B or Part D, send nothing/null.*	Character	X
MEMBER9-MEDICARE-PARTB	1	O	Part A Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is enrolled in Part B. If family member is enrolled in Part A or Part D, send nothing/null.*	Character	X

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER9-MEDICARE-PARTD	1	O	Part A Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is covered by Part D. If family member is covered by Part A or Part B, send nothing/null.*	Character	X
MEMBER9-MEDICARE-CLAIMNO	25	O	Part A Enrollee and Family Member Information. Medicare Claim Number.*	Character	1234567
MEMBER9-COVERED-BY-OTHER-YES	1	O	Part A Enrollee and Family Member Information. Is this family member covered by insurance other than Medicare? Send 'X' to indicate family member is covered by insurance other than Medicare. If family member is not covered, send nothing/null.*	Character	X
MEMBER9-COVERED-BY-OTHER-NO	1	O	Part A Enrollee and Family Member Information. Is this family member covered by insurance other than Medicare? Send 'X' to indicate family member is not covered by insurance other than Medicare. If family member is covered, send nothing/null.*	Character	X
MEMBER9-TRICARE	1	O	Part A Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' to indicate family member is covered by TRICARE. If family member is covered by FEHB or some other insurance, send nothing/null.*	Character	X
MEMBER9-OTHER-INSURANCE	1	O	Part A Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' to indicate family member is covered by insurance other than FEHB or TRICARE. If employee is covered by FEHB or TRICARE, send nothing/null.*	Character	X
MEMBER9-INSURANCE-NAME	70	O	Part A Enrollee and Family Member Information. Name of other insurance.*	Character	Other Insurance Name
MEMBER9-POLICY-NO	40	O	Part A Enrollee and Family Member Information. Other Insurance Policy Number.*	Character	9876543
MEMBER9-FEHB-INSURED	1	O	Part A Enrollee and Family Member Information. FEHB. Send 'X' to indicate family member is covered by another FEHB enrollment. If family member is not covered by another FEHB enrollment, send nothing/null.*	Character	X
MEMBER9-EMAIL	80	O	Part A Enrollee and Family Member Information. Email Address (if applicable, enter email address of your spouse or adult child).*	Character	Juan.doe@email.com

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER9-PHONE	25	O	Part A Enrollee and Family Member Information. Preferred telephone number (if applicable, enter preferred phone number of your spouse or adult child).*	Character	(555) 555-5555
MEMBER10-NAME	70	O	Part A Enrollee and Family Member Information. Name of Family Member (last, first, middle initial).*	Character	Doe, Juana D.
MEMBER10-SSN	11	O	Part A Enrollee and Family Member Information. Social Security Number.*	Character	000-00-0010
MEMBER10-BIRTH-DATE	10	O	Part A Enrollee and Family Member Information. Date of Birth (MM/DD/YYYY).*	Date	01/01/2002
MEMBER10-SEX-MALE	1	O	Part A Enrollee and Family Member Information. Sex. Send 'X' to indicate Male. If Female, send nothing/null.*	Character	X
MEMBER10-SEX-FEMALE	1	O	Part A Enrollee and Family Member Information. Sex. Send 'X' to indicate Female. If Male, send nothing/null.*	Character	X
MEMBER10-RELATIONSHIP-CODE	2	O	Part A Enrollee and Family Member Information. Relationship Code.*	Character	19
MEMBER10-ADDRESS1	60	O	Part A Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	999 Main St
MEMBER10-ADDRESS2	60	O	Part A Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	APT 103
MEMBER10-ADDRESS3	60	O	Part A Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	PO Box 1234
MEMBER10-ADDRESS4	60	O	Part A Enrollee and Family Member Information. Address (if different from enrollee) Street/Apt# or PO Box#, City, State, and ZIP Code.* Use USPS abbreviations.	Character	Hometown, ZZ 99999-9999
MEMBER10-MEDICARE-PARTA	1	O	Part A Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is covered by Part A. If family member is covered by Part B or Part D, send nothing/null.*	Character	X
MEMBER10-MEDICARE-PARTB	1	O	Part A Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is enrolled in Part B. If family member is enrolled in Part A or Part D, send nothing/null.*	Character	X

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER10-MEDICARE-PARTD	1	O	Part A Enrollee and Family Member Information. If this family member is covered by Medicare, check all that apply. Send 'X' to indicate family member is covered by Part D. If family member is covered by Part A or Part B, send nothing/null.*	Character	X
MEMBER10-MEDICARE-CLAIMNO	25	O	Part A Enrollee and Family Member Information. Medicare Claim Number.*	Character	123456
MEMBER10-COVERED-BY-OTHER-YES	1	O	Part A Enrollee and Family Member Information. Is this family member covered by insurance other than Medicare? Send 'X' to indicate family member is covered by insurance other than Medicare. If family member is not covered, send nothing/null. *	Character	X
MEMBER10-COVERED-BY-OTHER-NO	1	O	Part A Enrollee and Family Member Information. Is this family member covered by insurance other than Medicare? Send 'X' to indicate family member is not covered by insurance other than Medicare. If family member is covered, send nothing/null.*	Character	X
MEMBER10-TRICARE	1	O	Part A Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' to indicate family member is covered by TRICARE. If family member is covered by FEHB or some other insurance, send nothing/null.*	Character	X
MEMBER10-OTHER-INSURANCE	1	O	Part A Enrollee and Family Member Information. Indicate the type(s) of other insurance. Send 'X' to indicate family member is covered by insurance other than FEHB or TRICARE. If employee is covered by FEHB or TRICARE, send nothing/null.*	Character	X
MEMBER10-INSURANCE-NAME	70	O	Part A Enrollee and Family Member Information. Name of other insurance.*	Character	Other Insurance Name
MEMBER10-POLICY-NO	40	O	Part A Enrollee and Family Member Information. Other Insurance Policy Number.*	Character	9876543
MEMBER10-FEHB-INSURED	1	O	Part A Enrollee and Family Member Information. FEHB. Send 'X' to indicate family member is covered by another FEHB enrollment. If family member is not covered by another FEHB enrollment, send nothing/null.*	Character	X
MEMBER10-EMAIL	80	O	Part A Enrollee and Family Member Information. Email Address (if applicable, enter email address of your spouse or adult child).*	Character	Juana.Doe@email.com

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
MEMBER10-PHONE	25	O	Part A Enrollee and Family Member Information. Preferred telephone number (if applicable, enter preferred phone number of your spouse or adult child).*	Character	(555) 555-5555
PRESENT-PLAN-NAME	35	O	Part B Block 1 FEHB Plan You Are Currently Enrolled In Plan Name.	Character	Blue Cross Blue Shield
PRESENT-ENROLLMENT-CODE	10	O	Part B Block 2 FEHB Plan You Are Currently Enrolled In Enrollment Code.	Character	104
NEW-PLAN-NAME	35	O	Part C Block 1 FEHB Plan You Are Enrolling In or Changing To Plan Name.	Character	Health Alliance Plan
NEW-PLAN-CODE	10	O	Part C Block 2 FEHB Plan You Are Enrolling In or Changing To Enrollment Code.	Character	999
EVENT-CODE	10	O	Part D Block 1 Event That Permits You To Enroll, Change, or Cancel: Event Code.	Character	1C
EVENT-DATE	10	O	Part D Block 2 Event That Permits You To Enroll, Change, or Cancel: Date of Event. Format: MM/DD/YYYY	Date	04/01/2010
WAIVED-ENROLLMENT	1	O	Part E Election NOT to Enroll (Employees Only) I do not want to enroll in the FEHB Program. Send 'X' to indicate the employee does not want to enroll. If the employee is enrolling, send nothing/null.	Character	X
CANCEL-ENROLLMENT	1	O	Part F Cancellation of FEHB I Cancel my enrollment. Send 'X' to indicate employee is canceling enrollment. If the employee is not canceling enrollment, send nothing/null.	Character	X
SUSPEND-ENROLLMENT	1	O	Part G Suspension of FEHB (Annuitants/Former Spouses Only) I Suspend my enrollment. Send 'X' to indicate a spouse or annuitant is suspending enrollment. If a spouse or annuitant is not suspending enrollment, send nothing/null.	Character	X
EMPLOYEE-SIGNATURE	80	O	Part H Block 1 Signature Your Signature. Enter "Electronically signed by: <Signer Name>". If the first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: Jane Doe
SIGNATURE-DATE	10	O	Part H Block 2 Signature Date. (MM/DD/YYYY)	Date	04/10/2010
EMPLOYEE-EMAIL	80	O	Part A Block 11 Enrollee and Family Member Information. Email Address. Enter either the employee email or the employee telephone number.	Character	John.Doe@gmail.com

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
DAYTIME-TELEPHONE	25	O	Part A Block 12 Enrollee and Family Member Information. Preferred telephone number. Enter either the employee email or the employee telephone number.	Character	(555) 555-5555
REMARKS	300	O	Part I To be completed by agency or retirement system Remarks.	Character	Remarks 12345
RECEIVED-DATE	10	M	Part I Block 1 To be completed by agency or retirement system Date Received. (MM/DD/YYYY)	Date	04/10/2010
EFFECTIVE-DATE	10	M	Part I Block 2 To be completed by agency or retirement system Effective Date of Action. (MM/DD/YYYY)	Date	04/11/2010
PERSONNEL-TELEPHONE	25	O	Part I Block 3 To be completed by agency or retirement system Personnel Telephone Number.	Character	(555) 555-5555
AGENCY-SYSTEM-NAME	35	M	Part I Block 4 To be completed by agency or retirement system Name of Agency or Retirement System. OPM assigned name in The Guide to Data Standards.	Character	ARMY BEN CTR
AGENCY-SYSTEM-ADDRESS1	105	O	Part I Block 4 To be completed by agency or retirement system Address of Agency or Retirement System Street/Apt# or PO Box#, City, State, and ZIP Code. Use USPS abbreviations.	Character	
AGENCY-SYSTEM-ADDRESS2	105	O	Part I Block 4 To be completed by agency or retirement system Address of Agency or Retirement System. Street/Apt# or PO Box#, City, State, and ZIP Code. Use USPS abbreviations.	Character	Hometown, ZZ 99999-9999
AUTHORIZING-OFFICIAL	40	M	Part I Block 5 To be completed by agency or retirement system Authorizing Official	Character	James Doe
AUTHORIZED-OFFICIAL-SIGNATURE	60	M	Part I Block 6 To be completed by agency or retirement system Signature of Authorized Official. Send “Electronically signed by: <Signer Name>” and title. If the official’s first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: JDoe HR Spec
PAYROLL-NUMBER	25	M	Part I Block 7 To be completed by agency or retirement system Payroll Office Number.	Character	97-380800
PAYROLL-CONTACT	40	M	Part I Block 8 To be completed by agency or retirement system Payroll Office Contact.	Character	Payroll Office
PAYROLL-TELEPHONE	25	O	Part I Block 9 To be completed by agency or retirement system Payroll Telephone Number.	Character	(555) 555-5555

XML Format for SF-2809 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
PERSONNEL_OFFICE_ID	10	M	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	4002
CPO_ID	4	O	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	4002
SUBAGENCY_CODE	4	M	Agency/Sub-agency. An alpha and/or numeric code assigned by OPM. The agency and, where applicable, the administrative subdivision (i.e., sub-element) in which a person is employed. The first and second positions of the code indicate the agency. The third and fourth positions indicate the administrative subdivision. When there is no sub-element or sub-agency assigned to an agency the third and fourth positions are zeros (xx00). For a listing of assigned codes and explanations, see The Guide to Data Standards. Contact eOPF PMO when a value is missing from the list. NOTE: Non-Title 5 and non-Federal organizations cannot use the Agency codes assigned to Title 5 organizations and vice versa. Each organization has a unique code.	Character	DJ06

* The paper form contains blocks for only three family members. Most systems allow up to ten family members. This document includes fields for a maximum of ten family members. Providers must send a record containing all XML tags even if null including the ten members.

7.6.2 SAMPLE XML FOR SF-2809 FORM DATA INPUT FILE

The following sample XML file for the SF-2809 form has two employee SF-2809 records. Each action begins and ends with the named element <EMPLOYEE RECORD>.

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            <EMPLOYEE-SEX-FEMALE />
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            <MARRIED-NO />
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            <NEW-PLAN-CODE>112</NEW-PLAN-CODE>
            <EVENT-CODE>1C</EVENT-CODE>
            <EVENT-DATE>08/28/2009</EVENT-DATE>
            <WAIVED-ENROLLMENT />
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            <EMPLOYEE-SIGNATURE>Electronically signed by: John Doe</EMPLOYEE-SIGNATURE>
            <SIGNATURE-DATE>04/10/2010</SIGNATURE-DATE>
            <EMPLOYEE-EMAIL />
            <DAYTIME-TELEPHONE>(555) 555-5555</DAYTIME-TELEPHONE>
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            <RECEIVED-DATE>04/10/2010</RECEIVED-DATE>
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            <AGENCY-SYSTEM-ADDRESS1>303 Marshall Ave</AGENCY-SYSTEM-ADDRESS1>
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            <AUTHORIZED-OFFICIAL-SIGNATURE>Electronically signed by:  JDoe HR Spec</AUTHORIZED-
          OFFICIAL-SIGNATURE>
            <PAYROLL-NUMBER>99-999999</PAYROLL-NUMBER>
            <PAYROLL-CONTACT>Payroll Office</PAYROLL-CONTACT>
            <PAYROLL-TELEPHONE>(555) 555-5555</PAYROLL-TELEPHONE>
            <SUBAGENCY_CODE>AG34</SUBAGENCY_CODE>
            <PERSONNEL_OFFICE_ID>4822</PERSONNEL_OFFICE_ID>
            <CPO_ID>4822</CPO_ID>
    </EMPLOYEE>
</EMPDATA>
```

7.7 SF-2810 Notice of Change in Health Benefits Enrollment Form Input File Specifications

7.7.1 SF-2810 Data Feed XML-based File Specification

The eOPF system processes and loads the data to record an employee's Notice of Change in Health Benefits Enrollment. The data submitted in this file must match the data on the SF-2810s produced by the provider system and the files submitted to EHRI and the OPM FEHB HUB.

The following table presents the structure for Changes in Health Benefits Enrollment Form (SF-2810) data submitted by the Data Provider in a single large XML file format with one XML file for each form and agency. An Agency Identifier and record count create the tag identifying the beginning and end of the data within the file. The XML record tags defined below separate the employee transactions. Where appropriate the Description column contains the SF-2810 block numbers.

When sending large amounts of data, providers send multiple files sized at, no larger than, approximately 350 MB each and increment the submission indicator in the filename.

Providers must send a record containing all XML tags as specified for the form. The order of the XML elements/tags does not matter; however, the Data Provider must include all elements/tags with either a value or null.

Table 9. XML Format for SF-2810 FDF File

XML Format for SF-2810 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
EMPDATA		M	Mandatory tag that indicates the start and end of a Health Benefits Election Data Feed and consists of 2 mandatory attributes.	N/A	Complete EMP DATA parent tag. <EMPDATA AGENCY="ZZ00" RECORD-COUNT="**2**">
	4	M	The mandatory attribute AGENCY="XXXX" is assigned by OPM and used to identify an agency.	Character	AGENCY="ZZ00"
	6	M	The mandatory attribute RECORD-COUNT="XXXXXX" is used to uniquely identify a record in the Data Feed.	Character	2
EMPLOYEE	6	M	Mandatory tag that indicates the start and end of a Transaction Record in the File. The "RECORD="XXXXXX" is used to uniquely identify a record in the Data Feed.	Character	000001
EMPLOYEE-NAME	70	M	Part A Identifying Information Employee Name (Last, first, middle) Name should match the name on the Employee Data Feed and comply with the guidance provided in the GPPA.	Character	Doe, John S.
BIRTH-DATE	10	M	Part A Identifying Information Block 2: Date of Birth Format: MM/DD/YYYY	Date	
EMPLOYEE-SSN	11	M	Part A Identifying Information Block 3: Employee Social Security Number with dashes	Character	000-00-0000

XML Format for SF-2810 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
EMPLOYEE-ADDRESS1	105	O	Part A Identifying Information Block 4: Employee Street/Apt# or PO Box#, City, State, and ZIP Code. Use USPS abbreviations.	Character	
EMPLOYEE-ADDRESS2	50	O	Part A Identifying Information Block 4: Employee Street/Apt# or PO Box#, City, State, and ZIP Code. Use USPS abbreviations.	Character	
PAYROLL-OFFICE-NUMBER	25	M	Part A Identifying Information Block 5: Payroll Office Number	Character	
ENROLLMENT-CODE-NUMBER	10	M	Part A Identifying Information Block 6: Enrollment Code Number	Character	
SF2811-REPORT-NUMBER	24	O	Part A Identifying Information Block 7: SF-2811 Report number	Character	
EFFECTIVE-DATE	10	M	Part A Identifying Information Block 8: Date this action becomes effective Format: MM/DD/YYYY	Date	
TERMINATION-INDICATOR	1	O	Part B: Termination: Your enrollment terminates Send X to indicate enrollment is terminating. If enrollment is not terminating send nothing/null.	Character	
DATEOFDEATH	10	O	Part B: Termination: Date of Death when termination is due to death Format: MM/DD/YYYY	Date	
TRANSFER-INDICATOR	1	O	Part C: Transfer In Send X to indicate new Payroll Office or Retirement System has accepted transfer of enrollment and will continue it. Send nothing/null if this action is not a Transfer In.	Character	
REINSTATEMENT-INDICATOR	1	O	Part D: Reinstatement Send X to indicate the employee's enrollment is reinstated. Send nothing/null if this action is not a reinstatement.	Character	
NAME-CHANGE-INDICATOR	1	O	Part E: Change in Name of Enrollee Send X to indicate name change. Send nothing/null if this action is not a name change.	Character	
CHANGED-NAME	40	O	Part E: Change in Name of Enrollee Name under which this enrollee is carried has been changed to	Character	
CHANGED-BIRTH-DATE	10	O	Part E: Change in Name of Enrollee Date of Birth Format: MM/DD/YYYY	Date	
CHANGED-ADDRESS1	105	O	Part E: Address if different than Part A Street/Apt# or PO Box#, City, State, and ZIP Code. Use USPS abbreviations.	Character	
CHANGED-ADDRESS2	50	O	Part E: Address if different than Part A Street/Apt# or PO Box#, City, State, and ZIP Code. Use USPS abbreviations.	Character	

XML Format for SF-2810 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
ENROLLMENT-SURVIVOR-INDICATOR	1	O	Part F: Change in Enrollment-Survivor Annuitant Send X to indicate a change from family coverage to self only. Send nothing/null if there is no change in family coverage.	Character	
NEW-ENROLLMENT-CODE	10	O	Part F: Change in Enrollment-Survivor Annuitant New Enrollment Code Number	Character	
REMARKS	300	O	Part G: Remarks	Character	
AGENCY-SYSTEM-NAME	35	M	Part H: Date of Notice Name of Agency OPM assigned name.	Character	
AGENCY-SYSTEM-ADDRESS1	50	M	Part H: Date of Notice Address of Agency Street/Apt# or PO Box#, City, State, and ZIP Code. Use USPS abbreviations.	Character	
AGENCY-SYSTEM-ADDRESS2	50	M	Part H: Date of Notice Address of Agency Street/Apt# or PO Box#, City, State, and ZIP Code. Use USPS abbreviations.	Character	
PERSONNEL-CONTACT	40	M	Part H: Date of Notice Personnel contact name	Character	
PERSONNEL-TELEPHONE	25	O	Part H: Date of Notice Personnel telephone number	Character	(555) 555-5555
PAYROLL-CONTACT	40	M	Part H: Date of Notice Payroll contact name	Character	
PAYROLL-TELEPHONE	25	M	Part H: Date of Notice Payroll telephone number	Character	(555) 555-5555
AUTHORIZED-OFFICIAL-SIGNATURE	80	M	Part H: Date of Notice Signature of authorized agency official. Send “Electronically signed by: <Signer Name>” and title. If the approving official’s first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: Sally Jones HR Spec
SIGNATURE-DATE	10	M	Part H: Date of Notice Signature Date Format: MM/DD/YYYY	Date	
PERSONNEL_OFFICE_ID	10	M	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	4002
CPO_ID	4	O	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	4002

XML Format for SF-2810 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
SUBAGENCY_CODE	4	M	Agency/Sub-agency. An alpha and/or numeric code assigned by OPM. The agency and, where applicable, the administrative subdivision (i.e., sub-element) in which a person is employed. The first and second positions of the code indicate the agency. The third and fourth positions indicate the administrative subdivision. If no sub-element or sub-agency is assigned to an agency the third and fourth positions are zeros (xx00). For a listing of assigned codes and explanations, see The Guide to Data Standards. Contact eOPF PMO when a value is missing from the list. NOTE: Non-Title 5 and non-Federal organizations cannot use the Agency codes assigned to Title 5 organizations and vice versa. Each organization has a unique code.	Character	DJ06

7.7.2 SAMPLE XML FOR SF-2810 FORM DATA INPUT FILE

The following sample XML file for the SF-2810 form has two employee SF-2810 records. Each action begins and ends with the named element <EMPLOYEE RECORD>.

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        <BIRTH-DATE>12/01/1960</BIRTH-DATE>
        <EMPLOYEE-SSN>000-00-0000</EMPLOYEE-SSN>
        <EMPLOYEE-ADDRESS1>101 Main St</EMPLOYEE-ADDRESS1>
        <EMPLOYEE-ADDRESS2>Hometown, ZZ 99999-9999</EMPLOYEE-ADDRESS2>
        <PAYROLL-OFFICE-NUMBER>332121</PAYROLL-OFFICE-NUMBER>
        <ENROLLMENT-CODE-NUMBER>231231</ENROLLMENT-CODE-NUMBER>
        <SF2811-REPORT-NUMBER>32435</SF2811-REPORT-NUMBER>
        <EFFECTIVE-DATE>12/04/2007</EFFECTIVE-DATE>
        <TERMINATION-INDICATOR />
        <DATEOFDEATH />
        <TRANSFER-INDICATOR />
        <REINSTATEMENT-INDICATOR />
        <NAME-CHANGE-INDICATOR>X</NAME-CHANGE-INDICATOR>
        <CHANGED-NAME>Smith, John T.</CHANGED-NAME>
        <CHANGED-BIRTH-DATE>12/01/1960</CHANGED-BIRTH-DATE>
        <CHANGED-ADDRESS1 />
        <CHANGED-ADDRESS2 />
        <ENROLLMENT-SURVIVOR-INDICATOR />
        <NEW-ENROLLMENT-CODE>123123</NEW-ENROLLMENT-CODE>
        <REMARKS>Name changed</REMARKS>
        <AGENCY-SYSTEM-NAME>Some agency Name</AGENCY-SYSTEM-NAME>
        <AGENCY-SYSTEM-ADDRESS1>1010 Agency St</AGENCY-SYSTEM-ADDRESS1>
        <AGENCY-SYSTEM-ADDRESS2>Hometown, ZZ 99999-9999</AGENCY-SYSTEM-ADDRESS2>
        <PERSONNEL-CONTACT>John Doe</PERSONNEL-TELEPHONE>
        <PERSONNEL-TELEPHONE>(555) 555-5555</PAYROLL-CONTACT>
        <PAYROLL-CONTACT>Jane Doe</PERSONNEL-TELEPHONE>
        <PAYROLL-TELEPHONE>(555) 555-5555</PAYROLL-CONTACT>
        <AUTHORIZED-OFFICIAL-SIGNATURE>Electronically signed by: Jane T. Doe HR
    Spec</AUTHORIZED-OFFICIAL-SIGNATURE>
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             <CPO_ID>4822</CPO_ID>
    </EMPLOYEE>
    </EMPLOYEE RECORD="000002">
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            <BIRTH-DATE>12/01/1962</BIRTH-DATE>
            <EMPLOYEE-SSN>000-00-0002</EMPLOYEE-SSN>
            <EMPLOYEE-ADDRESS1>101 Main St</EMPLOYEE-ADDRESS1>
            <EMPLOYEE-ADDRESS2>Hometown, ZZ 99999-9999</EMPLOYEE-ADDRESS2>
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            <CHANGED-ADDRESS2 />
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            <REMARKS>Name changed</REMARKS>
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            <AGENCY-SYSTEM-ADDRESS2>Hometown, ZZ 99999-9999</AGENCY-SYSTEM-ADDRESS2>
            <PERSONNEL-CONTACT>John Doe</PERSONNEL-TELEPHONE>
            <PERSONNEL-TELEPHONE>(555) 555-5555</PAYROLL-CONTACT>
            <PAYROLL-CONTACT>Jane Doe</PERSONNEL-TELEPHONE>
            <PAYROLL-TELEPHONE>(555) 555-5555</PAYROLL-CONTACT>
            <AUTHORIZED-OFFICIAL-SIGNATURE>Electronically signed by: Jane T. Doe HR
           Spec</AUTHORIZED-OFFICIAL-SIGNATURE>
            <SIGNATURE-DATE>12/01/2007</SIGNATURE-DATE>
            <SUBAGENCY_CODE>AG34</SUBAGENCY_CODE>
            <PERSONNEL_OFFICE_ID>4822</PERSONNEL_OFFICE_ID>
            <CPO_ID>4822</CPO_ID>
    </EMPLOYEE>
</EMPDATA>
```

7.8 SF-2817 Life Insurance Election FEGLI Form Input File Specifications

7.8.1 SF-2817 Data Feed XML-based File Specification

The eOPF system processes and loads the data to record an employee's Life Insurance Election. The data submitted in this file must match the data on the SF-2817s produced by the provider system and the files submitted to EHRI.

The following table presents the structure for the Life Insurance Election Form (SF-2817) data submitted by the Data Provider in a single large XML file format with one XML file for each form and agency. An Agency Identifier and record count create the tag identifying the beginning and end of the data within the file. The XML record tags defined below separate the employee transactions. Where appropriate the Description column contains the SF-2817 block numbers.

When sending large amounts of data, providers send multiple files sized at, no larger than, approximately 350 MB each and increment the submission indicator in the filename.

Providers must send a record containing all XML tags as specified for the form. The order of the XML elements/tags does not matter; however, the Data Provider must include all elements/tags with either a value or null.

Table 10. XML Format for SF-2817 FDF File

XML Format for SF-2817 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
EMPDATA		M	Mandatory tag that indicates the start and end of a FEGLI Election Data Feed and consists of 2 mandatory attributes.	N/A	Complete EMP DATA parent tag. <EMPDATA AGENCY="ZZ00" RECORD-COUNT="**2**">
	4	M	The mandatory attribute AGENCY="XXXX" is assigned by OPM and used to identify an agency.	Character	AGENCY="ZZ00"
	6	M	The mandatory attribute RECORD-COUNT="XXXXXX" is used to uniquely identify a record in the Data Feed.	Character	2
EMPLOYEE	6	M	Mandatory tag that indicates the start and end of a Transaction Record in the File. The "RECORD="XXXXXX" is used to uniquely identify a record in the Data Feed.	Character	000001
EMPLOYEE_ NAME_LAST	25	M	Employee Identifying Information Name (last)	Character	
EMPLOYEE_ NAME_FIRST	25	M	Employee Identifying Information Name (First)	Character	

XML Format for SF-2817 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
EMPLOYEE_ NAME_MIDD LE	20	O	Employee Identifying Information	Character	
DATE_BIRTH	10	M	2 Employee Identifying Information Date of birth (MM/DD/YYYY)	Date	
EMPLOYEE_SSN	11	M	2 Employee Identifying Information Social Security Number with dashes	Character	
AGENCY	60	M	2 Employee Identifying Information Employing department or agency OPM assigned name.	Character	
OWCP_CLAIM_NUMBER	15	O	2 Employee Identifying Information OWCP claim number, if applicable	Character	
ADDRESS_AGENCY_CURRENT_CITY	35	M	2 Employee Identifying Information Location of department or agency where you work (city)	Character	FT Riley
ADDRESS_AGENCY_CURRENT_STAT E	2	M	2 Employee Identifying Information Location of department or agency where you work (state). Use USPS abbreviations.	Character	KS
ADDRESS_AGENCY_CURRENT_ZIP	10	M	2 Employee Identifying Information Location of department or agency where you work (ZIP code)	Character	99999
EMPLOYEE_PHONE_NUMBER	25	O	2 Employee Identifying Information Daytime telephone number (including area code)	Character	(555) 555-5555
FEGLI_SIGNATURE_OPTION_BASIC	80	O	3 Basic To elect or retain Basic Signature. Send “Electronically signed by: <Signer Name>”. If the first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: John Doe
DATE_FEGLI_OPTION_BASIC	10	O	3 Basic To elect or retain Basic Date (MM/DD/YYYY)	Date	

XML Format for SF-2817 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
FEGLI_SIGNATURE_OPTION_A	80	O	4 Optional Elect or retain Option A - Standard Signature. Send "Electronically signed by: <Signer Name>". If the first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: John Doe
DATE_FEGLI_OPTION_A	10	O	4 Optional Elect or retain Option A - Standard Date (MM/DD/YYYY)	Date	
FEGLI_1_X_PAY	1	O	4 Optional Elect or retain Option B – Additional 1 times my pay Send 'X' if employee elects 1 times my pay. Send null/nothing if employee elects 2, 3, 4 or 5 times my pay.	Character	
FEGLI_2_X_PAY	1	O	4 Optional Elect or retain Option B - Additional 2 times my pay Send 'X' if employee elects 2 times my pay. Send null/nothing if employee elects 1, 3, 4 or 5 times my pay.	Character	
FEGLI_3_X_PAY	1	O	4 Optional Elect or retain Option B - Additional 3 times my pay Send 'X' if employee elects 3 times my pay. Send null/nothing if employee elects 1, 2, 4 or 5 times my pay.	Character	
FEGLI_4_X_PAY	1	O	4 Optional Elect or retain Option B Additional 4 times my pay Send 'X' if employee elects 4 times my pay. Send null/nothing if employee elects 1, 2, 3 or 5 times my pay.	Character	
FEGLI_5_X_PAY	1	O	4 Optional Elect or retain Option B - Additional 5 times my pay Send 'X' if employee elects 5 times my pay. Send null/nothing if employee elects 1, 2, 3 or 4 times my pay.	Character	

XML Format for SF-2817 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
FEGLI_SIGNATURE_OPTION_B	80	O	4 Optional Elect or retain Option B - Additional Signature. Send "Electronically signed by: <Signer Name>". If the first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: John Doe
DATE_FEGLI_OPTION_B	10	O	4 Optional Elect or retain Option B - Additional Date (MM/DD/YYYY)	Date	
FEGLI_OPTION_C_1_MULTIPLES	1	O	4 Optional Elect or retain Option C - Family 1 multiple Send 'X' if employee elects 1 multiple. Send null/nothing if employee elects 2, 3, 4 or 5 multiples.	Character	
FEGLI_OPTION_C_2_MULTIPLES	1	O	4 Optional Elect or retain Option C - Family 2 multiples Send 'X' if employee elects 2 multiples. Send null/nothing if employee elects 1, 3, 4 or 5 multiples.	Character	
FEGLI_OPTION_C_3_MULTIPLES	1	O	4 Optional Elect or retain Option C - Family 3 multiples Send 'X' if employee elects 3 multiples. Send null/nothing if employee elects 1, 2, 4 or 5 multiples.	Character	
FEGLI_OPTION_C_4_MULTIPLES	1	O	4 Optional Elect or retain Option C - Family 4 multiples Send 'X' if employee elects 4 multiples. Send null/nothing if employee elects 1, 2, 3 or 5 multiples.	Character	
FEGLI_OPTION_C_5_MULTIPLES	1	O	4 Optional Elect or retain Option C - Family 5 multiples Send 'X' if employee elects 5 multiples. Send null/nothing if employee elects 1, 2, 3 or 4 multiples.	Character	

XML Format for SF-2817 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
FEGLI_SIGNATURE_OPTION_C	80	O	4 Optional Elect or retain Option C - Family Signature. Send "Electronically signed by: <Signer Name>". If the first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: John Doe
DATE_FEGLI_OPTION_C	10	O	4 Optional Elect or retain Option C - Family Date (MM/DD/YYYY)	Date	
FEGLI_SIGNATURE_OPTION_WAIVED	80	O	5 No life insurance coverage Waiver of all life insurance coverage Signature. Send "Electronically signed by: <Signer Name>". If the first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: John Doe
DATE_FEGLI_OPTION_WAIVED	10	O	5 No life insurance coverage Waiver of all life insurance coverage Date (MM/DD/YYYY)	Date	
AGENCY_REMARKS_TXT	120	O	6 Agency Use Remarks	Character	
FEGLI_EVENT	2	M	6 Agency Use Number of event permitting change	Character	
AGENCY1	35	M	6 Agency Use Name of employing office	Character	ARMY BEN CTR
ADDRESS_AGENCY_CURRENT_STREET1	35	M	6 Agency Use Address of employing office Street/Apt# or PO Box#	Character	101 Mystreet
ADDRESS_AGENCY_CURRENT_CITY1	35	M	6 Agency Use Address of employing office City	Character	MyCity
ADDRESS_AGENCY_CURRENT_STATE1	35	M	6 Agency Use Address of employing office State	Character	PA
ADDRESS_AGENCY_CURRENT_ZIP1	10	M	6 Agency Use Address of employing office Zip Code	Number	12345-7777
DATE_RECEIVED	10	M	6 Agency Use Date received in employing office (MM/DD/YYYY)	Date	
DATE_EFFECTIVE	10	M	6 Agency Use Effective date of coverage (MM/DD/YYYY)	Date	

XML Format for SF-2817 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
AUTHORIZING_OFFICER_SIGNATURE	80	M	6 Agency Use Signature of authorized agency official: Send "Electronically signed by: <Signer Name>" and title. If the approving official's first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: John Doe HR Spec
PERSONNEL_OFFICE_ID	10	M	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	4002
CPO_ID	4	O	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	4002

XML Format for SF-2817 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
SUBAGENCY_CODE	4	M	Agency/Sub-agency. An alpha and/or numeric code assigned by OPM. The agency and, where applicable, the administrative subdivision (i.e., sub-element) in which a person is employed. The first and second positions of the code indicate the agency. The third and fourth positions indicate the administrative subdivision. When the agency has no sub-element or sub-agency the third and fourth positions are zeros (xx00). For a listing of assigned codes and explanations, see The Guide to Data Standards. Contact eOPF PMO when a value is missing from the list. NOTE: Non-Title 5 and non-Federal organizations cannot use the Agency codes assigned to Title 5 organizations and vice versa. Each organization has a unique code.	Character	DJ06

7.8.2 SAMPLE XML FOR SF-2817 FORM DATA INPUT FILE

The following sample XML file for the SF-2817 form has two employee SF-2817 records. Each action begins and ends with the named element <EMPLOYEE RECORD>.

```
<?xml version="1.0" encoding="ISO-8859-1" standalone="yes" ?>
<EMPDATA AGENCY="ZZ00" RECORD-COUNT="2">
    <EMPLOYEE RECORD="000001">
            <EMPLOYEE_NAME>Doe, Jane L.</EMPLOYEE_NAME>
            <DATE_BIRTH>01/19/1901</DATE_BIRTH>
            <EMPLOYEE_SSN>000-00-0000</EMPLOYEE_SSN>
            <AGENCY>US ARMY TRAINING AND DOCTRINE COMMAND</AGENCY>
            <OWCP_CLAIM_NUMBER />
            <ADDRESS_AGENCY_CURRENT_CITY>Ft Riley</ADDRESS_AGENCY_CURRENT_CITY>
            <ADDRESS_AGENCY_CURRENT_STATE>KS</ADDRESS_AGENCY_CURRENT_STATE>
            <ADDRESS_AGENCY_CURRENT_ZIP>66442</ADDRESS_AGENCY_CURRENT_ZIP>
            <EMPLOYEE_PHONE_NUMBER>(555) 555-5555</EMPLOYEE_PHONE_NUMBER>
            <FEGLI_SIGNATURE_OPTION_BASIC>Electronically signed by: Jane L.
          Doe</FEGLI_SIGNATURE_OPTION_BASIC>
            <DATE_FEGLI_OPTION_BASIC>02/29/2012</DATE_FEGLI_OPTION_BASIC>
            <FEGLI_SIGNATURE_OPTION_A>Electronically signed by: Jane L.
          Doe</FEGLI_SIGNATURE_OPTION_A>
```

```
        <DATE_FEGLI_OPTION_A>02/29/2012</DATE_FEGLI_OPTION_A>
        <FEGLI_1_X_PAY />
        <FEGLI_2_X_PAY />
        <FEGLI_3_X_PAY />
        <FEGLI_4_X_PAY />
        <FEGLI_5_X_PAY>X</FEGLI_5_X_PAY>
        <FEGLI_SIGNATURE_OPTION_B>Electronically signed by: Jane L.
      Doe</FEGLI_SIGNATURE_OPTION_B>
        <DATE_FEGLI_OPTION_B>02/29/2012</DATE_FEGLI_OPTION_B>
        <FEGLI_OPTION_C_1_MULTIPLES />
        <FEGLI_OPTION_C_2_MULTIPLES />
        <FEGLI_OPTION_C_3_MULTIPLES />
        <FEGLI_OPTION_C_4_MULTIPLES />
        <FEGLI_OPTION_C_5_MULTIPLES>X</FEGLI_OPTION_C_5_MULTIPLES>
        <FEGLI_SIGNATURE_OPTION_C>Electronically signed by: Jane L.
      Doe</FEGLI_SIGNATURE_OPTION_C>
        <DATE_FEGLI_OPTION_C>02/29/2012</DATE_FEGLI_OPTION_C>
        <FEGLI_SIGNATURE_OPTION_WAIVED />
        <DATE_FEGLI_OPTION_WAIVED />
        <AGENCY_REMARKS_TXT />
        <FEGLI_EVENT>2</FEGLI_EVENT>
        <AGENCY1>ARMY BEN CTR</AGENCY1>
        <AGENCY_ADDRESS1>123 Main Ave</AGENCY_ADDRESS1>
        <AGENCY_ADDRESS2>Suite 11</AGENCY_ADDRESS2> <AGENCY_ADDRESS3>Ft Riley KS
      66442</AGENCY_ADDRESS3>
         <DATE_RECEIVED>02/29/2012</DATE_RECEIVED>
        <DATE_EFFECTIVE>02/29/2012</DATE_EFFECTIVE>
        <AUTHORIZING_OFFICER_SIGNATURE>Electronically signed by: John Doe HR
      Spec</AUTHORIZING_OFFICER_SIGNATURE>
        <SUBAGENCY_CODE>AG34</SUBAGENCY_CODE>
        <PERSONNEL_OFFICE_ID>4822</PERSONNEL_OFFICE_ID>
        <CPO_ID>4822</CPO_ID>
</EMPLOYEE>
<EMPLOYEE RECORD="000002">
        <EMPLOYEE_NAME >Doe, Jane</EMPLOYEE_NAME>

        <DATE_BIRTH>05/29/1902</DATE_BIRTH>
        <EMPLOYEE_SSN>000-00-0002</EMPLOYEE_SSN>
        <AGENCY>ARMY BEN CTR</AGENCY>
        <OWCP_CLAIM_NUMBER />
        <ADDRESS_AGENCY_CURRENT_CITY>FT Riley</ADDRESS_AGENCY_CURRENT_CITY>
        <ADDRESS_AGENCY_CURRENT_STATE>KS</ADDRESS_AGENCY_CURRENT_STATE>
        <ADDRESS_AGENCY_CURRENT_ZIP>66442</ADDRESS_AGENCY_CURRENT_ZIP>
        <EMPLOYEE_PHONE_NUMBER />
        <FEGLI_SIGNATURE_OPTION_BASIC>Electronically signed by: Jane
      Doe</FEGLI_SIGNATURE_OPTION_BASIC>
        <DATE_FEGLI_OPTION_BASIC>02/29/2012</DATE_FEGLI_OPTION_BASIC>
        <FEGLI_SIGNATURE_OPTION_A>Electronically signed by: Jane
      Doe</FEGLI_SIGNATURE_OPTION_A>
        <DATE_FEGLI_OPTION_A>02/29/2012</DATE_FEGLI_OPTION_A>
        <FEGLI_1_X_PAY />
        <FEGLI_2_X_PAY />
        <FEGLI_3_X_PAY>X</FEGLI_3_X_PAY>
        <FEGLI_4_X_PAY />
        <FEGLI_5_X_PAY />
        <FEGLI_SIGNATURE_OPTION_B>Electronically signed by: Jane
      Doe</FEGLI_SIGNATURE_OPTION_B>
        <DATE_FEGLI_OPTION_B>02/29/2012</DATE_FEGLI_OPTION_B>
        <FEGLI_OPTION_C_1_MULTIPLES />
        <FEGLI_OPTION_C_2_MULTIPLES />
        <FEGLI_OPTION_C_3_MULTIPLES>X</FEGLI_OPTION_C_3_MULTIPLES>
        <FEGLI_OPTION_C_4_MULTIPLES />
        <FEGLI_OPTION_C_5_MULTIPLES />
        <FEGLI_SIGNATURE_OPTION_C>Electronically signed by: Jane
      Doe</FEGLI_SIGNATURE_OPTION_C>
        <DATE_FEGLI_OPTION_C>02/29/2012</DATE_FEGLI_OPTION_C>
        <FEGLI_SIGNATURE_OPTION_WAIVED />
        <DATE_FEGLI_OPTION_WAIVED />
        <AGENCY_REMARKS_TXT />
        <FEGLI_EVENT />
```

```
            <AGENCY1>ARMY BEN CTR</AGENCY1>
            <AGENCY_ADDRESS1>123 Main Ave</AGENCY_ADDRESS1>
            <AGENCY_ADDRESS2> Suite 11</AGENCY_ADDRESS2>
            <AGENCY_ADDRESS3>Ft Riley KS 66442</AGENCY_ADDRESS3>
             <DATE_RECEIVED>02/29/2012</DATE_RECEIVED>
            <DATE_EFFECTIVE>02/29/2012</DATE_EFFECTIVE>
            <AUTHORIZING_OFFICER_SIGNATURE>Electronically signed by: John Doe HR
          Spec</AUTHORIZING_OFFICER_SIGNATURE>
              <SUBAGENCY_CODE>AG34</SUBAGENCY_CODE>
            <PERSONNEL_OFFICE_ID>4822</PERSONNEL_OFFICE_ID>
            <CPO_ID>4822</CPO_ID>
            </EMPLOYEE>
</EMPDATA>
```

7.9 TSP-1 Thrift Savings Plan Election Form Input File Specifications

7.9.1 TSP-1 Data Feed XML-based File Specification

The eOPF system processes and loads Thrift Savings Plan (TSP) changes elected by an employee using an electronic employee self-service system to submit the TSP-1 form. This functionality is not for transactions entered by HR personnel from a paper election form and it is not for elections entered in an employee self-service system and corrected by HR personnel. HR personnel corrects or changes TSP data in a provider system after receiving a new election from the employee. When the employee submits a paper document, HR loads it into eOPF from a desktop or via a scanning vendor.

The data submitted in this file must match the data on the TSP-1s produced by the provider system and the files submitted to TSP.

The following table presents the structure for TSP-1 transactions submitted by the Data Provider in a single large XML file format with one XML file for each form and agency. An Agency Identifier and record count create the tag identifying the beginning and end of the data within the file. The XML record tags defined below separate the employee transactions. Where appropriate the Description column contains the TSP-1 block numbers.

When sending large amounts of data, providers send multiple files sized at, no larger than, approximately 350 MB each and increment the submission indicator in the filename.

Providers must send a record containing all XML tags as specified for the form. The order of the XML elements/tags does not matter; however, the Data Provider must include all elements/tags with either a value or null.

Table 11. XML Format for TSP-1 Form Data

XML Format for TSP-1 Form Data					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
EMPDATA			Mandatory tag that indicates the start and end of a Data Feed and consists of 2 mandatory attributes.	N/A	Complete EMP DATA parent tag. <EMPDATA AGENCY="OM00" RECORD-COUNT="**2**">
	4	M	The mandatory attribute AGENCY="XXXX" is assigned by OPM and used to identify an agency.	Character	AGENCY="OM00"
	6	M	The mandatory attribute RECORD-COUNT="XXXXXX" is used to uniquely identify a record in the Data Feed.	Character	2
EMPLOYEE	6	M	Mandatory tag that indicates the start and end of a Transaction Record in the File. The mandatory attribute" RECORD='XXXXXX'" is used to uniquely identify a record in the Feed.	Character	000001
NAME	70	M	Block 1: Information About You Employee Name. (Last, First, Middle) Name should match the name on the Employee Data Feed and comply with the guidance provided in the GPPA.	Character	Doe, John J.

XML Format for TSP-1 Form Data					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
ADDRESS1	50	M	Block 2: Information About You Employee Street Address, City, State, and ZIP Code. If unavailable, send “Address of Record”. Use USPS abbreviations.	Character	
ADDRESS2	50	M	Block 2: Information About You Employee Street Address, City, State, and ZIP Code. Use USPS abbreviations.	Character	
SSN	11	M	Block 3: Information About You Employee Social Security Number with dashes	Character	000-00-0000
PHONE-INTERNATIONAL-CODE	5	O	Block 4: Information About You Employee Daytime Phone International Code	Character	
PHONE-AREA-CODE	3	M	Block 4: Information About You Employee Daytime Phone Area Code	Character	555
PHONE-NUMBER	8	M	Block 4: Information About You Employee Daytime Phone Number	Character	555-5555
OFFICE-IDENTIFIER	25	M	Block 5: Information About You Office Identification (Agency and Organization)	Character	
TAX-DEF-PERCENTAGE	3	O	Block 6: Choose the Amount of Your Contributions Traditional (Pre-Tax) Contributions – Percentage Do not include .0%	Character	
TAX-DEF-AMOUNT	9	O	Block 7: Choose the Amount of Your Contributions Traditional (Pre-Tax) Contributions – Dollars Do not include $ or .00	Character	
ROTH-PERCENTAGE	3	O	Block 8: Choose the Amount of Your Contributions Roth (After-Tax) Contributions - Percentage Do not include .0%	Character	
ROTH-AMOUNT	9	O	Block 9: Choose the Amount of Your Contributions Roth (After-Tax) Contributions – Dollars Do not include $ or .00	Character	
STOP-CONTRIBUTION	1	O	Block 10: Stop Some or All of Your Contributions- I choose not to save for my retirement. Send ‘X’ to indicate employee is not saving for retirement. Otherwise, send nothing/null.	Character	
STOP-TAX-DEF	1	O	Block 10: Stop Some or All of Your Contributions – Stop only my traditional (pre-tax) payroll contributions. Send ‘X’ to indicate employee is stopping traditional (pre-tax) contributions. Otherwise, send nothing/null.	Character	

XML Format for TSP-1 Form Data					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
STOP-ROTH	1	O	Block 10: Stop Some or All of Your Contributions – Stop only my Roth (after-tax) payroll contributions. Send 'X' to indicate employee is stopping Roth (after-tax) contributions. Otherwise, send nothing/null.	Character	
PARTICIPANT-SIGNATURE	80	M	Block 11: Signature Participant's Signature. Send "Electronically signed by: <Signer Name>" If the first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: Jane Doe
SIGNATURE-DATE	10	M	Block 12: Signature Date Signed. (MM/DD/YYYY)	Date	
PAYROLL-OFFICE-NO	25	M	Block 13: For Employing Office Use Only Payroll Office Number	Character	
RECEIPT-DATE	10	M	Block 14: For Employing Office Use Only Receipt Date. (MM/DD/YYYY)	Date	
EFFECTIVE-DATE	10	M	Block 15: For Employing Office Use Only Effective Date. (MM/DD/YYYY)	Date	
OFFICIAL-SIGNATURE	80	M	Block 16: For Employing Office Use Only Signature of Agency Official Signature. Send "Electronically signed by: <Signer Name>" and title. If the approving official's first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: John Doe HR Spec
PERSONNEL_OFFICE_ID	4	M	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	4002
CPO_ID	4	M	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	4002

XML Format for TSP-1 Form Data					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
SUBAGENCY_CODE	4	M	Agency/Sub-agency. An alpha and/or numeric code assigned by OPM. The agency and, where applicable, the administrative subdivision (i.e., sub-element) in which a person is employed. The first and second positions of the code indicate the agency. The third and fourth positions indicate the administrative subdivision. When there is no sub-element or sub-agency the third and fourth positions are zeros (xx00). For a listing of assigned codes and explanations, see The Guide to Data Standards. Contact eOPF PMO when a value is missing from the list. NOTE: Non-Title 5 and non-Federal organizations cannot use the Agency codes assigned to Title 5 organizations and vice versa. Each organization has a unique code.	Character	DJ06

7.9.2 SAMPLE XML FOR TSP-1 FORM DATA INPUT FILE

The following sample XML file for the TSP-1 form has two employee TSP-1 records.

```
<?xml version="1.0"encoding="ISO-8859-1"standalone=”yes”?>
<EMPDATA AGENCY="OM00" RECORD-COUNT="2">
    <EMPLOYEE RECORD="000001">
                <NAME>Doe, John J.</NAME>
              <ADDRESS1>PO Box 123</ADDRESS1>
              <ADDRESS2>Hometown, ZZ 99999-9999</ADDRESS2>
              <SSN>000-00-0000</SSN>
              <PHONE-INTERNATIONAL-CODE>01010</PHONE-INTERNATIONAL-CODE>
              <PHONE-AREA-CODE>555</PHONE-AREA-CODE>
              <PHONE-NUMBER>555-5555</PHONE-NUMBER>
              <OFFICE-IDENTIFIER>OPM</OFFICE-IDENTIFIER>
              <TAX-DEF-PERCENTAGE>10</TAX-DEF-PERCENTAGE>
              <TAX-DEF-AMOUNT />
              <ROTH-PERCENTAGE />
              <ROTH-AMOUNT>1000</ROTH-AMOUNT>
              <STOP-CONTRIBUTION />
              <STOP-TAX-DEF />
              <STOP-ROTH />
              <PARTICIPANT-SIGNATURE>Electronically signed by: John J. Doe</PARTICIPANT-SIGNATURE>
              <SIGNATURE-DATE>12/01/2012</SIGNATURE-DATE>
              <PAYROLL-OFFICE-NO>0123456789</PAYROLL-OFFICE-NO>
              <RECEIPT-DATE>12/01/2012</RECEIPT-DATE>
              <EFFECTIVE-DATE>12/16/2012</EFFECTIVE-DATE>
              <OFFICIAL-SIGNATURE>Electronically signed by: James T Kirk HR Spec</OFFICIAL-SIGNATURE>
              <SUBAGENCY_CODE>AG34</SUBAGENCY_CODE>
              <PERSONNEL_OFFICE_ID>4822</PERSONNEL_OFFICE_ID>
              <CPO_ID>4822</CPO_ID>
     </EMPLOYEE>
    <EMPLOYEE RECORD="000002">
                <NAME>Doe, Jane J.NAME>
              <ADDRESS1>PO Box 123</ADDRESS1>
```

```
            <ADDRESS2>Hometown, ZZ 99999-9999</ADDRESS2>
            <SSN>000-00-0002</SSN>
            <PHONE-INTERNATIONAL-CODE>01010</PHONE-INTERNATIONAL-CODE>
            <PHONE-AREA-CODE>555</PHONE-AREA-CODE>
            <PHONE-NUMBER>555-5555</PHONE-NUMBER>
            <OFFICE-IDENTIFIER>OPM</OFFICE-IDENTIFIER>
            <TAX-DEF-PERCENTAGE />
            <TAX-DEF-AMOUNT />
            <ROTH-PERCENTAGE />
            <ROTH-AMOUNT />
            <STOP-CONTRIBUTION>X</STOP-CONTRIBUTION>
            <STOP-TAX-DEF>X</STOP-TAX-DEF>
            <STOP-ROTH>X</STOP-ROTH>
            <PARTICIPANT-SIGNATURE>Electronically signed by: Jane J. Doe</PARTICIPANT-SIGNATURE>
            <SIGNATURE-DATE>12/01/2012</SIGNATURE-DATE>
            <PAYROLL-OFFICE-NO>0123456789</PAYROLL-OFFICE-NO>
            <RECEIPT-DATE>12/01/2012</RECEIPT-DATE>
            <EFFECTIVE-DATE>12/16/2012</EFFECTIVE-DATE>
            <OFFICIAL-SIGNATURE>Electronically signed by: James T Kirk HR Spec</OFFICIAL-SIGNATURE>
            <SUBAGENCY_CODE>AG34</SUBAGENCY_CODE>
            <PERSONNEL_OFFICE_ID>4822</PERSONNEL_OFFICE_ID>
            <CPO_ID>4822</CPO_ID>
    </EMPLOYEE>
</EMPDATA>
```

7.10 AO-52 Request for Personnel Action Form Input File Specifications

7.10.1 AO-52 Data Feed XML-based File Specification

The following table presents the structure for AO-52, Request for Personnel Action, data submitted by the Administrative Office of the United States Courts (AOUSC) in a single large XML file format with one XML file for each form and agency. An Agency Identifier and record count create the tag identifying the beginning and end of the data within the file. The XML record tags defined below separate the employee transactions. Where appropriate the Description column contains the AO-52 block.

The data submitted in this file must match the data on the forms produced by the provider system.

When sending large amounts of data, providers send multiple files sized at, no larger than, approximately 350 MB each and increment the submission indicator in the filename.

Providers must send a record containing all XML tags as specified for the form. The order of the XML elements/tags does not matter; however, the Data Provider must include all elements/tags with either a value or null.

Table 12. XML Format for AO-52 FDF File

XML Format for AO-52 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
EMPDATA		M	Mandatory tag that indicates the start and end of a Data Feed and consists of 2 mandatory attributes.	Character	Complete EMP DATA parent tag. <EMPDATA AGENCY="ZZ00" RECORD-COUNT="**2**">
	4	M	The mandatory attribute AGENCY="XXXX" is assigned by OPM and used to identify an agency.	Character	AGENCY="ZZ00"
	6	M	The mandatory attribute RECORD-COUNT="XXXXXX" identifies the total number of records contained in the transaction file.	Character	2
EMPLOYEE	6	M	Mandatory tag that indicates the start and end of an Employee Record in a Data Feed. The attribute RECORD="XXXXXX" is used to uniquely identify a record in the Data Feed.	Character	000001
PRTA_ACTN_REQST_DESC1	50	O	Part A Requesting Office Block 1 Actions Requested. NOA Code Description	Character	
PRTA_REQST_NUMBER	10	O	Part A Requesting Office Block 2 Request Number	Character	
PRTA_ACTN_REQST_NAME	50	O	Part A Requesting Office Block 3 For Additional Information Call (Name and Telephone No)	Character	John Doe (555) 555-5555
PRTA_EMPLID	11	O	Part A Requesting Office Block 4 Emplid	Character	12345678909
PRTA_ACTN_AUTH_NAME	50	O	Part A Requesting Office Block 6 Action Authorized By (Typed Name)	Character	
PRTA_ACTN_AUTH_TITLE	30	O	Part A Requesting Office Block 6 Action Authorized By (Typed Title)	Character	

XML Format for AO-52 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
PRTA_ACTN_AUTH_CONCUR_DATE	10	O	Part A Requesting Office Block 6 Action Authorized By (Typed Concurrence Date) Format: MM/DD/YYYY	Date	
PRTB_NAME	50	M	Part B For Preparation of SF-50 Block 1 Name (Last, First, Middle) Name should match the name on the Employee Data Feed and comply with the guidance provided in the GPPA.	Character	Doe, John J.
PRTB_SSN	11	M	Part B. For Preparation of SF-50 Block 2 Social Security Number including dashes	Character	000-00-0000
PRTB_DOB	10	M	Part B. For Preparation of SF-50 Block 3 Date of Birth Format: MM/DD/YYYY	Date	
PRTB_ACTUAL_EFF_DATE	10	M	Part B. For Preparation of SF-50 Block 4 Effective Date Format: MM/DD/YYYY	Date	
PRTB_NOA_CODE_5A	4	M	First Action Block 5-A. Code	Character	
PRTB_NOA_DESC_5B	50	O	First Action Block 5-B. Nature of Action	Character	
PRTB_LEG_AUTH_CODE_5C	4	O	First Action Block 5-C. Code	Character	
PRTB_LEG_AUTH_DESC_5D	200	O	First Action Block 5-D. Legal Authority Description	Character	
PRTB_FROM_POS_TITLE	70	O	Block 7. FROM Position Title	Character	
PRTB_FROM_JOBCODE	70	O	Block 7. FROM Position Number (Job Code)	Character	
PRTB_FROM_PD_NO	70	O	Block 7. FROM Position Number (Position)	Character	
PRTB_FROM_PAY_PLAN	3	O	Block 8. FROM Pay Plan	Character	
PRTB_FROM_OCC_CODE	5	O	Block 9. FROM Occ. Code	Character	
PRTB_FROM_GRADE_LEVEL	6	O	Block 10. FROM Grd/Lvl	Character	
PRTB_FROM_STEP_RATE	5	O	Block 11. FROM Step / Rate	Character	
PRTB_FROM_TOTAL_SALARY	15	O	Block 12. FROM Tot. Salary Include $ sign and decimal.	Character	
PRTB_FROM_BASIC_PAY	15	O	Block 12A. FROM Basic Pay Include $ sign and decimal.	Character	
PRTB_FROM_LOCAL_ADJ	15	O	Block 12B. FROM Locality Adj. Include $ sign and decimal.	Character	

XML Format for AO-52 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
PRTB_FROM_ADJ_BASIC_PAY	15	O	Block 12C. FROM Adj. Basic Pay Include $ sign and decimal.	Character	
PRTB_FROM_OTHER_PAY	15	O	Block 12D. FROM Other Pay Include $ sign and decimal.	Character	
PRTB_FROM_PAY_BASIS	3	O	Block 13. FROM Pay Basis	Character	
PRTB_FROM_NAME_LOCATION1	60	O	Block 14. FROM Name and Location of Position's Organization	Character	
PRTB_FROM_NAME_LOCATION2	60	O	Block 14. FROM Name and Location of Position's Organization	Character	
PRTB_FROM_NAME_LOCATION3	60	O	Block 14. FROM Name and Location of Position's Organization	Character	
PRTB_FROM_NAME_LOCATION4	60	O	Block 14. FROM Name and Location of Position's Organization	Character	
PRTB_FROM_NAME_LOCATION5	60	O	Block 14. FROM Name and Location of Position's Organization	Character	
PRTB_FROM_NAME_LOCATION6	60	O	Block 14. FROM Name and Location of Position's Organization	Character	
PRTB_FROM_NAME_LOCATION7	60	O	Block 14. FROM Name and Location of Position's Organization	Character	
PRTB_TO_POS_TITLE	70	O	Block 15. TO: Position Title	Character	
PRTB_TO_JOBCODE	70	O	Block 15. TO: Position Number (Job Code)	Character	
PRTB_TO_PD_NO	70	O	Block 15. TO: Position Number (Position)	Character	
PRTB_TO_PAY_PLAN	3	O	Block 16. TO: Pay Plan	Character	
PRTB_TO_OCC_CODE	5	O	Block 17. TO: Occ. Code	Character	
PRTB_TO_GRADE_LEVEL	6	O	Block 18. TO: Grd/Lvl	Character	
PRTB_TO_STEP_RATE	5	O	Block 19. TO: Step / Rate	Character	
PRTB_TO_TOTAL_SALARY	15	O	Block 20. TO: Tot. Salary / Award Include $ sign and decimal.	Character	
PRTB_TO_BASIC_PAY	15	O	Block 20A. TO: Basic Pay Include $ sign and decimal.	Character	
PRTB_TO_LOCAL_ADJ	15	O	Block 20B. TO: Locality Adj. Include $ sign and decimal.	Character	
PRTB_TO_ADJ_BASIC_PAY	15	O	Block 20C. TO: Adj. Basic Pay Include $ sign and decimal.	Character	

XML Format for AO-52 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
PRTB_TO_OTHER_PAY	15	O	Block 20D. TO: Other Pay Include $ sign and decimal.	Character	
PRTB_TO_PAY_BASIS	3	O	Block 21. TO: Pay Basis	Character	
PRTB_TO_NAME_LOCATION1	60	O	Block 22. TO: Name and Location of Position's Organization	Character	
PRTB_TO_NAME_LOCATION2	60	O	Block 22. TO: Name and Location of Position's Organization	Character	
PRTB_TO_NAME_LOCATION3	60	O	Block 22. TO: Name and Location of Position's Organization	Character	
PRTB_TO_NAME_LOCATION4	60	O	Block 22. TO: Name and Location of Position's Organization	Character	
PRTB_TO_NAME_LOCATION5	60	O	Block 22. TO: Name and Location of Position's Organization	Character	
PRTB_TO_NAME_LOCATION6	60	O	Block 22. TO: Name and Location of Position's Organization	Character	
PRTB_TO_NAME_LOCATION7	60	O	Block 22. TO: Name and Location of Position's Organization	Character	
PRTB_VET_PREF	1	O	Employee Data Block 23. Veteran's Preference	Character	
PRTB_TENURE	1	O	Employee Data Block 24. Tenure	Character	
PRTB_AGENCY_USE_25	3	O	Employee Data Block 25. Agency Use	Character	
PRTB_FEGLI	3	O	Employee Data Block 27. FEGLI	Character	
PRTB_FEGLI_DESC	50	O	Employee Data Block 27. FEGLI Description	Character	
PRTB_ANNT_IND	3	O	Employee Data Block 28. Annuitant Indicator	Character	
PRTB_ANNT_IND_DESC	18	O	Employee Data Block 28. Annuitant Indicator Description	Character	
PRTB_RETIRE_PLAN	3	O	Employee Data Block 30. Retirement Plan	Character	
PRTB_RETIRE_PLAN_DESC	18	O	Employee Data Block 30. Retirement Plan Description	Character	
PRTB_SCHEDULE_LEAVE	10	O	Employee Data Block 31. Service Comp. Date (Leave) Format: MM/DD/YYYY	Date	
PRTB_WORK_SCHEDULE	3	O	Employee Data Block 32. Work Schedule	Character	
PRTB_WORK_SCHED_DESC	18	O	Employee Data Block 32. Work Schedule Description	Character	

XML Format for AO-52 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
PRTB_PART_TIME_HRS	3	O	Employee Data Block 33. Part-Time Hours Per Biweekly Pay Period	Character	
PRTB_POSITION_OCC	1	O	Position Data Block 34. Position Occupied	Character	
PRTB_FLSA	1	O	Position Data Block 35. FLSA Category	Character	
PRTB_APPROP_CODE	21	O	Position Data Block 36. Appropriation Code	Character	
PRTB_DUTY_STATION_CODE	20	O	Position Data Block 38. Duty Station Code	Character	
PRTB_DUTY_STATION_CITY_ST	48	O	Position Data Block 39. Duty Station (City – County – State or Overseas Location). Includes county, city, and state. Use ",(space)" to separate county from city and city from state	Character	
PRTB_AGENCY_DATA_40	20	O	Block 40. Agency Data	Character	
PRTB_AGENCY_DATA_41	20	O	Block 41. Agency Data	Character	
PRTB_AGENCY_DATA_42	20	O	Block 42. Agency Data	Character	
PRTB_ACTION	3	O	Block 45. Action	Character	
PRTB_REASON	3	O	Block 46. Reason	Character	
PRTB_PAY_RATE_DET_DESC	30	O	Block 47. Pay Rate Determinant Description	Character	
PRTB_BUDG_CAT	4	O	Block 48. Bud. Cat	Character	
PRTB_ORG_TTL_CD	4	O	Block 49. Org Title Code	Character	
PRTB_JOBCODE	6	O	Block 50. Jobcode	Character	
PRTB_PAYGROUP	3	O	Block 51. Paygroup	Character	
PRTC_ROLE_A	12	O	Part C Reviews and Approvals Block 1A. Office/Function	Character	
PRTC_NAME_A	50	O	Part C Reviews and Approvals Block 1A. Initials/Signature Send “Electronically signed by: <Signer Name>” and title. If the approving official’s first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: John Doe HR Spec
PRTC_DATE_A	10	O	Part C Reviews and Approvals Block 1A. Date Format: MM/DD/YYYY	Date	

XML Format for AO-52 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
PRTC_ROLE_B	12	O	Part C Reviews and Approvals Block 1B. Office/Function	Character	
PRTC_NAME_B	50	O	Part C Reviews and Approvals Block 1B. Initials/Signature Send "Electronically signed by: <Signer Name>" and title. If the approving official's first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: John Doe HR Spec
PRTC_DATE_B	10	O	Part C Reviews and Approvals Block 1B. Date Format: MM/DD/YYYY	Date	
PRTC_ROLE_C	12	O	Part C Reviews and Approvals Block 1C. Office/Function	Character	
PRTC_NAME_C	50	O	Part C Reviews and Approvals Block 1C. Initials/Signature Send "Electronically signed by: <Signer Name>" and title. If the approving official's first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: John Doe HR Spec
PRTC_DATE_C	10	O	Part C Reviews and Approvals Block 1C. Date Format: MM/DD/YYYY	Date	
PRTC_ROLE_D	12	O	Part C Reviews and Approvals Block 1D. Office/Function	Character	
PRTC_NAME_D	50	O	Part C Reviews and Approvals Block 1D. Initials/Signature Send "Electronically signed by: <Signer Name>" and title. If the approving official's first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: John Doe HR Spec
PRTC_DATE_D	10	O	Part C Reviews and Approvals Block 1D. Date Format: MM/DD/YYYY	Date	
PRTC_ROLE_E	12	O	Part C Reviews and Approvals Block 1E. Office/Function	Character	
PRTC_NAME_E	50	O	Part C Reviews and Approvals Block 1E. Initials/Signature Send "Electronically signed by: <Signer Name>" and title. If the approving official's first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: John Doe HR Spec
PRTC_DATE_E	10	O	Part C Reviews and Approvals Block 1E. Date Format: MM/DD/YYYY	Date	
PRTC_ROLE_F	12	O	Part C Reviews and Approvals Block 1F. Office/Function	Character	

XML Format for AO-52 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
PRTC_NAME_F	50	O	Part C Reviews and Approvals Block 1F. Initials/Signature Send "Electronically signed by: <Signer Name>" and title. If the approving official's first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: John Doe HR Spec
PRTC_DATE_F	10	O	Part C Reviews and Approvals Block 1F. Date Format: MM/DD/YYYY	Date	
REMARKS_PRTD See Section 7.11.2 for additional criteria for submitting Remarks.	2000	O	Part D Remarks by Requesting Office	Character	
REMARK_45 See Section 7.11.2 for additional criteria for submitting Remarks.	2000	O	Part F Remarks for SF-50	Character	
PERSONNEL_OFFICE_ID	4	M	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	4002
CPO_ID	4	M	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	4002 .

XML Format for AO-52 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
SUBAGENCY_CODE	4	M	Agency/Sub-agency. An alpha and/or numeric code assigned by OPM. The agency and, where applicable, the administrative subdivision (i.e., sub-element) in which a person is employed. The first and second positions of the code indicate the agency. The third and fourth positions indicate the administrative subdivision. When there is no sub-element or sub-agency assigned to an agency the third and fourth positions are zeros (xx00). For a listing of assigned codes and explanations, see The Guide to Data Standards. Contact eOPF PMO when a value is missing from the list. NOTE: Non-Title 5 and non-Federal organizations cannot use the Agency codes assigned to Title 5 organizations and vice versa. Each organization has a unique code.	Character	DJ06

7.10.2 REMARKS

Submit employee remarks required by the AOUSC using the Remark element. All remarks appear in chronological order per employee transaction. The limit is 2,000 characters per Remark element; however, each transaction may contain more than one Remark element.

Enclose the Remark element(s) by a start and end element named <PRTD_REMARKS></PRTD_REMARKS> or <PRTF_REMARKS></PRTF_REMARKS>. eOPF generates continuation page(s) when REMARKS text exceeds the storage limit on Part D or Part F REMARKS.

If there are **remarks for both Part D and Part F**, send the following:

```
<PRTD_REMARKS>
        <PRTD_REMARK>A part D Remark 1</PRTD_REMARK>
        <PRTD_REMARK>Another part D Remark 2</PRTD_REMARK>
        <PRTD_REMARK>And yet another part D Remark 3</PRTD_REMARK>
</PRTD_REMARKS>

<PRTF_REMARKS>
        <REMARK_45>A part F Remark 1</REMARK_45>
        <REMARK_45>Another part F remark 2</REMARK_45>
        <REMARK_45>And yet another part F remark 3</REMARK_45>
</PRTF_REMARKS>
```

If there is a **remark for Part D but not for Part F**, send the following:

```
<PRTD_REMARKS>
        <PRTD_REMARK>A part D Remark 1</PRTD_REMARK>
</PRTD_REMARKS>

<PRTF_REMARKS/>
```

If there is **no remark for Part D but there is for Part F**, send the following:

```
<PRTD_REMARKS/>
```

```
<PRTF_REMARKS>
        <REMARK_45>A part F Remark 1</REMARK_45>
</PRTF_REMARKS>
```

If there are **no remarks for either Part D or Part F**, send the following:

```
<PRTD_REMARKS/>

<PRTF_REMARKS/>
```

7.10.3 SAMPLE XML FOR AO-52 FDF FILE

The following sample XML file for the AO-52 form has two employee AO-52 records. Each action begins and ends with the named element <EMPLOYEE RECORD>.

```
<?xml version="1.0"encoding="ISO-8859-1"standalone="yes"?>
<EMPDATA AGENCY="ZZ00" RECORD-COUNT="2">
    <EMPLOYEE RECORD="000001">
        <PRTA_ACTN_REQST_DESC1>Appointment</PRTA_ACTN_REQST_DESC1>
        <PRTA_REQST_NUMBER>999999</PRTA_REQST_NUMBER>
        <PRTA_ACTN_REQST_NAME>Doe, Jane</PRTA_ACTN_REQST_NAME>
        <PRTA_EMPLID>999999</PRTA_EMPLID>
        <PRTA_ACTN_AUTH_NAME>John Doe</PRTA_ACTN_AUTH_NAME>
        <PRTA_ACTN_AUTH_TITLE>Clerk of Court</PRTA_ACTN_AUTH_TITLE>
        <PRTA_ACTN_AUTH_CONCUR_DATE>09/29/2012</PRTA_ACTN_AUTH_CONCUR_DATE>
        <PRTB_NAME>Doe, Jane J.</PRTB_NAME>
        <PRTB_SSN>000-00-0000</PRTB_SSN>
        <PRTB_DOB>03/30/1943</PRTB_DOB>
        <PRTB_ACTUAL_EFF_DATE>10/14/2011</PRTB_ACTUAL_EFF_DATE>
        <PRTB_NOA_CODE_5A>123</PRTB_NOA_CODE_5A>
        <PRTB_NOA_DESC_5B>Appointment</PRTB_NOA_DESC_5B>
        <PRTB_LEG_AUTH_CODE_5C>S52</PRTB_LEG_AUTH_CODE_5C>
        <PRTB_LEG_AUTH_DESC_5D>AO-52 dated 09-23-2012</PRTB_LEG_AUTH_DESC_5D>
        <PRTB_FROM_POS_TITLE />
        <PRTB_FROM_JOBCODE />
        <PRTB_FROM_PD_NO />
        <PRTB_FROM_PAY_PLAN />
        <PRTB_FROM_OCC_CODE />
        <PRTB_FROM_GRADE_LEVEL />
        <PRTB_FROM_STEP_RATE />
        <PRTB_FROM_TOTAL_SALARY />
        <PRTB_FROM_BASIC_PAY />
        <PRTB_FROM_LOCAL_ADJ />
        <PRTB_FROM_ADJ_BASIC_PAY />
        <PRTB_FROM_OTHER_PAY />
        <PRTB_FROM_PAY_BASIS />
        <PRTB_FROM_NAME_LOCATION1 />
        <PRTB_FROM_NAME_LOCATION2 />
        <PRTB_FROM_NAME_LOCATION3 />
        <PRTB_FROM_NAME_LOCATION4 />
        <PRTB_FROM_NAME_LOCATION5 />
        <PRTB_FROM_NAME_LOCATION6 />
        <PRTB_FROM_NAME_LOCATION7 />
        <PRTB_TO_POS_TITLE>Applications Support Specialist</PRTB_TO_POS_TITLE>
        <PRTB_TO_JOBCODE>PD: ZZXX99</PRTB_TO_JOBCODE>
        <PRTB_TO_PD_NO>Position: P9999999</PRTB_TO_PD_NO>
        <PRTB_TO_PAY_PLAN />
        <PRTB_TO_OCC_CODE />
        <PRTB_TO_GRADE_LEVEL />
        <PRTB_TO_STEP_RATE />
        <PRTB_TO_TOTAL_SALARY>24 Hours</PRTB_TO_TOTAL_SALARY>
        <PRTB_TO_BASIC_PAY />
        <PRTB_TO_LOCAL_ADJ />
        <PRTB_TO_ADJ_BASIC_PAY />
        <PRTB_TO_OTHER_PAY />
        <PRTB_TO_PAY_BASIS />
        <PRTB_TO_NAME_LOCATION1 />
        <PRTB_TO_NAME_LOCATION2 />
        <PRTB_TO_NAME_LOCATION3>Clerk U.S. District Court</PRTB_TO_NAME_LOCATION3>
```

```
            <PRTB_TO_NAME_LOCATION4>U.S. Courthouse</PRTB_TO_NAME_LOCATION4>
            <PRTB_TO_NAME_LOCATION5>123 Main St</PRTB_TO_NAME_LOCATION5>
            <PRTB_TO_NAME_LOCATION6 />
            <PRTB_TO_NAME_LOCATION7>Hometown, ZZ 99999-9999</PRTB_TO_NAME_LOCATION7>
            <PRTB_VET_PREF />
            <PRTB_TENURE>0</PRTB_TENURE>
            <PRTB_AGENCY_USE_25 />
            <PRTB_FEGLI>C0</PRTB_FEGLI>
            <PRTB_FEGLI_DESC>Basic Only</PRTB_FEGLI_DESC>
            <PRTB_ANNT_IND>9</PRTB_ANNT_IND>
            <PRTB_ANNT_IND_DESC>Not Applicable</PRTB_ANNT_IND_DESC>
            <PRTB_RETIRE_PLAN>K</PRTB_RETIRE_PLAN>
            <PRTB_RETIRE_PLAN_DESC>FERS and FICA</PRTB_RETIRE_PLAN_DESC>
            <PRTB_SCHEDULE_LEAVE>06/03/2002</PRTB_SCHEDULE_LEAVE>
            <PRTB_WORK_SCHEDULE>F</PRTB_WORK_SCHEDULE>
            <PRTB_WORK_SCHED_DESC>Full Time</PRTB_WORK_SCHED_DESC>
            <PRTB_PART_TIME_HRS />
            <PRTB_POSITION_OCC>2</PRTB_POSITION_OCC>
            <PRTB_FLSA />
            <PRTB_APPROP_CODE />
            <PRTB_DUTY_STATION_CODE>ZZZZZZZZZZ</PRTB_DUTY_STATION_CODE>
            <PRTB_DUTY_STATION_CITY_ST>Hometown, ZZ</PRTB_DUTY_STATION_CITY_ST>
            <PRTB_AGENCY_DATA_40>LEI: 04/29/2004</PRTB_AGENCY_DATA_40>
            <PRTB_AGENCY_DATA_41>ZZZ</PRTB_AGENCY_DATA_41>
            <PRTB_AGENCY_DATA_42 />
            <PRTB_ACTION>ZZZ</PRTB_ACTION>
            <PRTB_REASON>ZZZ</PRTB_REASON>
            <PRTB_PAY_RATE_DET_DESC>Regular Rt</PRTB_PAY_RATE_DET_DESC>
            <PRTB_BUDG_CAT>999B</PRTB_BUDG_CAT>
            <PRTB_ORG_TTL_CD>0081</PRTB_ORG_TTL_CD>
            <PRTB_JOBCODE>ITXX03</PRTB_JOBCODE>
            <PRTB_PAYGROUP>C9B</PRTB_PAYGROUP>
            <PRTC_ROLE_A>Requestor</PRTC_ROLE_A>
            <PRTC_NAME_A>Electronically signed by: Jane Doe</PRTC_NAME_A>
            <PRTC_DATE_A>09/26/2011</PRTC_DATE_A>
            <PRTC_ROLE_B>Approver</PRTC_ROLE_B>
            <PRTC_NAME_B>Electronically signed by: Jane L. Doe</PRTC_NAME_B>
            <PRTC_DATE_B>09/27/2011</PRTC_DATE_B>
            <PRTC_ROLE_C>HR Processor</PRTC_ROLE_C>
            <PRTC_NAME_C>Electronically signed by: John Doe</PRTC_NAME_C>
            <PRTC_DATE_C>10/11/2011</PRTC_DATE_C>
            <PRTC_ROLE_D />
            <PRTC_NAME_D />
            <PRTC_DATE_D />
            <PRTC_ROLE_E />
            <PRTC_NAME_E />
            <PRTC_DATE_E />
            <PRTC_ROLE_F />
            <PRTC_NAME_F />
            <PRTC_DATE_F />
            <PRTD_REMARKS />
            <PRTF_REMARKS />
            <SUBAGENCY_CODE>AG34</SUBAGENCY_CODE>
            <PERSONNEL_OFFICE_ID>4822</PERSONNEL_OFFICE_ID>
            <CPO_ID>4822</CPO_ID>
 </EMPLOYEE>
<EMPLOYEE RECORD="000002">
            <PRTA_ACTN_REQST_DESC1>Leave Without Pay</PRTA_ACTN_REQST_DESC1>
            <PRTA_REQST_NUMBER>999999</PRTA_REQST_NUMBER>
            <PRTA_ACTN_REQST_NAME>Doe, John M.</PRTA_ACTN_REQST_NAME>
            <PRTA_EMPLID>999999</PRTA_EMPLID>
            <PRTA_ACTN_AUTH_NAME>John Doe</PRTA_ACTN_AUTH_NAME>
            <PRTA_ACTN_AUTH_TITLE>Chief Officer</PRTA_ACTN_AUTH_TITLE>
            <PRTA_ACTN_AUTH_CONCUR_DATE>09/22/2011</PRTA_ACTN_AUTH_CONCUR_DATE>
            <PRTB_NAME>Doe, John</PRTB_NAME>
            <PRTB_SSN>000-00-0000</PRTB_SSN>
            <PRTB_DOB>12/20/1978</PRTB_DOB>
            <PRTB_ACTUAL_EFF_DATE>10/21/2011</PRTB_ACTUAL_EFF_DATE>
            <PRTB_NOA_CODE_5A>471</PRTB_NOA_CODE_5A>
            <PRTB_NOA_DESC_5B>Furlough 2011-10-21</PRTB_NOA_DESC_5B>
```

<PRTB_LEG_AUTH_CODE_5C>**S52**</PRTB_LEG_AUTH_CODE_5C>
<PRTB_LEG_AUTH_DESC_5D>**AO-52 dated 9-22-2011**</PRTB_LEG_AUTH_DESC_5D>
<PRTB_FROM_POS_TITLE>**Probation Officer**</PRTB_FROM_POS_TITLE>
<PRTB_FROM_JOBCODE>**PD: POXXXX**</PRTB_FROM_JOBCODE>
<PRTB_FROM_PD_NO>**Position: P0999999**</PRTB_FROM_PD_NO>
<PRTB_FROM_PAY_PLAN>**CL**</PRTB_FROM_PAY_PLAN>
<PRTB_FROM_OCC_CODE>**LEOX**</PRTB_FROM_OCC_CODE>
<PRTB_FROM_GRADE_LEVEL>**28**</PRTB_FROM_GRADE_LEVEL>
<PRTB_FROM_STEP_RATE>**38**</PRTB_FROM_STEP_RATE>
<PRTB_FROM_TOTAL_SALARY>**$86,002.00**</PRTB_FROM_TOTAL_SALARY>
<PRTB_FROM_BASIC_PAY>**$66,813.00**</PRTB_FROM_BASIC_PAY>
<PRTB_FROM_LOCAL_ADJ>**$19,189.00**</PRTB_FROM_LOCAL_ADJ>
<PRTB_FROM_ADJ_BASIC_PAY>**$86,002.00**</PRTB_FROM_ADJ_BASIC_PAY>
<PRTB_FROM_OTHER_PAY>**$0**</PRTB_FROM_OTHER_PAY>
<PRTB_FROM_PAY_BASIS>**PA**</PRTB_FROM_PAY_BASIS>
<PRTB_FROM_NAME_LOCATION1 />
<PRTB_FROM_NAME_LOCATION2 />
<PRTB_FROM_NAME_LOCATION3>**Chief Probation Officer**</PRTB_FROM_NAME_LOCATION3>
<PRTB_FROM_NAME_LOCATION4>**123 Main St**</PRTB_FROM_NAME_LOCATION4>
<PRTB_FROM_NAME_LOCATION5>**RM 405**</PRTB_FROM_NAME_LOCATION5>
<PRTB_FROM_NAME_LOCATION6 />
<PRTB_FROM_NAME_LOCATION7>**Hometown, ZZ**</PRTB_FROM_NAME_LOCATION7>
<PRTB_TO_POS_TITLE />
<PRTB_TO_JOBCODE />
<PRTB_TO_PD_NO />
<PRTB_TO_PAY_PLAN />
<PRTB_TO_OCC_CODE />
<PRTB_TO_GRADE_LEVEL />
<PRTB_TO_STEP_RATE />
<PRTB_TO_TOTAL_SALARY />
<PRTB_TO_BASIC_PAY />
<PRTB_TO_LOCAL_ADJ />
<PRTB_TO_ADJ_BASIC_PAY />
<PRTB_TO_OTHER_PAY />
<PRTB_TO_PAY_BASIS />
<PRTB_TO_NAME_LOCATION1 />
<PRTB_TO_NAME_LOCATION2 />
<PRTB_TO_NAME_LOCATION3 />
<PRTB_TO_NAME_LOCATION4 />
<PRTB_TO_NAME_LOCATION5 />
<PRTB_TO_NAME_LOCATION6 />
<PRTB_TO_NAME_LOCATION7 />
<PRTB_VET_PREF />
<PRTB_TENURE />
<PRTB_AGENCY_USE_25 />
<PRTB_FEGLI>**C0**</PRTB_FEGLI>
<PRTB_FEGLI_DESC>**Basic Only**</PRTB_FEGLI_DESC>
<PRTB_ANNT_IND>**9**</PRTB_ANNT_IND>
<PRTB_ANNT_IND_DESC>**Not Applicable**</PRTB_ANNT_IND_DESC>
<PRTB_RETIRE_PLAN>**M**</PRTB_RETIRE_PLAN>
<PRTB_RETIRE_PLAN_DESC>**FERS and FICA Spec**</PRTB_RETIRE_PLAN_DESC>
<PRTB_SCHEDULE_LEAVE>**03/24/2003**</PRTB_SCHEDULE_LEAVE>
<PRTB_WORK_SCHEDULE>**F**</PRTB_WORK_SCHEDULE>
<PRTB_WORK_SCHED_DESC>**Full Time**</PRTB_WORK_SCHED_DESC>
<PRTB_PART_TIME_HRS />
<PRTB_POSITION_OCC>**2**</PRTB_POSITION_OCC>
<PRTB_FLSA />
<PRTB_APPROP_CODE />
<PRTB_DUTY_STATION_CODE>**ZZZZZZZZ**</PRTB_DUTY_STATION_CODE>
<PRTB_DUTY_STATION_CITY_ST>**Hometown, ZZ**</PRTB_DUTY_STATION_CITY_ST>
<PRTB_AGENCY_DATA_40>**LEI: 04/14/2012**</PRTB_AGENCY_DATA_40>
<PRTB_AGENCY_DATA_41>**WGI: 04/12/2012**</PRTB_AGENCY_DATA_41>
<PRTB_AGENCY_DATA_42>**SCD LEO: 03/24/2003**</PRTB_AGENCY_DATA_42>
<PRTB_ACTION>**ZZZ**</PRTB_ACTION>
<PRTB_REASON>**ZZZ**</PRTB_REASON>
<PRTB_PAY_RATE_DET_DESC>**Regular Rt**</PRTB_PAY_RATE_DET_DESC>
<PRTB_BUDG_CAT>**999B**</PRTB_BUDG_CAT>
<PRTB_ORG_TTL_CD>**9999**</PRTB_ORG_TTL_CD>
<PRTB_JOBCODE>**POXXXX**</PRTB_JOBCODE>
<PRTB_PAYGROUP>**Z99**</PRTB_PAYGROUP>

```
        <PRTC_ROLE_A>Requestor</PRTC_ROLE_A>
        <PRTC_NAME_A>Electronically signed by: John Doe</PRTC_NAME_A>
        <PRTC_DATE_A>09/22/2011</PRTC_DATE_A>
        <PRTC_ROLE_B>Approver</PRTC_ROLE_B>
        <PRTC_NAME_B>Electronically signed by: Jane Doe</PRTC_NAME_B>
        <PRTC_DATE_B>09/22/2011</PRTC_DATE_B>
        <PRTC_ROLE_C>HR Processor</PRTC_ROLE_C>
        <PRTC_NAME_C>Electronically signed by: Joe Doe</PRTC_NAME_C>
        <PRTC_DATE_C>10/12/2011</PRTC_DATE_C>
        <PRTC_ROLE_D />
        <PRTC_NAME_D />
        <PRTC_DATE_D />
        <PRTC_ROLE_E />
        <PRTC_NAME_E />
        <PRTC_DATE_E />
        <PRTC_ROLE_F />
        <PRTC_NAME_F />
        <PRTC_DATE_F />
        <PRTD_REMARKS />
      - <PRTF_REMARKS>
        <REMARK_45>Furlough is due to budgetary constraints. Furlough hours this period equal: 8
      hrs.</REMARK_45>
        </PRTF_REMARKS>
        <SUBAGENCY_CODE>AG34</SUBAGENCY_CODE>
        <PERSONNEL_OFFICE_ID>4822</PERSONNEL_OFFICE_ID>
        <CPO_ID>4822</CPO_ID>
</EMPDATA>
```

7.11 AO-250 Notification of Personnel Action Form Input File Specifications

7.11.1 AO-250 Data Feed XML-based File Specification

The following table presents the structure for the AO-250, Notification of Personnel Action, data submitted by the AOUSC in a single large XML file format with one XML file for each form and agency. An Agency Identifier and record count create the tag identifying the beginning and end of the data within the file. The XML record tags defined below separate the employee transactions. Where appropriate the Description column contains the AO-250 block numbers.

The data submitted in this file must match the data on the forms produced by the provider system.

When sending large amounts of data, providers send multiple files sized at, no larger than, approximately 350 MB each and increment the submission indicator in the filename.

Providers must send a record containing all XML tags as specified for the form. The order of the XML elements/tags does not matter; however, the Data Provider must include all elements/tags with either a value or null.

Table 13. XML Format for AO-250 FDF File

XML Format for AO-250 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
EMPDATA		M	Mandatory tag that indicates the start and end of a Data Feed and consists of 2 mandatory attributes.	N/A	Complete EMP DATA parent tag. <EMPDATA AGENCY="ZZ00" RECORD-COUNT="2">
	4	M	The mandatory attribute AGENCY="XXXX"" is assigned by OPM and used to identify an agency.	Character	AGENCY="ZZ00"
	6	M	The mandatory attribute RECORD-COUNT="XXXXXX" identifies the total number of records contained in the transaction file.	Character	2
EMPLOYEE	6	M	Mandatory tag that indicates the start and end of an Employee Record in a Data Feed. The attribute RECORD="XXXXXX" is used to uniquely identify a record in the Data Feed.	Character	000001
NAME_1	50	M	Block 1, Name (Last, First, Middle) Name should match the name on the Employee Data Feed and comply with the guidance provided in the GPPA.	Character	Doe, John J.
EMPLID	6	O	Employee ID	Character	
NAME_PREFIX_1A	15	O	Block 1, Hon, Mr., Miss, Mrs., Ms.	Character	
GENDER_2	1	O	Block 2, Sex	Character	

XML Format for AO-250 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
BIRTHDATE_3	10	M	Block 3, Birth Date Format: MM/DD/YYYY	Date	
SSN_4	11	M	Block 4, Social Security Number with dashes	Character	000-00-0000
NTE_5A	10	O	Block 5, Employment not to exceed Format: MM/DD/YYYY	Date	
FEGLI_CODE_9	2	O	Block 9, FEGLI: Use FEGLI code assigned to the amount of insurance elected by employee	Character	
RETIREMENT_CODE_10	3	O	Block 10, Retirement	Character	
JSAS_ELECTION_10A	1	O	Block 10(a), JSAS Election	Character	
CITIZENSHIP_STATUS	1	O	Block 11, Citizenship	Character	
TYPE_OF_APPT_12	3	O	Block 12, Type of Appointment	Character	
ANNUITANT_IND_13	1	O	Block 13, Annuitant Indicator	Character	
HB_CODE_15	6	O	Block 15, H.B.Code	Character	
HB_EFFDT_15A	10	O	Block 15(a), H.B.Code Effective Date Format: MM/DD/YYYY	Date	
NOA_CODE_16_1	3	M	Block 16, First Nature of Action Code	Character	
NOA_DESC_16A_1	50	M	Block 16(a), First Nature of Action Description	Character	
NOA_CODE_16_2	3	O	Second Nature of Action Code	Character	
NOA_DESC_16A_2	50	O	Second Nature Of Action Description	Character	
EFFDT_17	10	M	Block 17, Effective Date Format: MM/DD/YYYY	Date	
LEGAL_AUTH_18	50	O	Block 18, Authority	Character	
FROM_POSN_NBR_19	70	O	Block 19, FROM Position Number	Character	
FROM_POSITION_19A	70	O	Block 19 FROM Position Title	Character	
FROM_JOBCODE_19B	6	O	Block 19 FROM Position Job Code	Character	

XML Format for AO-250 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
FROM_PAY_PLAN_20	2	O	Block 20, Pay Plan	Character	
FROM_GRADE_STEP_21	5	O	Block 21, Grade/Step	Character	
FROM_SALARY_22	14	O	Block 22, Salary, include $ symbol and pay basis.	Character	$201,100.00 PA
FROM_COLA	15	O	Block 23(a), COLA	Character	
FROM_POST_DIF	15	O	Block 23(b), POST Diff.	Character	
FROM_ANNUITY_23C	14	O	Block 23(c), Annuity	Character	
FROM_LOCATION_24A	10	O	Block 24, Name and Location of Employing Office (Location)	Character	
FROM_LOC_ADDR1_24B	55	O	Block 24, Name and Location of Employing Office	Character	
FROM_LOC_ADDR2_24B	55	O	Block 24, Name and Location of Employing Office	Character	
FROM_LOC_ADDR3_24B	55	O	Block 24, Name and Location of Employing Office	Character	
FROM_LOC_ADDR4_24B	55	O	Block 24, Name and Location of Employing Office	Character	
FROM_LOC_CTY_ST_ZIP_24B	40	O	Block 24, Name and Location of Employing Office	Character	
TO_POSN_NBR_25	8	O	Block 25, TO Position Number	Character	
TO_POSITION_25A	70	O	Block 25, TO Position Title	Character	
TO_JOBCODE_25B	6	O	Block 25 TO Position Title and Number Job Code	Character	
TO_PAY_PLAN_26	2	O	Block 26, Pay Plan	Character	
TO_GRADE_STEP_27	5	O	Block 27, Grade/Step	Character	
TO_SALARY_28	14	O	Block 28, Salary, include $ symbol and pay basis.	Character	$201,100.00 PA
TO_COLA	15	O	Block 29(a), COLA	Character	
TO_POST_DIF	15	O	Block 29(b), POST Diff.	Character	

XML Format for AO-250 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
TO_ANNUITY_29C	14	O	Block 29(c), Annuity	Character	
TO_LOCATION_30A	10	O	Block 30, Name and Location of Employing Office (Location)	Character	
TO_LOC_ADDR1_30B	55	O	Block 30, Name and Location of Employing Office	Character	
TO_LOC_ADDR2_30B	55	O	Block 30, Name and Location of Employing Office	Character	
TO_LOC_ADDR3_30B	55	O	Block 30, Name and Location of Employing Office	Character	
TO_LOC_ADDR4_30B	55	O	Block 30 Name and Location of Employing Office	Character	
TO_LOC_CTY_ST_ZIP_30B	40	O	Block 30, Name and Location of Employing Office	Character	
PROCESSOR_INITIALS_31	6	O	Block 31 Processor Initials	Character	
VICE_32	50	O	Block 32, VICE	Character	
DATE_OF_NOMINATION_33A	10	O	Block 33(a), Date of Nomination Format: MM/DD/YYYY	Date	
DATE_OF_CONFIRMATION_33B	10	O	Block 33(b), Date of Confirmation Format: MM/DD/YYYY	Date	
DATE_OF_COMMISSION_33C	10	O	Block 33(c), Date of Commission Format: MM/DD/YYYY	Date	
ELIG_TO_RETIRE_DATE_33D	10	O	Block 33(d), Eligible to Retire Format: MM/DD/YYYY	Date	
MAINTAINING_OFFICE_34	100	O	Block 34, Office Maintaining Personnel Folder Administrative Office of the U.S. Courts	Character	
CODE_35	40	O	Block 35, Code: Agency code for AOUSCOURTS component	Character	JZ01
SIGNATURE_AUTH_36A	15	M	Block 36(a), Signature (or other authentication): Send “Electronically signed by: <Signer Name>” and title. If the approving official’s first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by John Doe HR Spec

XML Format for AO-250 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
SIGNATURE_DT	10	M	Block 36(b), Signature Date Format: MM/DD/YYYY	Date	
SIGNATURE_TITLE_36C	70	M	Block 36(c), Title	Character	
REMARK_45 See Section 7.12.2 regarding additional criteria for the submission of Remarks.	2000	O	Block 31, Remark 45	Character	
PERSONNEL_OFFICE_ID	4	M	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	4002
CPO_ID	4	M	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	4002

XML Format for AO-250 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
SUBAGENCY_CODE	4	M	Agency/Sub-agency. An alpha and/or numeric code assigned by OPM. The agency and, where applicable, the administrative subdivision (i.e., sub-element) in which a person is employed. The first and second positions of the code indicate the agency. The third and fourth positions indicate the administrative subdivision. When there is no sub-element or sub-agency assigned to an agency the third and fourth positions are zeros (xx00). For a listing of assigned codes and explanations, see The Guide to Data Standards. Contact eOPF PMO when a value is missing from the list. NOTE: Non-Title 5 and non-Federal organizations cannot use the Agency codes assigned to Title 5 organizations and vice versa. Each organization has a unique code.	Character	DJ06

7.11.2 REMARKS

Submit employee remarks required by AOUSC using the Remark element. All remarks appear in chronological order per employee transaction. The limit is 2,000 characters per Remark element; however, each transaction may contain more than one Remark element.

Enclose the Remark element(s) by a start and end element named <REMARKS></REMARKS>. eOPF generates continuation page(s) when REMARKS text exceeds the storage limit on Block 45.

Example:

```
<REMARKS>
        <Remark_45> This is remark 1, which cannot exceed 2000 characters. </Remark_45>
        <Remark_45> This is remark 2, which cannot exceed 2000 characters. </Remark_45>
        <Remark_45> This is remark 3, which cannot exceed 2000 characters. </Remark_45>
</REMARKS>
```

7.11.3 SAMPLE XML FOR AO-250 FDF FILE

The following is an example XML AO-250 file layout, containing two actions. Each action begins and ends with the named element <EMPLOYEE RECORD>.

```
<?xml version="1.0"encoding="ISO-8859-1"standalone=”yes”?>
<EMPDATA AGENCY="ZZ00" RECORD-COUNT="2">
    <EMPLOYEE RECORD="000001">
```

```
<NAME_1>Doe, John M.</NAME_1>
<EMPLID>999999</EMPLID>
<NAME_PREFIX_1A>Hon</NAME_PREFIX_1A>
<GENDER_2>M</GENDER_2>
<BIRTHDATE_3>03/08/1945</BIRTHDATE_3>
<SSN_4>000-00-0000</SSN_4>
<NTE_5A />
<FEGLI_CODE_9>C0</FEGLI_CODE_9>
<RETIREMENT_CODE_10>2</RETIREMENT_CODE_10>
<JSAS_ELECTION_10A>J</JSAS_ELECTION_10A>
<CITIZENSHIP_STATUS>1</CITIZENSHIP_STATUS>
<TYPE_OF_APPT_12>FTP</TYPE_OF_APPT_12>
<ANNUITANT_IND_13>9</ANNUITANT_IND_13>
<HB_CODE_15>QA2</HB_CODE_15>
<HB_EFFDT_15A>01/01/1993</HB_EFFDT_15A>
<NOA_CODE_16_1>881</NOA_CODE_16_1>
<NOA_DESC_16A_1>FEGLI Change</NOA_DESC_16A_1>
<NOA_CODE_16_2 />
<NOA_DESC_16A_2 />
<EFFDT_17>10/28/2010</EFFDT_17>
<LEGAL_AUTH_18>SF 2822 Apprvd 09/28/10 & SF-2817 Dtd 10/27/1</LEGAL_AUTH_18>
<FROM_POSN_NBR_19>P9999999</FROM_POSN_NBR_19>
<FROM_POSITION_19A />
<FROM_JOBCODE_19B />
<FROM_PAY_PLAN_20 />
<FROM_GRADE_STEP_21 />
<FROM_SALARY_22 />
<FROM_COLA />
<FROM_POST_DIF />
<FROM_ANNUITY_23C />
<FROM_LOCATION_24A />
<FROM_LOC_ADDR1_24B />
<FROM_LOC_ADDR2_24B />
<FROM_LOC_ADDR3_24B />
<FROM_LOC_ADDR4_24B />
<FROM_LOC_CTY_ST_ZIP_24B />
<TO_POSN_NBR_25 />
<TO_POSITION_25A>Assistant</TO_POSITION_25A>
<TO_JOBCODE_25B>999999</TO_JOBCODE_25B>
<TO_PAY_PLAN_26 />
<TO_GRADE_STEP_27 />
<TO_SALARY_28 />
<TO_COLA>M10L</TO_COLA>
<TO_POST_DIF />
<TO_ANNUITY_29C />
<TO_LOCATION_30A>ZZZZZZZZ</TO_LOCATION_30A>
<TO_LOC_ADDR1_30B>Appt1</TO_LOC_ADDR1_30B>
<TO_LOC_ADDR2_30B>123 Main Street</TO_LOC_ADDR2_30B>
<TO_LOC_ADDR3_30B />
<TO_LOC_ADDR4_30B />
<TO_LOC_CTY_ST_ZIP_30B>Hometown, ZZ 99999-9999</TO_LOC_CTY_ST_ZIP_30B>
<PROCESSOR_INITIALS_31>ZZZ</PROCESSOR_INITIALS_31>
<VICE_32 />
<DATE_OF_NOMINATION_33A />
<DATE_OF_CONFIRMATION_33B />
<DATE_OF_COMMISSION_33C />
<ELIG_TO_RETIRE_DATE_33D />
<MAINTAINING_OFFICE_34> Office </MAINTAINING_OFFICE_34>
<CODE_35>ZZ00</CODE_35>
<SIGNATURE_AUTH_36A />Electronically signed by: John Doe
Director</SIGNATURE_AUTH_36A>
<SIGNATURE_DT>11/02/2010</SIGNATURE_DT>
<SIGNATURE_TITLE_36C>Director</SIGNATURE_TITLE_36C>
<REMARKS>
        <REMARK_45>Notice Sent To: Hon. John Doe cc: Jane Doe</REMARK_45>
</REMARKS>
<SUBAGENCY_CODE>AG34</SUBAGENCY_CODE>
<PERSONNEL_OFFICE_ID>4822</PERSONNEL_OFFICE_ID>
<CPO_ID>4822</CPO_ID>
```

```
</EMPLOYEE>
<EMPLOYEE RECORD="000002">
        <NAME_1>Doe, Jane</NAME_1>
        <EMPLID>999999</EMPLID>
        <NAME_PREFIX_1A>Hon</NAME_PREFIX_1A>
        <GENDER_2>F</GENDER_2>
        <BIRTHDATE_3>05/25/1958</BIRTHDATE_3>
        <SSN_4>000-00-0002</SSN_4>
        <NTE_5A>11/14/2018</NTE_5A>
        <FEGLI_CODE_9>C0</FEGLI_CODE_9>
        <RETIREMENT_CODE_10>K</RETIREMENT_CODE_10>
        <JSAS_ELECTION_10A />
        <CITIZENSHIP_STATUS>1</CITIZENSHIP_STATUS>
        <TYPE_OF_APPT_12>FTT</TYPE_OF_APPT_12>
        <ANNUITANT_IND_13>9</ANNUITANT_IND_13>
        <HB_CODE_15 />
        <HB_EFFDT_15A />
        <NOA_CODE_16_1>171</NOA_CODE_16_1>
        <NOA_DESC_16A_1>Excepted Appointment Not-To-Exceed</NOA_DESC_16A_1>
        <NOA_CODE_16_2 />
        <NOA_DESC_16A_2 />
        <EFFDT_17>11/15/2010</EFFDT_17>
        <LEGAL_AUTH_18>Court Order Dated 11/15/2010</LEGAL_AUTH_18>
        <FROM_POSN_NBR_19>P9999999</FROM_POSN_NBR_19>
        <FROM_POSITION_19A />
        <FROM_JOBCODE_19B />
        <FROM_PAY_PLAN_20 />
        <FROM_GRADE_STEP_21 />
        <FROM_SALARY_22 />
        <FROM_COLA />
        <FROM_POST_DIF />
        <FROM_ANNUITY_23C />
        <FROM_LOCATION_24A />
        <FROM_LOC_ADDR1_24B />
        <FROM_LOC_ADDR2_24B />
        <FROM_LOC_ADDR3_24B />
        <FROM_LOC_ADDR4_24B />
        <FROM_LOC_CTY_ST_ZIP_24B />
        <TO_POSN_NBR_25 />
        <TO_POSITION_25A>Assistant</TO_POSITION_25A>
        <TO_JOBCODE_25B>999999</TO_JOBCODE_25B>
        <TO_PAY_PLAN_26>ZZ</TO_PAY_PLAN_26>
        <TO_GRADE_STEP_27>01/00</TO_GRADE_STEP_27>
        <TO_SALARY_28>$60,080.00 PA</TO_SALARY_28>
        <TO_COLA>M10L</TO_COLA>
        <TO_POST_DIF />
        <TO_ANNUITY_29C />
        <TO_LOCATION_30A>ZZZZZZZZZZ</TO_LOCATION_30A>
        <TO_LOC_ADDR1_30B>123 Building</TO_LOC_ADDR1_30B>
        <TO_LOC_ADDR2_30B>Hometown Building, Room 296</TO_LOC_ADDR2_30B>
        <TO_LOC_ADDR3_30B />
        <TO_LOC_ADDR4_30B />
        <TO_LOC_CTY_ST_ZIP_30B>Hometown, ZZ 99999-9999</TO_LOC_CTY_ST_ZIP_30B>
        <PROCESSOR_INITIALS_31>ZZZ</PROCESSOR_INITIALS_31>
        <VICE_32>Doe, John E.</VICE_32>
        <DATE_OF_NOMINATION_33A />
        <DATE_OF_CONFIRMATION_33B />
        <DATE_OF_COMMISSION_33C />
        <ELIG_TO_RETIRE_DATE_33D />
        <MAINTAINING_OFFICE_34>Office</MAINTAINING_OFFICE_34>
        <CODE_35>ZZ00</CODE_35>
        <SIGNATURE_AUTH_36A>Electronically signed by: Jane Doe HR Ofcr</SIGNATURE_AUTH_36A>
        <SIGNATURE_DT>11/19/2010</SIGNATURE_DT>
        <SIGNATURE_TITLE_36C>Human Resources Officer</SIGNATURE_TITLE_36C>
       <REMARKS>
            <REMARK_45>Employee has 60 days from the effective date of this action to elect
           optional life insurance coverage.</REMARK_45>
            <REMARK_45>Employee has 60 days from the effective date of this action to elect
           health benefits coverage.</REMARK_45>
```

```
                    <REMARK_45>Notice Sent To: Hon. John Doe cc: Jane Doe cc: Division cc: Financial
                    Disclosure Office cc: Retirement Section</REMARK_45>
                    <REMARK_45>Code K in the retirement code field reflects coverage under the
                    Federal Employees Retirement System (FERS) which includes full Social
                    Security.</REMARK_45>
                </REMARKS>
                <SUBAGENCY_CODE>AG34</SUBAGENCY_CODE>
                <PERSONNEL_OFFICE_ID>4822</PERSONNEL_OFFICE_ID>
                <CPO_ID>4822</CPO_ID>
    </EMPLOYEE>
</EMPDATA>
```

7.12 NAF-52 Request for Personnel Action Non-Appropriated Funds Employee Form Input File Specifications

7.12.1 NAF-52 Data Feed XML-based File Specification

The following table presents the structure for NAF-52 data submitted by DoD for Non-Appropriated Fund Instrumentality (NAF) employees in a single large XML file format with one XML file for each form and agency. An Agency Identifier and record count create the tag identifying the beginning and end of the data within the file. The XML record tags defined below separate the employee transactions. Where appropriate the Description column contains the NAF-52 block numbers.

The data submitted in this file must match the data on the forms produced by the provider system.

When sending large amounts of data, providers send multiple files sized at, no larger than, approximately 350 MB each and increment the submission indicator in the filename.

Providers must send a record containing all XML tags as specified for the form. The order of the XML elements/tags does not matter; however, the Data Provider must include all elements/tags with either a value or null.

Table 14. XML Format for NAF-52 FDF File

XML Format for NAF-52 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
EMPDATA		M	Mandatory tag that indicates the start and end of a Data Feed and consists of 2 mandatory attributes.	Character	Complete EMP DATA parent tag. <EMPDATA AGENCY="ZZ00" RECORD-COUNT="**2**">
	4	M	The mandatory attribute AGENCY="XXXX"" is assigned by OPM and used to identify an agency.	Character	AGENCY="ZZ00"
	6	M	The mandatory attribute RECORD-COUNT="XXXXXX" identifies the total number of records contained in the transaction file.	Character	2
EMPLOYEE	6	M	Mandatory tag that indicates the start and end of an Employee Record in a Data Feed. The attribute RECORD="XXXXXX" is used to uniquely identify a record in the Data Feed.	Character	000001
PRTA_ACTN_REQST_DESC1	200	O	Part A Requesting Office Block 1. Actions Requested	Character	
PRTA_REQST_NUMBER	24	O	Part A Requesting Office Block 2. Request Number	Character	
PRTA_ADDITIONAL_NAME	70	O	Part A Requesting Office Block 3. For Additional Information Call (Name)	Character	
PRTA_ADDITIONAL_PHONE_NUMBER	15	O	Part A Requesting Office Block 3. For Additional Information Call (Phone Number)	Character	(555) 555-5555

XML Format for NAF-52 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
PRTA_PROP_EFF_DATE	10	O	Part A Requesting Office Block 4. Proposed Effective Date Format: MM/DD/YYYY	Date	
PRTA_ACTN_REQST_NAME	70	O	Part A Requesting Office Block 5. Action Requested By (Typed Name)	Character	
PRTA_ACTN_REQST_TITLE	70	O	Part A Requesting Office Block 5. Action Requested By (Typed Title)	Character	
PRTA_ACTN_REQST_DATE	10	O	Part A Requesting Office Block 5. Action Requested By (Typed Request Date) Format: MM/DD/YYYY	Date	
PRTA_ACTN_AUTH_NAME	70	O	Part A Requesting Office Block 6. Action Authorized By (Typed Name)	Character	
PRTA_ACTN_AUTH_TITLE	70	O	Part A Requesting Office Block 6. Action Authorized By (Typed Title)	Character	
PRTA_ACTN_AUTH_CONCUR_DATE	10	O	Part A Requesting Office Block 6. Action Authorized By (Typed Concurrence Date) Format: MM/DD/YYYY	Date	
PRTB_EMP_NAME	70	O	Part B For Preparation of SF-50 Block 1. Name (Last, First, Middle) Name should match the name on the Employee Data Feed and comply with the guidance provided in the GPPA.	Character	Doe, John J.
PRTB_EMP_SSN	11	M	Part B. For Preparation of SF-50 Block 2. Social Security Number	Character	000-00-0000
PRTB_EMP_DOB	10	M	Part B. For Preparation of SF-50 Block 3. Date of Birth Format: MM/DD/YYYY	Date	
PRTB_ACTUAL_EFF_DATE	10	M	Part B. For Preparation of SF-50 Block 4. Effective Date Format: MM/DD/YYYY	Date	
PRTB_NOA_CODE_5A	4	O	First Action Block 5-A. Code	Character	
PRTB_NOA_DESC_5B	35	O	First Action Block 5-B. Nature of Action	Character	
PRTB_NTE_DATE_5B	10	O	First Action Block 5-B. NTE Effective Date Format: MM/DD/YYYY	Date	
PRTB_LEG_AUTH_CODE_5C	4	O	First Action Block 5-C. Code	Character	
PRTB_LEG_AUTH_DESC_5D	35	O	First Action Block 5-D. Legal Authority	Character	

XML Format for NAF-52 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
PRTB_LEG_AUTH_CODE_5E	4	O	First Action Block 5-E. Code	Character	
PRTB_LEG_AUTH_DESC_5F	35	O	First Action Block 5-F. Legal Authority	Character	
PRTB_DUAL_NOA_CODE_6A	4	O	Second Action Block 6-A. Code	Character	
PRTB_NOA_DESC_6B	35	O	Second Action Block 6-B. Nature of Action	Character	
PRTB_NTE_DATE_6B	10	O	Second Action Block 6-B NTE Effective Date Format: MM/DD/YYYY	Date	
PRTB_DUAL_NOA_AUTH_CODE_6C	4	O	Second Action Block 6-C. Code	Character	
PRTB_LEG_AUTH_DESC_6D	200	O	Second Action Block 6-D. Legal Authority	Character	
PRTB_DUAL_NOA_AUTH_6E	4	O	Second Action Block 6-E. Code	Character	
PRTB_LEG_AUTH_DESC_6F	200	O	Second Action Block 6-F. Legal Authority	Character	
PRTB_FROM_POS_TITLE	70	O	Block 7. FROM Position Title	Character	
PRTB_FROM_PD_NO	15	O	Block 7. FROM Position Number	Character	
PRTB_FROM_BU_NO	22	O	Block 7. FROM Position Title and Number Business Unit Number	Character	
PRTB_FROM_ORG	9	O	Block 7. FROM Position Title and Number Organization Code	Character	
PRTB_FROM_COST_CNTR	6	O	Block 7. FROM Position Title and Number Cost Center	Character	
PRTB_FROM_PAY_PLAN	3	O	Block 8. Pay Plan	Character	
PRTB_FROM_OCC_CODE	5	O	Block 9. Occ. Code	Character	
PRTB_FROM_GRADE_LEVEL	6	O	Block 10. Grade or Level	Character	
PRTB_FROM_STEP_RATE	5	O	Block 11. Step or Rate	Character	
PRTB_FROM_TOTAL_SALARY	15	O	Block 12. Total Salary	Character	
PRTB_FROM_BASIC_PAY	15	O	Block 12A. Basic Pay	Character	
PRTB_FROM_LOCAL_ADJ	15	O	Block 12B. Locality Adj.	Character	

XML Format for NAF-52 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
PRTB_FROM_ADJ_BASIC_PAY	15	O	Block 12C. Adj. Basic Pay	Character	
PRTB_FROM_OTHER_PAY	15	O	Block 12D. Other Pay	Character	
PRTB_FROM_PAY_BASIS	3	O	Block 13. Pay Basis	Character	
PRTB_FROM_NAME_LOCATION1	60	O	Block 14. Name and Location of Position's Organization	Character	
PRTB_FROM_NAME_LOCATION2	60	O	Block 14. Name and Location of Position's Organization	Character	
PRTB_FROM_NAME_LOCATION3	60	O	Block 14. Name and Location of Position's Organization	Character	
PRTB_FROM_NAME_LOCATION4	60	O	Block 14. Name and Location of Position's Organization	Character	
PRTB_FROM_NAME_LOCATION5	60	O	Block 14. Name and Location of Position's Organization	Character	
PRTB_TO_POS_TITLE	70	O	Block 15. TO: Position Title	Character	
PRTB_TO_PD_NO	15	O	Block 15. TO: Position Number	Character	
PRTB_TO_BU_NO	22	O	Block 15. TO: Position Title and Number Business Unit Number	Character	
PRTB_TO_ORG	9	O	Block 15. TO: Position Title and Number Organization Code	Character	
PRTB_TO_COST_CNTR	6	O	Block 15. TO: Position Title and Number Cost Center	Character	
PRTB_TO_PAY_PLAN	3	O	Block 16. Pay Plan	Character	
PRTB_TO_OCC_CODE	5	O	Block 17. Occ. Code	Character	
PRTB_TO_GRADE_LEVEL	6	O	Block 18. Grade or Level	Character	
PRTB_TO_STEP_RATE	5	O	Block 19. Step or Rate	Character	
PRTB_TO_TOTAL_SALARY	15	O	Block 20. Total Salary / Award	Character	
PRTB_TO_BASIC_PAY	15	O	Block 20A. Basic Pay	Character	
PRTB_TO_LOCAL_ADJ	15	O	Block 20B. Locality Adj.	Character	
PRTB_TO_ADJ_BASIC_PAY	15	O	Block 20C. Adj. Basic Pay	Character	

XML Format for NAF-52 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
PRTB_TO_OTHER_PAY	15	O	Block 20D. Other Pay	Character	
PRTB_TO_PAY_BASIS	3	O	Block 21. Pay Basis	Character	
PRTB_TO_NAME_LOCATION1	60	O	Block 22. Name and Location of Position's Organization	Character	
PRTB_TO_NAME_LOCATION2	60	O	Block 22. Name and Location of Position's Organization	Character	
PRTB_TO_NAME_LOCATION3	60	O	Block 22. Name and Location of Position's Organization	Character	
PRTB_TO_NAME_LOCATION4	60	O	Block 22. Name and Location of Position's Organization	Character	
PRTB_TO_NAME_LOCATION5	60	O	Block 22. Name and Location of Position's Organization	Character	
PRTB_VET_PREF	1	O	Employee Data Block 23. Veteran's Preference	Character	
PRTB_TENURE	1	O	Employee Data Block 24. Tenure	Character	
PRTB_AGENCY_USE_25_IND	3	O	Employee Data Block 25. Agency Use	Character	
PRTB_AGENCY_USE_25	5	O	Employee Data Block 25. Agency Use	Character	
PRTB_VET_PREF_FOR_RIF_YES	1	O	Employee Data Block 26. Veterans Preference for RIF Send X when the employee has veteran’s preference for RIF; otherwise send Null/nothing.	Character	
PRTB_VET_PREF_FOR_RIF_NO	1	O	Employee Data Block 26. Veterans Preference for RIF Send X when the employee does not have veteran’s preference for RIF; otherwise send Null/nothing.	Character	
PRTB_FEGLI	3	O	Employee Data Block 27. FEGLI	Character	
PRTB_FEGLI_DESC	60	O	Employee Data Block 27. FEGLI Description	Character	
PRTB_ANNT_IND	3	O	Employee Data Block 28. Annuitant Indicator	Character	
PRTB_ANNT_IND_DESC	30	O	Employee Data Block 28. Annuitant Indicator Description	Character	
PRTB_PAY_RATE_DET	3	O	Employee Data Block 29. Pay Rate Determinant	Character	
PRTB_PAY_RATE_DET_DESC	50	O	Employee Data Block 29. Pay Rate Determinant Description	Character	

XML Format for NAF-52 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
PRTB_RETIRE_PLAN	3	O	Employee Data Block 30. Retirement Plan	Character	
PRTB_RETIRE_PLAN_DESC	50	O	Employee Data Block 30. Retirement Plan Description	Character	
PRTB_SCHEDULE_LEAVE	10	O	Employee Data Block 31. Service Comp. Date (Leave) Format: MM/DD/YYYY	Date	
PRTB_WORK_SCHEDULE	3	O	Employee Data Block 32. Work Schedule	Character	
PRTB_WORK_SCHED_DESC	30	O	Employee Data Block32. Work Schedule Description	Character	
PRTB_PART_TIME_HRS	6	O	Employee Data Block 33. Part-Time Hours Per Biweekly Pay Period	Character	
PRTB_POSITION_OCC	1	O	Position Data Block 34. Position Occupied	Character	
PRTB_FLSA	1	O	Position Data Block 35. FLSA Category	Character	
PRTB_APPROP_CODE	50	O	Position Data Block 36. Appropriation Code	Character	
PRTB_BARGAIN_UNIT_STATUS	4	O	Position Data Block 37. Bargaining Unit Status	Character	
PRTB_DUTY_STATION_CODE	25	O	Position Data Block 38. Duty Station Code	Character	
PRTB_DUTY_STATION_CITY	80	O	Position Data Block 39. Duty Station (City – County – State or Overseas Location)	Character	
PRTB_AGENCY_DATA_40	17	O	Block 40. Agency Data	Character	
PRTB_AGENCY_DATA_41	17	O	Block 41.	Character	
PRTB_AGENCY_DATA_42	17	O	Block 42.	Character	
PRTB_AGENCY_DATA_43	27	O	Block 43.	Character	
PRTB_AGENCY_DATA_44	60	O	Block 44.	Character	
PRTB_EDUCATION_LEVEL	2	O	Block 45. Educational Level	Character	
PRTB_YR_DEGREE_ATT	4	O	Block 46. Year Degree Attained	Character	
PRTB_ACADEMIC_DISCP	6	O	Block 47. Academic Discipline	Character	
PRTB_FUNC_CLASS	2	O	Block 48. Functional Class	Character	

XML Format for NAF-52 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
PRTB_CITIZENSHIP	1	O	Block 49. Citizenship	Character	
PRTB_VET_STATUS	1	O	Block 50. Veterans Status	Character	
PRTB_VET_STATUS_DESC	8	O	Block 50. Veterans Status Description	Character	
PRTB_SUPV_STATUS	2	O	Block 51. Supervisory Status	Character	
PRTB_SUPV_STATUS_DESC	10	O	Block 51. Supervisory Status Description	Character	
PRTC_OFFICE_1A	10	O	Part C Reviews and Approvals Block 1A. Office / Function	Character	
PRTC_SIGNATURE_1A	42	O	Part C Reviews and Approvals Block 1A. Initials / Signature Send “Electronically signed by: <Signer Name>” and title. If the approving official’s first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: JDoe HRS
PRTC_DATE_1A	10	O	Part C Reviews and Approvals Block 1A. Date Format: MM/DD/YYYY	Date	
PRTC_OFFICE_1B	10	O	Part C Reviews and Approvals Block 1B. Office / Function	Character	
PRTC_SIGNATURE_1B	42	O	Part C Reviews and Approvals Block 1B. Initials / Signature Send “Electronically signed by: <Signer Name>” and title. If the approving official’s first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: JDoe HRS
PRTC_DATE_1B	10	O	Part C Reviews and Approvals Block 1B. Date Format: MM/DD/YYYY	Date	
PRTC_OFFICE_1C	10	O	Part C Reviews and Approvals Block 1C. Office / Function	Character	
PRTC_SIGNATURE_1C	42	O	Part C Reviews and Approvals Block 1C. Initials / Signature Send “Electronically signed by: <Signer Name>” and title. If the approving official’s first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: JDoe HRS
PRTC_DATE_1C	10	O	Part C Reviews and Approvals Block 1C. Date Format: MM/DD/YYYY	Date	

XML Format for NAF-52 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
PRTC_OFFICE_1D	10	O	Part C Reviews and Approvals Block 1D. Office / Function	Character	
PRTC_SIGNATURE_1D	42	O	Part C Reviews and Approvals Block 1D. Initials / Signature Send “Electronically signed by: <Signer Name>”and title. If the approving official’s first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: JDoe HRS
PRTC_DATE_1D	10	O	Part C Reviews and Approvals Block 1D. Date Format: MM/DD/YYYY	Date	
PRTC_OFFICE_1E	10	O	Part C Reviews and Approvals Block 1E. Office / Function	Character	
PRTC_SIGNATURE_1E	42	O	Part C Reviews and Approvals Block 1E. Initials / Signature Send “Electronically signed by: <Signer Name>” and title. If the approving official’s first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: JDoe HRS
PRTC_DATE_1E	10	O	Part C Reviews and Approvals Block 1E. Date Format: MM/DD/YYYY	Date	
PRTC_OFFICE_1F	10	O	Part C Reviews and Approvals Block 1F. Office / Function	Character	
PRTC_SIGNATURE_1F	42	O	Part C Reviews and Approvals Block 1F. Initials / Signature Send “Electronically signed by: <Signer Name>” and title. If the approving official’s first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: JDoe HRS
PRTC_DATE_1F	10	O	Part C Reviews and Approvals Block 1F. Date Format: MM/DD/YYYY	Date	
PRTC_SIGNATURE	50	O	Part C Reviews and Approvals Block 2. Approval Signature Send “Electronically signed by: <Signer Name>” and title. If the approving official’s first and last name does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: John Doe HRS
PRTC_TITLE	50	O	Part C Reviews and Approvals Block 2. Title	Character	

XML Format for NAF-52 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
PRTC_APPRDATE	10	O	Part C Reviews and Approvals Block 2. Approval Date Format: MM/DD/YYYY	Date	
PRTD_RMK_ANS_YES	1	O	Part D Remarks by Requesting Office. Send X if there are additional or conflicting reasons for the employee's resignation/retirement; otherwise send Null/Nothing.	Character	
PRTD_RMK_ANS_NO	1	O	Part D Remarks by Requesting Office. Send X if there are no additional or conflicting reasons for the employee's resignation/retirement; otherwise send Null/Nothing.	Character	
PRTD_REMARK See Section 7.13.2 for additional information regarding the submission of Remarks.	2000	O	Part D Remarks by Requesting Office	Character	
PRTF_REMARK See Section 7.13.2 for additional information regarding the submission of Remarks.	2000	O	Part F Remarks for NAF-52	Character	Contains all remarks for Part F
PERSONNEL_OFFICE_ID	10	M	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	9711
CPO_ID	4	O	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	9711

XML Format for NAF-52 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
SUBAGENCY_CODE	4	M	Agency/Sub-agency. An alpha and/or numeric code assigned by OPM. The agency and, where applicable, the administrative subdivision (i.e., sub-element) in which a person is employed. The first and second positions of the code indicate the agency. The third and fourth positions indicate the administrative subdivision. If no sub-element or sub-agency is assigned to an agency the third and fourth positions are zeros (xx00). For a listing of assigned codes and explanations, see The Guide to Data Standards. Contact eOPF PMO when a value is missing from the list. NOTE: Non-Title 5 and non-Federal organizations cannot use the Agency codes assigned to Title 5 organizations and vice versa. Each organization must have a unique code.	Character	DJ06

7.12.2 REMARKS

Submit the Remark element as required by DoD for NAF employees. All remarks appear in chronological order per employee transaction. The limit is 2,000 characters per Remark element; however, each transaction may contain more than one Remark element.

Enclose the Remark element(s) by a start and end element named <PRTD_REMARKS></PRTD_REMARKS> or <PRTF_REMARKS></PRTF_REMARKS>. eOPF generates continuation page(s) when REMARKS text exceeds the storage limit on Part D or Part F REMARKS.

If there are **remarks for both Part D and Part F**, send the following:

```
<PRTD_REMARKS>

        <PRTD_REMARK>A part D Remark 1</PRTD_REMARK>
        <PRTD_REMARK>Another part D Remark 2</PRTD_REMARK>
        <PRTD_REMARK>And yet another part D Remark 3</PRTD_REMARK>
</PRTD_REMARKS>

<PRTF_REMARKS>

        <PRTF_REMARK>A part F Remark 1</PRTF_REMARK>
        <PRTF_REMARK>Another part F remark 2</PRTF_REMARK>
        <PRTF_REMARK>And yet another part F remark 3</PRTF_REMARK>
</PRTF_REMARKS>
```

If there is a **remark for Part D but not for Part F**, send the following:

```
<PRTD_REMARKS>

        <PRTD_REMARK>A part D Remark 1</PRTD_REMARK>
</PRTD_REMARKS>
```

```
<PRTF_REMARKS/>
```

If there is **no remark for Part D but there is for Part F**, send the following:

```
<PRTD_REMARKS/>

<PRTF_REMARKS>

        <PRTF_REMARK>A part F Remark 1</PRTF_REMARK>
</PRTF_REMARKS>
```

If there are **no remarks for either Part D or Part F**, send the following:

```
<PRTD_REMARKS/>

<PRTF_REMARKS/>
```

7.12.3 SAMPLE XML FOR NAF-52 FDF FILE

The following sample XML file for the NAF-52 form has two employee NAF-52 records. Each action begins and ends with the named element <EMPLOYEE RECORD>.

```
<?xml version="1.0"encoding="ISO-8859-1"standalone="yes"?>
<EMPDATA AGENCY="ZZ00" RECORD-COUNT="2">
    <EMPLOYEE RECORD="000001">
            <PRTA_ACTN_REQST_DESC1>NAF Army Suspense NOAs Process
            Method</PRTA_ACTN_REQST_DESC1>
            <PRTA_REQST_NUMBER>SUSPENSE:9999999</PRTA_REQST_NUMBER>
            <PRTA_ADDITIONAL_NAME />
            <PRTA_ADDITIONAL_PHONE_NUMBER />
            <PRTA_PROP_EFF_DATE>04/15/2012</PRTA_PROP_EFF_DATE>
            <PRTA_ACTN_REQST_NAME>Jane P. Doe</PRTA_ACTN_REQST_NAME>
            <PRTA_ACTN_REQST_TITLE>No Title Found</PRTA_ACTN_REQST_TITLE>
            <PRTA_ACTN_REQST_DATE>04/16/2012</PRTA_ACTN_REQST_DATE>
            <PRTA_ACTN_AUTH_NAME>John Doe</PRTA_ACTN_AUTH_NAME>
            <PRTA_ACTN_AUTH_TITLE>No Title
            Found</PRTA_ACTN_AUTH_TITLE>  <PRTA_ACTN_AUTH_CONCUR_DATE>04/16/2012</PRTA_AC
            TN_AUTH_CONCUR_DATE>
            <PRTB_EMP_NAME>Doe, John H.</PRTB_EMP_NAME>
            <PRTB_EMP_SSN>000-00-0000</PRTB_EMP_SSN>
            <PRTB_EMP_DOB>03/01/1958</PRTB_EMP_DOB>
            <PRTB_ACTUAL_EFF_DATE>04/15/2012</PRTB_ACTUAL_EFF_DATE>
            <PRTB_NOA_CODE_5A>A077</PRTB_NOA_CODE_5A>
            <PRTB_NOA_DESC_5B>Completion of Probationary Period</PRTB_NOA_DESC_5B>
            <PRTB_NTE_DATE_5B />
            <PRTB_LEG_AUTH_CODE_5C />
            <PRTB_LEG_AUTH_DESC_5D />
            <PRTB_LEG_AUTH_CODE_5E />
            <PRTB_LEG_AUTH_DESC_5F />
            <PRTB_DUAL_NOA_CODE_6A />
            <PRTB_NOA_DESC_6B />
            <PRTB_NTE_DATE_6B />
            <PRTB_DUAL_NOA_AUTH_CODE_6C />
            <PRTB_LEG_AUTH_DESC_6D />
            <PRTB_DUAL_NOA_AUTH_6E />
            <PRTB_LEG_AUTH_DESC_6F />
            <PRTB_FROM_POS_TITLE>Deckhand</PRTB_FROM_POS_TITLE>
            <PRTB_FROM_PD_NO>9999</PRTB_FROM_PD_NO>
            <PRTB_FROM_BU_NO>9999999</PRTB_FROM_BU_NO>
            <PRTB_FROM_ORG />
            <PRTB_FROM_COST_CNTR />
            <PRTB_FROM_PAY_PLAN>NA</PRTB_FROM_PAY_PLAN>
            <PRTB_FROM_OCC_CODE>5788</PRTB_FROM_OCC_CODE>
            <PRTB_FROM_GRADE_LEVEL>03</PRTB_FROM_GRADE_LEVEL>
            <PRTB_FROM_STEP_RATE>02</PRTB_FROM_STEP_RATE>
            <PRTB_FROM_TOTAL_SALARY />
            <PRTB_FROM_BASIC_PAY>$9.32</PRTB_FROM_BASIC_PAY>
            <PRTB_FROM_LOCAL_ADJ />
            <PRTB_FROM_ADJ_BASIC_PAY />
            <PRTB_FROM_OTHER_PAY />
```

```
<PRTB_FROM_PAY_BASIS>PH</PRTB_FROM_PAY_BASIS>
<PRTB_FROM_NAME_LOCATION1>Recreation Fund</PRTB_FROM_NAME_LOCATION1>
<PRTB_FROM_NAME_LOCATION2>Recreation Area</PRTB_FROM_NAME_LOCATION2>
<PRTB_FROM_NAME_LOCATION3 />
<PRTB_FROM_NAME_LOCATION4 />
<PRTB_FROM_NAME_LOCATION5 />
<PRTB_TO_POS_TITLE>Deckhand</PRTB_TO_POS_TITLE>
<PRTB_TO_PD_NO>9999</PRTB_TO_PD_NO>
<PRTB_TO_BU_NO>9999999</PRTB_TO_BU_NO>
<PRTB_TO_ORG />
<PRTB_TO_COST_CNTR />
<PRTB_TO_PAY_PLAN>NA</PRTB_TO_PAY_PLAN>
<PRTB_TO_OCC_CODE>5788</PRTB_TO_OCC_CODE>
<PRTB_TO_GRADE_LEVEL>03</PRTB_TO_GRADE_LEVEL>
<PRTB_TO_STEP_RATE>02</PRTB_TO_STEP_RATE>
<PRTB_TO_TOTAL_SALARY />
<PRTB_TO_BASIC_PAY>$9.32</PRTB_TO_BASIC_PAY>
<PRTB_TO_LOC_ADJ />
<PRTB_TO_ADJ_BASIC_PAY />
<PRTB_TO_OTHER_PAY />
<PRTB_TO_PAY_BASIS>PH</PRTB_TO_PAY_BASIS>
<PRTB_TO_NAME_LOCATION1>Recreation Fund</PRTB_TO_NAME_LOCATION1>
<PRTB_TO_NAME_LOCATION2>Recreation Area</PRTB_TO_NAME_LOCATION2>
<PRTB_TO_NAME_LOCATION3 />
<PRTB_TO_NAME_LOCATION4 />
<PRTB_TO_NAME_LOCATION5 />
<PRTB_VET_PREF>1</PRTB_VET_PREF>
<PRTB_TENURE />
<PRTB_AGENCY_USE_25_IND />
<PRTB_AGENCY_USE_25 />
<PRTB_VET_PREF_FOR_RIF_YES />
<PRTB_VET_PREF_FOR_RIF_NO />
<PRTB_FEGLI />
<PRTB_FEGLI_DESC />
<PRTB_ANNT_IND>9</PRTB_ANNT_IND>
<PRTB_ANNT_DESC>Not Applicable</PRTB_ANNT_DESC>
<PRTB_PAY_RATE_DET>0</PRTB_PAY_RATE_DET>
<PRTB_PAY_RATE_DET_DESC />
<PRTB_RETIRE_PLAN />
<PRTB_RETIRE_PLAN_DESC />
<PRTB_SCHEDULE_LEAVE />
<PRTB_WORK_SCHEDULE />
<PRTB_WORK_SCHEDULE_DESC />
<PRTB_PART_TIME_HRS />
<PRTB_POSITION_OCC>0</PRTB_POSITION_OCC>
<PRTB_FLSA>N</PRTB_FLSA>
<PRTB_APPROP_CODE>D |</PRTB_APPROP_CODE>
<PRTB_BARGAIN_UNIT_STATUS>9999</PRTB_BARGAIN_UNIT_STATUS>
<PRTB_DUTY_STATION_CODE>9999999</PRTB_DUTY_STATION_CODE>
<PRTB_DUTY_STATION_CITY>Hometown, ZZ</PRTB_DUTY_STATION_CITY>
<PRTB_AGENCY_DATA_40 />
<PRTB_AGENCY_DATA_41 />
<PRTB_AGENCY_DATA_42 />
<PRTB_AGENCY_DATA_43 />
<PRTB_AGENCY_DATA_44 />
<PRTB_EDUCATION_LEVEL>04</PRTB_EDUCATION_LEVEL>
<PRTB_YR_DEGREE_ATT />
<PRTB_ACADEMIC_DISCP />
<PRTB_FUNC_CLASS>00</PRTB_FUNC_CLASS>
<PRTB_CITIZENSHIP>1</PRTB_CITIZENSHIP>
<PRTB_VET_STATUS />
<PRTB_VET_STATUS_DESC />
<PRTB_SUPV_STATUS>8</PRTB_SUPV_STATUS>
<PRTB_SUPV_STATUS_DESC />
<PRTC_OFFICE_1A />
<PRTC_SIGNATURE_1A />
<PRTC_DATE_1A />
<PRTC_OFFICE_1B />
<PRTC_SIGNATURE_1B />
<PRTC_DATE_1B />
```

```
            <PRTC_OFFICE_1C />
            <PRTC_SIGNATURE_1C />
            <PRTC_DATE_1C />
            <PRTC_OFFICE_1D />
            <PRTC_SIGNATURE_1D />
            <PRTC_DATE_1D />
            <PRTC_OFFICE_1E />
            <PRTC_SIGNATURE_1E />
            <PRTC_DATE_1E />
            <PRTC_OFFICE_1F />
            <PRTC_SIGNATURE_1F />
            <PRTC_DATE_1F />
            <PRTC_SIGNATURE>Electronically signed by: JDoe Supv</PRTC_SIGNATURE>
            <PRTC_TITLE />Supervisor</PRTC_TITLE >
            <PRTC_APPRDATE>04/13/2012</PRTC_APPRDATE>
            <PRTD_RMK_ANS_YES />
            <PRTD_RMK_ANS_NO />
            <PRTD_REMARKS />
            <PRTF_REMARKS />
            <SUBAGENCY_CODE>AG34</SUBAGENCY_CODE>
            <PERSONNEL_OFFICE_ID>4822</PERSONNEL_OFFICE_ID>
            <CPO_ID>4822</CPO_ID>
            </EMPLOYEE>
<EMPLOYEE RECORD="000002">
            <PRTA_ACTN_REQST_DESC1>NAF Army Appointment</PRTA_ACTN_REQST_DESC1>
            <PRTA_REQST_NUMBER>12APR999999</PRTA_REQST_NUMBER>
            <PRTA_ADDITIONAL_NAME>Jane H. Doe</PRTA_ADDITIONAL_NAME>
            <PRTA_ADDITIONAL_PHONE_NUMBER>(555) 555-5555</PRTA_ADDITIONAL_PHONE_NUMBER>
            <PRTA_PROP_EFF_DATE>04/16/2012</PRTA_PROP_EFF_DATE>
            <PRTA_ACTN_REQST_NAME>Jane H. Doe</PRTA_ACTN_REQST_NAME>
            <PRTA_ACTN_REQST_TITLE>Manager</PRTA_ACTN_REQST_TITLE>
            <PRTA_ACTN_REQST_DATE>04/09/2012</PRTA_ACTN_REQST_DATE>
            <PRTA_ACTN_AUTH_NAME>Jane H. Doe</PRTA_ACTN_AUTH_NAME>
            <PRTA_ACTN_AUTH_TITLE>Supervisory
           Officer</PRTA_ACTN_AUTH_TITLE>   <PRTA_ACTN_AUTH_CONCUR_DATE>04/15/2012</PRTA_AC
           TN_AUTH_CONCUR_DATE>
            <PRTB_EMP_NAME>Doe, Jane</PRTB_EMP_NAME>
            <PRTB_EMP_SSN>000-00-0002</PRTB_EMP_SSN>
            <PRTB_EMP_DOB>08/15/1982</PRTB_EMP_DOB>
            <PRTB_ACTUAL_EFF_DATE>04/16/2012</PRTB_ACTUAL_EFF_DATE>
            <PRTB_NOA_CODE_5A>A010</PRTB_NOA_CODE_5A>
            <PRTB_NOA_DESC_5B>Appointment</PRTB_NOA_DESC_5B>
            <PRTB_NTE_DATE_5B />
            <PRTB_LEG_AUTH_CODE_5C />
            <PRTB_LEG_AUTH_DESC_5D />
            <PRTB_LEG_AUTH_CODE_5E />
            <PRTB_LEG_AUTH_DESC_5F />
            <PRTB_DUAL_NOA_CODE_6A />
            <PRTB_NOA_DESC_6B />
            <PRTB_NTE_DATE_6B />
            <PRTB_DUAL_NOA_AUTH_CODE_6C />
            <PRTB_LEG_AUTH_DESC_6D />
            <PRTB_DUAL_NOA_AUTH_6E />
            <PRTB_LEG_AUTH_DESC_6F />
            <PRTB_FROM_POS_TITLE />
            <PRTB_FROM_PD_NO />
            <PRTB_FROM_BU_NO />
            <PRTB_FROM_ORG />
            <PRTB_FROM_COST_CNTR />
            <PRTB_FROM_PAY_PLAN />
            <PRTB_FROM_OCC_CODE />
            <PRTB_FROM_GRADE_LEVEL />
            <PRTB_FROM_STEP_RATE />
            <PRTB_FROM_TOTAL_SALARY />
            <PRTB_FROM_BASIC_PAY />
            <PRTB_FROM_LOCAL_ADJ />
            <PRTB_FROM_ADJ_BASIC_PAY />
            <PRTB_FROM_OTHER_PAY />
            <PRTB_FROM_PAY_BASIS />
            <PRTB_FROM_NAME_LOCATION1 />
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<PRTB_FROM_NAME_LOCATION2 />
<PRTB_FROM_NAME_LOCATION3 />
<PRTB_FROM_NAME_LOCATION4 />
<PRTB_FROM_NAME_LOCATION5 />
<PRTB_TO_POS_TITLE>Desk Clerk</PRTB_TO_POS_TITLE>
<PRTB_TO_PD_NO>99999</PRTB_TO_PD_NO>
<PRTB_TO_BU_NO>9999999</PRTB_TO_BU_NO>
<PRTB_TO_ORG />
<PRTB_TO_COST_CNTR />
<PRTB_TO_PAY_PLAN>NF</PRTB_TO_PAY_PLAN>
<PRTB_TO_OCC_CODE>0303</PRTB_TO_OCC_CODE>
<PRTB_TO_GRADE_LEVEL>01</PRTB_TO_GRADE_LEVEL>
<PRTB_TO_STEP_RATE>00</PRTB_TO_STEP_RATE>
<PRTB_TO_TOTAL_SALARY />
<PRTB_TO_BASIC_PAY>$10.00</PRTB_TO_BASIC_PAY>
<PRTB_TO_LOC_ADJ />
<PRTB_TO_ADJ_BASIC_PAY />
<PRTB_TO_OTHER_PAY />
<PRTB_TO_PAY_BASIS>PH</PRTB_TO_PAY_BASIS>
<PRTB_TO_NAME_LOCATION1>Recreation Center</PRTB_TO_NAME_LOCATION1>
<PRTB_TO_NAME_LOCATION2>Recreation Center 2</PRTB_TO_NAME_LOCATION2>
<PRTB_TO_NAME_LOCATION3>Front Office</PRTB_TO_NAME_LOCATION3>
<PRTB_TO_NAME_LOCATION4 />
<PRTB_TO_NAME_LOCATION5 />
<PRTB_VET_PREF>1</PRTB_VET_PREF>
<PRTB_TENURE />
<PRTB_AGENCY_USE_25_IND />
<PRTB_AGENCY_USE_25 />
<PRTB_VET_PREF_FOR_RIF_YES />
<PRTB_VET_PREF_FOR_RIF_NO />
<PRTB_FEGLI />
<PRTB_FEGLI_DESC />
<PRTB_ANNT_IND>9</PRTB_ANNT_IND>
<PRTB_ANNT_DESC>Not Applicable</PRTB_ANNT_DESC>
<PRTB_PAY_RATE_DET>0</PRTB_PAY_RATE_DET>
<PRTB_PAY_RATE_DET_DESC />
<PRTB_RETIRE_PLAN />
<PRTB_RETIRE_PLAN_DESC />
<PRTB_SCHEDULE_LEAVE>04/16/2012</PRTB_SCHEDULE_LEAVE>
<PRTB_WORK_SCHEDULE />
<PRTB_WORK_SCHEDULE_DESC />
<PRTB_PART_TIME_HRS />
<PRTB_POSITION_OCC>0</PRTB_POSITION_OCC>
<PRTB_FLSA>E</PRTB_FLSA>
<PRTB_APPROP_CODE>D |</PRTB_APPROP_CODE>
<PRTB_BARGAIN_UNIT_STATUS>9999</PRTB_BARGAIN_UNIT_STATUS>
<PRTB_DUTY_STATION_CODE>999999999</PRTB_DUTY_STATION_CODE>
<PRTB_DUTY_STATION_CITY>999 USA</PRTB_DUTY_STATION_CITY>
<PRTB_AGENCY_DATA_40 />
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<PRTB_AGENCY_DATA_42 />
<PRTB_AGENCY_DATA_43 />
<PRTB_AGENCY_DATA_44 />
<PRTB_EDUCATION_LEVEL>13</PRTB_EDUCATION_LEVEL>
<PRTB_YR_DEGREE_ATT />
<PRTB_ACADEMIC_DISCP />
<PRTB_FUNC_CLASS>00</PRTB_FUNC_CLASS>
<PRTB_CITIZENSHIP>1</PRTB_CITIZENSHIP>
<PRTB_VET_STATUS />
<PRTB_VET_STATUS_DESC />
<PRTB_SUPV_STATUS>8</PRTB_SUPV_STATUS>
<PRTB_SUPV_STATUS_DESC />
<PRTC_OFFICE_1A>20</PRTC_OFFICE_1A>
<PRTC_SIGNATURE_1A>Electronically signed by: JDoe HRS</PRTC_SIGNATURE_1A>
<PRTC_DATE_1A>04/12/2012</PRTC_DATE_1A>
<PRTC_OFFICE_1B>10</PRTC_OFFICE_1B>
<PRTC_SIGNATURE_1B>Electronically signed by: JDoe HRS</PRTC_SIGNATURE_1B>
<PRTC_DATE_1B>04/15/2012</PRTC_DATE_1B>
<PRTC_OFFICE_1C>20</PRTC_OFFICE_1C>
<PRTC_SIGNATURE_1C>Electronically signed by: JDoe HRS</PRTC_SIGNATURE_1C>
```

```
            <PRTC_DATE_1C>04/16/2012</PRTC_DATE_1C>
            <PRTC_OFFICE_1D />
            <PRTC_SIGNATURE_1D />
            <PRTC_DATE_1D />
            <PRTC_OFFICE_1E />
            <PRTC_SIGNATURE_1E />
            <PRTC_DATE_1E />
            <PRTC_OFFICE_1F />
            <PRTC_SIGNATURE_1F />
            <PRTC_DATE_1F />
            <PRTC_SIGNATURE>Electronically signed by: John Doe AO</PRTC_SIGNATURE>
            <PRTC_TITLE>Approving Official</PRTC_TITLE>
            <PRTC_APPRDATE>04/16/2012</PRTC_APPRDATE>
            <PRTD_RMK_ANS_YES />
            <PRTD_RMK_ANS_NO />
            <PRTD_REMARKS />
          - <PRTF_REMARKS>
                <PRTF_REMARK>Remark F.</PRTF_REMARK>
            </PRTF_REMARKS>
            <SUBAGENCY_CODE>AG34</SUBAGENCY_CODE>
            <PERSONNEL_OFFICE_ID>4822</PERSONNEL_OFFICE_ID>
            <CPO_ID>4822</CPO_ID>
          </EMPLOYEE>
</EMPDATA>
```

7.13 DA-3434 Notification of Personnel Action Non-Appropriated Funds Employee Form Input File Specifications

7.13.1 DA-3434 Data Feed XML-based File Specification

The following table presents the structure for current and historical DA-3434 data submitted by DoD for NAF employees in a single large XML file format with one XML file for each form and agency. An Agency Identifier and record count create the tag identifying the beginning and end of the data within the file. The XML record tags defined below separate employee transactions. Where appropriate, the Description column contains the DA-3434 block numbers.

The data submitted in this file must match the data on the forms produced by the provider system.

When sending large amounts of data, providers send multiple files sized at, no larger than, approximately 350 MB each and increment the submission indicator in the filename.

Providers must send a record containing all XML tags as specified for the form. The order of the XML elements/tags does not matter; however, the Data Provider must include all elements/tags with either a value or null.

Table 15. XML Format for DA-3434 FDF File

XML Format for DA-3434 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
EMPDATA		M	Mandatory tag that indicates the start and end of a Data Feed and consists of 2 mandatory attributes.	N/A	Complete EMP DATA parent tag. <EMPDATA AGENCY="ZZ00" RECORD-COUNT="**2**">
	4	M	The mandatory attribute AGENCY="XXXX"" is assigned by OPM and used to identify an agency.	Character	AGENCY="ZZ00"
	6	M	The mandatory attribute RECORD-COUNT="XXXXXX" identifies the total number of records contained in the transaction file.	Character	2
EMPLOYEE	6	M	Mandatory tag that indicates the start and end of an Employee Record in a Data Feed. The attribute RECORD="XXXXXX" is used to uniquely identify a record in the Data Feed.	Character	000001
EMPLOYEE_NAME	70	M	Block 1. NAME (CAPS) (Last, First, Middle Initial) (Mr or Ms) Name should match the name on the Employee Data Feed and comply with the guidance provided in the GPPA.	Character	Doe, John J.
US_CITIZENSHIP	3	O	Block 2. Citizenship (1 – U.S.; 2 – Non-U.S. Citizen; 3 – Local National)	Character	
DATE_OF_BIRTH	10	M	Block 3. Date of Birth Format: MM/DD/YYYY	Date	

XML Format for DA-3434 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
SSN	11	M	Block 4. SSN with dashes	Character	000-00-0000
MILITARY_STATUS	1	O	Block 5. Military Status (1 – ODM; 2 – Retired; 3 – None)	Character	
DEPENDENT_STATUS	1	O	Block 6. Dependent Status (1 – Military; 2 – Civilian; 3 – None)	Character	
SCD_LEAVE	10	O	Block 7A. SCD-Leave Format: MM/DD/YYYY	Date	
SCD_LOS	10	O	Block 7B. SCD-LS Format: MM/DD/YYYY	Date	
VETERANS_PREFERENCE	1	O	Block 8. Veteran's Preference: Y – Yes or N – No	Character	
SPOUSE_EMPLOYMENT_PREFERENCE	1	O	Block 9. Spouse Employment Preference? Y – Yes or N – No	Character	
FLSA	1	O	Block 10. Fair Labor Standard Act (FLSA) (1 – Exempt; 2 – Nonexempt)	Character	
NOA_CODE_1	4	O	Block 11A. Code – 1st NOA code	Character	
NOA_DESC_1	70	O	Block 11B. Nature of Action (Including Employment Category) - 1st Nature of Action description.	Character	
NOA_CODE_2	4	O	Also placed in Block 11A. Code – 2nd NOA Code	Character	
NOA_DESC_2	70	O	Also placed in Block 11B. Nature of Action (Including Employment Category) – 2nd Nature of Action description.	Character	
NOA_EMP_CAT	4	O	Block 11B. Nature of Action (Including employment category) Employment Category	Character	
FROM_POSITION_1	64	O	Block 13. FROM (Position Title, Number and Authorization) Position Title	Character	
FROM_POSITION_2	35	O	Block 13. FROM (Position Title, Number and Authorization)	Character	
FROM_NUMBER_1	16	O	Block 13. FROM (Position Title, Number and Authorization) Position Number	Character	
FROM_AUTH_1	16	O	Block 13. FROM (Position Title, Number and Authorization) Authorization Number	Character	

XML Format for DA-3434 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
FROM_PAY_PLAN_SERIES	7	O	Block 14. Pay Plan and Occ. Code	Character	
FROM_GRADE	2	O	Block 15a. Grade or Pay Level	Character	
FROM_STEP	2	O	Block 15b. Step or Rate (NA; NL; NS only)	Character	
FROM_ANNUAL_SALARY_1	25	O	Block 16. Annual Salary or Hourly Rate Include $ symbol and .00.	Character	
FROM_ANNUAL_SALARY_2	25	O	Block 16. Annual Salary or Hourly Rate	Character	
FROM_ANNUAL_SALARY_3	25	O	Block 16. Annual Salary or Hourly Rate	Character	
FROM_CODE_NAME_LOCATION_1	82	O	Block 17a. Code/Name and Location of Employing NAFI	Character	
FROM_CODE_NAME_LOCATION_2	82	O	Block 17a. Code/Name and Location of Employing NAFI	Character	
FROM_CODE_NAME_LOCATION_3	82	O	Block 17a. Code/Name and Location of Employing NAFI	Character	
FROM_STD_NAFI	9	O	Block 17b. Standard NAFI Number	Character	
TO_POSITION_1	64	O	Block 18. TO (Position Title, Number and Authorization Number)	Character	
TO_POSITION_2	35	O	Block 18. TO (Position Title, Number and Authorization) Position Title	Character	
TO_NUMBER_1	16	O	Block 18. TO (Position Title, Number and Authorization) Position Number	Character	
TO_AUTH_1	16	O	Block 18. TO (Position Title, Number and Authorization) Authorization Number	Character	
TO_PAY_PLAN_SERIES	7	O	Block 19. Pay Plan and Occ. Code	Character	
TO_GRADE	2	O	Block 20a. Grade or Pay Level	Character	
TO_STEP	2	O	Block 20b. Step or Rate (NA; NL; NS only)	Character	
TO_ANNUAL_SALARY_1	25	O	Block 21. Annual Salary or Hourly Rate Include $ symbol and .00.	Character	
TO_ANNUAL_SALARY_2	25	O	Block 21. Annual Salary or Hourly Rate	Character	
TO_ANNUAL_SALARY_3	25	O	Block 21. Annual Salary or Hourly Rate	Character	

XML Format for DA-3434 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
TO_CODE_NAME_LOCATION_1	82	O	Block 22A. Code/Name and Location of Employing NAFI	Character	
TO_CODE_NAME_LOCATION_2	82	O	Block 22a. Code/Name and Location of Employing NAFI	Character	
TO_CODE_NAME_LOCATION_3	82	O	Block 22a. Code/Name and Location of Employing NAFI	Character	
TO_STD_NAFI	9	O	Block 22b. Standard NAFI Number	Character	
DUTY_STATION	69	O	Block 23. Duty Station	Character	
LOC_CODE	38	O	Block 24. Location Code	Character	
REMARK	2000	O	Block 25. Remarks	Character	See Section 7.14.2 for additional information regarding the submission of Remarks.
SERVICING_CCPO_1	60	O	Block 26. Servicing CCPO (Complete Address). Use USPS abbreviations.	Character	
SERVICING_CCPO_2	60	O	Block 26. Servicing CCPO (Complete Address). Use USPS abbreviations.	Character	
SIGNATURE	55	M	Block 27. Signature (or other Authentication) and Title. Send “Electronically signed by: <Signer Name>” and title. If the approving official’s first and last name will does not fit in the allotted space, show the first initial followed by the last name.	Character	Electronically signed by: John Doe Director
SIGNATURE_TITLE	55	O	Block 27. Signature (or other Authentication) and Title of designated appointment official.	Character	Director
APPROVAL_DATE	10	M	Block 28. Date Format: MM/DD/YYYY	Date	01/22/2017
PERSONNEL_OFFICE_ID	10	M	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	9711

XML Format for DA-3434 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
CPO_ID	4	O	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	9711
SUBAGENCY_CODE	4	M	Agency/Sub-agency. An alpha and/or numeric code assigned by OPM. The agency and, where applicable, the administrative subdivision (i.e., sub-element) in which a person is employed. The first and second positions of the code indicate the agency. The third and fourth positions indicate the administrative subdivision. When there is no sub-element or sub-agency assigned to an agency the third and fourth positions are zeros (xx00). For a listing of assigned codes and explanations, see The Guide to Data Standards. Contact eOPF PMO when a value is missing from the list. NOTE: Non-Title 5 and non-Federal organizations cannot use the Agency codes assigned to Title 5 organizations and vice versa. Each organization must have a unique code.	Character	DJ06

7.13.2 REMARKS

Submit the Employee remarks required by DoD for NAF using the Remark element. All remarks appear in chronological order per employee transaction. The limit is 2,000 characters per Remark element; however, each transaction may contain more than one Remark element.

Enclose the Remark element(s) by a start and end element named <REMARKS></REMARKS>. eOPF generates continuation page(s) when REMARKS text exceeds the storage limit on Block 25.

Example:

< REMARKS>

< REMARK>This is remark 1, which cannot exceed 2000 characters. < REMARK>

< REMARK>This is remark 2, which cannot exceed 2000 characters. < REMARK>

< REMARK>This is remark 3, which cannot exceed 2000 characters. < REMARK>

</ REMARKS>

7.13.3 SAMPLE XML FOR DA-3434 FORMS DATA FEED FILE

The following sample XML file for the DA-3434 form has two employee DA-3434 records. Each action begins and ends with the named element <EMPLOYEE RECORD>.

```
<?xml version="1.0"encoding="ISO-8859-1"standalone="yes"?>
<EMPDATA AGENCY="ZZ00" RECORD-COUNT="2">
    <EMPLOYEE RECORD="000001">
            <EMPLOYEE_NAME>Doe, John H.</EMPLOYEE_NAME>
            <US_CITIZENSHIP>1</US_CITIZENSHIP>
            <DATE_OF_BIRTH>03/01/1958</DATE_OF_BIRTH>
            <SSN>000-00-0000</SSN>
            <MILITARY_STATUS>2</MILITARY_STATUS>
            <DEPENDENT_STATUS>3</DEPENDENT_STATUS>
            <SCD_LEAVE />
            <SCD_LOS>04/15/2011</SCD_LOS>
            <VETERANS_PREFERENCE>N</VETERANS_PREFERENCE>
            <SPOUSE_EMPLOYMENT_PREFERENCE>N</SPOUSE_EMPLOYMENT_PREFERENCE>
            <FLSA>N</FLSA>
            <NOA_CODE_1>A077</NOA_CODE_1>
            <NOA_DESC_1>Completion of Probationary Period</NOA_DESC_1>
            <NOA_CODE_2 />
            <NOA_DESC_2 />
            <NOA_EMP_CAT>FLEX</NOA_EMP_CAT>
            <EFFECTIVE_DATE>04/15/2012</EFFECTIVE_DATE>
            <FROM_POSITION_1>DECKHAND</FROM_POSITION_1>
            <FROM_POSITION_2 />
            <FROM_NUMBER_1>9999-9999999</FROM_NUMBER_1>
            <FROM_AUTH_1>ZZ-ZZ-ZZ99</FROM_AUTH_1>
            <FROM_PAY_PLAN_SERIES>ZZ-9999</FROM_PAY_PLAN_SERIES>
            <FROM_GRADE>03</FROM_GRADE>
            <FROM_STEP>02</FROM_STEP>
            <FROM_ANNUAL_SALARY_1>$9.32PH1/SFT</FROM_ANNUAL_SALARY_1>
            <FROM_ANNUAL_SALARY_2>$10.02PH2/SFT</FROM_ANNUAL_SALARY_2>
            <FROM_ANNUAL_SALARY_3>$10.25PH3/SFT</FROM_ANNUAL_SALARY_3>
            <FROM_CODE_NAME_LOCATION_1>Recreation Fund</FROM_CODE_NAME_LOCATION_1>
            <FROM_CODE_NAME_LOCATION_2>Recreation Area</FROM_CODE_NAME_LOCATION_2>
            <FROM_CODE_NAME_LOCATION_3 />
            <FROM_STD_NAFI>TB1KBMD57</FROM_STD_NAFI>
            <TO_POSITION_1>Deckhand</TO_POSITION_1>
            <TO_POSITION_2 />
            <TO_NUMBER_1>9999-999999</TO_NUMBER_1>
            <TO_AUTH_1>ZZ-ZZ-ZZ99</TO_AUTH_1>
            <TO_PAY_PLAN_SERIES>ZZ-9999</TO_PAY_PLAN_SERIES>
            <TO_GRADE>03</TO_GRADE>
            <TO_STEP>02</TO_STEP>
            <TO_ANNUAL_SALARY_1>$9.32PH1/SFT</TO_ANNUAL_SALARY_1>
            <TO_ANNUAL_SALARY_2>$10.02PH2/SFT</TO_ANNUAL_SALARY_2>
            <TO_ANNUAL_SALARY_3>$10.25PH3/SFT</TO_ANNUAL_SALARY_3>
            <TO_CODE_NAME_LOCATION_1>Recreation Fund</TO_CODE_NAME_LOCATION_1>
            <TO_CODE_NAME_LOCATION_2>Recreation Fund</TO_CODE_NAME_LOCATION_2>
            <TO_CODE_NAME_LOCATION_3 />
            <TO_STD_NAFI>ZZ9ZZZZ99</TO_STD_NAFI>
            <DUTY_STATION>Hometown, USA</DUTY_STATION>
            <LOC_CODE>99-9999-999</LOC_CODE>
            <REMARKS />
            <SERVICING_CCPO_1>ZZZ-ZZZ-Z-NAF</SERVICING_CCPO_1>
            <SERVICING_CCPO_2>Fort Benning Civilian Personnel Advisory Center</SERVICING_CCPO_2>
            <SIGNATURE>Electronically signed by: Jane P. Doe Supvr</SIGNATURE>
            <SIGNATURE_TITLE />Supervisor</SIGNATURE_TITLE>
            <APPROVAL_DATE>04/13/2012</APPROVAL_DATE>
            <SUBAGENCY_CODE>AG34</SUBAGENCY_CODE>
            <PERSONNEL_OFFICE_ID>4822</PERSONNEL_OFFICE_ID>
            <CPO_ID>4822</CPO_ID>
     </EMPLOYEE>
    <EMPLOYEE RECORD="000002">
            <EMPLOYEE_NAME>Doe, Jane</EMPLOYEE_NAME>
            <US_CITIZENSHIP>1</US_CITIZENSHIP>
            <DATE_OF_BIRTH>08/15/1982</DATE_OF_BIRTH>
```

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            <SSN>000-00-0002</SSN>
            <MILITARY_STATUS>3</MILITARY_STATUS>
            <DEPENDENT_STATUS>3</DEPENDENT_STATUS>
            <SCD_LEAVE>04/16/2012</SCD_LEAVE>
            <SCD_LOS>04/16/2012</SCD_LOS>
            <VETERANS_PREFERENCE>N</VETERANS_PREFERENCE>
            <SPOUSE_EMPLOYMENT_PREFERENCE>N</SPOUSE_EMPLOYMENT_PREFERENCE>
            <FLSA>E</FLSA>
            <NOA_CODE_1>A010</NOA_CODE_1>
            <NOA_DESC_1>Appointment</NOA_DESC_1>
            <NOA_CODE_2 />
            <NOA_DESC_2 />
            <NOA_EMP_CAT>RPT</NOA_EMP_CAT>
            <EFFECTIVE_DATE>04/16/2012</EFFECTIVE_DATE>
            <FROM_POSITION_1 />
            <FROM_POSITION_2 />
            <FROM_NUMBER_1 />
            <FROM_AUTH_1 />
            <FROM_PAY_PLAN_SERIES />
            <FROM_GRADE />
            <FROM_STEP />
            <FROM_ANNUAL_SALARY_1 />
            <FROM_ANNUAL_SALARY_2 />
            <FROM_ANNUAL_SALARY_3 />
            <FROM_CODE_NAME_LOCATION_1 />
            <FROM_CODE_NAME_LOCATION_2 />
            <FROM_CODE_NAME_LOCATION_3 />
            <FROM_STD_NAFI />
            <TO_POSITION_1> Desk Clerk</TO_POSITION_1>
            <TO_POSITION_2 />
            <TO_NUMBER_1>ZZ999-999999</TO_NUMBER_1>
            <TO_AUTH_1>ZZ-ZZ-9ZZ9</TO_AUTH_1>
            <TO_PAY_PLAN_SERIES>ZZ-9999</TO_PAY_PLAN_SERIES>
            <TO_GRADE>01</TO_GRADE>
            <TO_STEP />
            <TO_ANNUAL_SALARY_1>$10.00PH</TO_ANNUAL_SALARY_1>
            <TO_ANNUAL_SALARY_2 />
            <TO_ANNUAL_SALARY_3 />
            <TO_CODE_NAME_LOCATION_1>Recreation Center</TO_CODE_NAME_LOCATION_1>
            <TO_CODE_NAME_LOCATION_2>Recreation Center 2</TO_CODE_NAME_LOCATION_2>
            <TO_CODE_NAME_LOCATION_3>Front Office</TO_CODE_NAME_LOCATION_3>
            <TO_STD_NAFI>ZZZZZ9ZZ9</TO_STD_NAFI>
            <DUTY_STATION>USA</DUTY_STATION>
            <LOC_CODE>ZZ-9999-999</LOC_CODE>
          <REMARKS>
                <REMARK>Action Authority: AR 215-3. Assigned shift: 1. Eligible to participate in
                health and life insurance programs and in retirement and 401(K) savings plan. Eligible
                for leave accrual. Ineligible for living quarters allowance. Ineligible for transportation
                agreement. Employee is subject to REGULAR tour of duty. Regularly scheduled basic
                workweek is 20 hours per week. Subject to satisfactory completion of preemployment
                checks. Subject to completion of 365 days probationary period commencing 16-APR-
                2012.</REMARK>
                 </REMARKS>
            <SERVICING_CCPO_1>ZZZZ-ZZZ</SERVICING_CCPO_1>
            <SERVICING_CCPO_2>Hometown, USA NAF Human Resources Office</SERVICING_CCPO_2>
            <SIGNATURE> Electronically signed by: John H. Doe AO</SIGNATURE>
            <SIGNATURE_TITLE>Approving Official</SIGNATURE_TITLE>
            <APPROVAL_DATE>04/16/2012</APPROVAL_DATE>
            <SUBAGENCY_CODE>AG34</SUBAGENCY_CODE>
            <PERSONNEL_OFFICE_ID>4822</PERSONNEL_OFFICE_ID>
            <CPO_ID>4822</CPO_ID>
    </EMPLOYEE>
</EMPDATA>
```

7.14 DG-60 Federal Employee Health Benefits (FEHB) Premium Conversion Form Input File Specifications

7.14.1 DG-60 Data Feed XML-based File Specification

The eOPF system processes and loads employee data that documents election, waiver, or restoration of participation in FEHB Premium Conversion entered by an employee in an automated system known as EEX/myPay. The Data Provider submits DG-60 FEHB Premium Conversion transactions in a single large XML file format with one XML file for each form and agency. An Agency Identifier and record count create the tag identifying the beginning and end of the data within the file. The XML record tags defined below separate the employee transactions. Where appropriate the Description column contains the DG-60 block numbers.

The data submitted in this file must match the data on the forms produced by the provider system.

When sending large amounts of data, providers send multiple files sized at, no larger than, approximately 350 MB each and increment the submission indicator in the filename.

Providers must send a record containing all XML tags as specified for the form. The order of the XML elements/tags does not matter; however, the Data Provider must include all elements/tags with either a value or null.

Table 16. XML Format for DG-60 FEHB Premium Conversion Data Feed File

XML Format for DG-60 FEHB Premium Conversion Data Feed File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
EMPDATA		M	Mandatory tag that indicates the start and end of a Data Feed and consists of 2 mandatory attributes.	N/A	Complete EMP DATA parent tag. <EMPDATA AGENCY="ZZ00" RECORD-COUNT="**2**">
	4	M	The mandatory attribute AGENCY="XXXX" is assigned by OPM and used to identify an agency.	Character	AGENCY="ZZ00"
	6	M	The mandatory attribute RECORD-COUNT="XXXXXX" is used to uniquely identify a record in the Data Feed.	Character	2
EMPLOYEE	6	M	Mandatory tag that indicates the start and end of a Transaction Record in the File. The mandatory attribute RECORD='XXXXXX'" is used to uniquely identify a record in the Feed.	Character	000001
NAME	70	M	Employee Name Block: Last, First, Middle Initial Name should match the name on the Employee Data Feed and comply with the guidance provided in the GPPA.	Character	Doe, John J.
SSN	11	M	SSN Block: Person's social security number	Character	000-00-0000
EFFECTIVE-DATE	10	M	Effective Date Block: Effective date of election. Format: MM/DD/YYYY	Date	

XML Format for DG-60 FEHB Premium Conversion Data Feed File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
NATURE-TRANSACTION	11	O	Premium Conversion Block: Type of Transaction being performed. Values are 'Waived' or 'Pre-Tax'.	Character	
PERSONNEL_OFFICE_ID	10	M	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	4002
CPO_ID	4	M	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	4002
CPDF-CODE	10	O	CPDF Code Block: Code assigned to each agency by OPM	Character	
DATE-OF-ACTION	10	O	Transaction Date Block: Date transaction was accepted. Format: MM/DD/YYYY	Date	
TIME-OF-ACTION	11	O	Transaction Time Block: Time transaction was accepted Format: (HH:MM:SS AM/PM). Can accept 12-hour or 24-hour time.	Character	
SUBAGENCY_CODE	4	M	Agency/Sub-agency. An alpha and/or numeric code assigned by OPM. The agency and, where applicable, the administrative subdivision (i.e., sub-element) in which a person is employed. The first and second positions of the code indicate the agency. The third and fourth positions indicate the administrative subdivision. When there is no sub-element or sub-agency assigned to an agency the third and fourth positions are zeros (xx00). For a listing of assigned codes and explanations, see The Guide to Data Standards. Contact eOPF PMO when a value is missing from the list. NOTE: Non-Title 5 and non-Federal organizations cannot use the Agency codes assigned to Title 5 organizations and vice versa. Each organization has a unique code.	Character	DJ06
PAYROLL-OFFICE-NO	25	O	Payroll Office Number Block: OPM assigned code.	Character	

7.14.2 SAMPLE XML FOR THE DG-60 DATA FEED FILE

The following sample XML file for the DG-60 form has two employee DG-60 records. Each action begins and ends with the named element <EMPLOYEE RECORD>.

```
<?xml version="1.0"encoding="ISO-8859-1"standalone="yes"?>
<EMPDATA AGENCY="ZZ00" RECORD-COUNT="2">
    <EMPLOYEE RECORD="000001">
            <NAME>Doe, John R.</NAME>
            <SSN>000-00-0000</SSN>
            <EFFECTIVE-DATE>11/02/2009</EFFECTIVE-DATE>
            <NATURE-TRANSACTION>Waived</NATURE-TRANSACTION>
            <PERSONNEL_OFFICE_ID>1000</PERSONNEL_OFFICE_ID>
            <CPO_ID>4822</CPO_ID>
            <CPDF-CODE>ZZ00</CPDF-CODE>
            <DATE-OF-ACTION>10/20/2009</DATE-OF-ACTION>
            <TIME-OF-ACTION>22:30:30</TIME-OF-ACTION>
            <SUBAGENCY_CODE>9999</SUBAGENCY_CODE>
            <PAYROLL-OFFICE-NO>99999999</PAYROLL-OFFICE-NO>
     </EMPLOYEE>
    <EMPLOYEE RECORD="000002">
            <NAME>Doe, John R.</NAME>
            <SSN>000-00-0000</SSN>
            <EFFECTIVE-DATE>11/02/2009</EFFECTIVE-DATE>
            <NATURE-TRANSACTION>Waived</NATURE-TRANSACTION>
            <PERSONNEL_OFFICE_ID>1000</PERSONNEL_OFFICE_ID>
            <CPO_ID>4822</CPO_ID>
            <CPDF-CODE>ZZ00</CPDF-CODE>
            <DATE-OF-ACTION>10/20/2009</DATE-OF-ACTION>
            <TIME-OF-ACTION>22:30:30</TIME-OF-ACTION>
            <SUBAGENCY_CODE>9999</SUBAGENCY_CODE>
            <PAYROLL-OFFICE-NO>99-9999</PAYROLL-OFFICE-NO>
     </EMPLOYEE>
</EMPDATA>
```

7.15 SF-1150 Form Input File Specifications

The SF-1150 Record of Leave Data form. The specification for the SF-1150 is under construction and awaiting approval of the form by OMB.

7.16 SI-650 Notification of Personnel Action Form Input File Specifications

7.16.1 SI-650 Data Feed XML-based File Specification

The following table presents the structure for current and historical correction SI-650 Notification of Personnel Action submitted by the Smithsonian Institution for its non-federal Trust employees in a single large XML file format with one XML file for each form and agency. An Agency Identifier and record count create the tag identifying the beginning and end of the data within the file. The XML record tags defined below separate the employee transactions. Where appropriate the Description contains the SI-650 block numbers.

The data submitted in this file must match the data on the forms produced by the provider system.

When sending large amounts of data, providers send multiple files sized at, no larger than, approximately 350 MB each and increment the submission indicator in the filename.

Providers must send a record containing all XML tags as specified for the form. The order of the XML elements/tags does not matter; however, the Data Provider must include all elements/tags with either a value or null.

Table 17. XML Format for SI-650

XML Format for SI-650 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
EMPDATA		M	Mandatory tag that indicates the start and end of a Data Feed and consists of 2 mandatory attributes.	Character	Complete EMP DATA parent tag. <EMPDATA AGENCY="ZZ00" RECORD-COUNT="**2**">
	4	M	The mandatory attribute AGENCY="XXXX"" is assigned by OPM and used to identify an agency.	Character	AGENCY="ZZ00"
	6	M	The mandatory attribute RECORD-COUNT="XXXXXX" identifies the total number of records contained in the transaction file.	Character	2
EMPLOYEE	6	M	Mandatory tag that indicates the start and end of an Employee Record in a Data Feed. The attribute RECORD="XXXXXX" is used to uniquely identify a record in the Data Feed.	Character	000001
NAME_1	70	M	Block 1 Last Name, First Name, MI Name should match the name on the Employee Data Feed and comply with the guidance provided in the GPPA.	Character	Doe, John J.

XML Format for SI-650 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
SSN_2	11	M	Block 2 Social Security Number with dashes	Character	000-00-0000
DATE_OF_BIRTH_3	10	M	Block 3 Birth Date Format: MM/DD/YYYY	Date	
EFFECTIVE_DATE_4	10	M	Block 4 Effective Date Format: MM/DD/YYYY	Date	
CODE_5A	4	O	Block 5-A First Nature Of Action Code	Character	
NATURE_OF_ACTION_5B	35	O	Block 5-B First Nature Of Action Description	Character	
CODE_6A	4	O	Block 6-A Second Nature Of Action Code	Character	
NATURE_OF_ACTION_6B	35	O	Block 6-B Second Nature Of Action Description	Character	
FROM_POSITION_7	70	O	Block 7 Line 1 From: Position Title and Number	Character	
FROM_POSITION_7A	70	O	Block 7 Line 2 From: Position Title and Number	Character	
FROM_POSITION_7B	70	O	Block 7 Line 3 From: Position Title and Number	Character	
PAY_PLAN_8	3	O	Block 8 From: Pay Plan	Character	
OCC_CODE_9	5	O	Block 9 From: Occ Code	Character	
GRADE_OR_LEVEL_10	6	O	Block 10 From: Grade or Level	Character	
STEP_OR_RATE_11	5	O	Block 11 From: Step or Rate	Character	
TOTAL_SALARY_12	15	O	Block 12 From: Total Salary	Character	
BASIC_PAY_12A	15	O	Block 12A From: Basic Pay	Character	
LOCALITY_ADJ_12B	15	O	Block 12B From: Locality Adjustment	Character	
ADJ_BASIC_PAY_12C	15	O	Block 12C From: Adjusted Basic Pay	Character	
OTHER_PAY_12D	15	O	Block 12D From: Other Pay	Character	
PAY_BASIS_13	3	O	Block 13 From: Pay Basis	Character	

XML Format for SI-650 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
POSITION_ORGANIZATION_14	60	O	Block 14 Line 1 From: Name and Location of Position's Organization	Character	
POSITION_ORGANIZATION_14A	60	O	Block 14 Line 2 From: Name and Location of Position's Organization	Character	
POSITION_ORGANIZATION_14B	60	O	Block 14 Line 3 From: Name and Location of Position's Organization	Character	
POSITION_ORGANIZATION_14C	60	O	Block 14 Line 4 From: Name and Location of Position's Organization	Character	
POSITION_ORGANIZATION_14D	60	O	Block 14 Line 5 From: Name and Location of Position's Organization	Character	
POSITION_ORGANIZATION_14E	60	O	Block 14 Line 6 From: Name and Location of Position's Organization	Character	
POSITION_ORGANIZATION_14F	60	O	Block 14 Line 7 From: Name and Location of Position's Organization	Character	
TO_POSITION_15	70	O	Block 15 Line 1 To: Position Title and Number	Character	
TO_POSITION_15A	70	O	Block 15 Line 2 To: Position Title and Number	Character	
TO_POSITION_15B	70	O	Block 15 Line 3 To: Position Title and Number	Character	
PAY_PLAN_16	3	O	Block 16 To: Pay Plan	Character	
OCC_CODE_17	5	O	Block 17 To: Occ Code	Character	
GRADE_OR_LEVEL_18	6	O	Block 18 To: Grade or Level	Character	
STEP_OR_GRADE_19	5	O	Block 19 To: Step or Rate	Character	
TOTAL_SALARY_20	15	O	Block 20 To: Total Salary/Award	Character	
BASIC_PAY_20A	15	O	Block 20A To: Basic Pay	Character	
LOCALITY_ADJ_20B	15	O	Block 20B To: Locality Adjustment	Character	
ADJ_BASIC_PAY_20C	15	O	Block 20C To: Adjusted Basic Pay	Character	
OTHER_PAY_20D	15	O	Block 20D To: Other Pay	Character	

XML Format for SI-650 FDF File					
XML Tag Name	Data Length	Field Type	Description	Data Format	Example or Note
PAY_BASIS_21	3	O	Block 21 To: Pay Basis	Character	
POSITION_ORGANIZATION_22	60	O	Block 22 Line 1 To: Name and Location of Position's Organization	Character	
POSITION_ORGANIZATION_22A	60	O	Block 22 Line 2 To: Name and Location of Position's Organization	Character	
POSITION_ORGANIZATION_22B	60	O	Block 22 Line 3 To: Name and Location of Position's Organization	Character	
POSITION_ORGANIZATION_22C	60	O	Block 22 Line 4 To: Name and Location of Position's Organization	Character	
POSITION_ORGANIZATION_22D	60	O	Block 22 Line 5 To: Name and Location of Position's Organization	Character	
POSITION_ORGANIZATION_22E	60	O	Block 22 Line 6 To: Name and Location of Position's Organization	Character	
POSITION_ORGANIZATION_22F	60	O	Block 22 Line 7 To: Name and Location of Position's Organization	Character	
VETERANS_PREFERENCE_23	1	O	Block 23 Veterans Preference	Character	
TYPE_OF_APPOINTMENT_24	1	O	Block 24 Type of Appointment Values are 8- Indefinite or 9- Temporary	Character	
CITIZENSHIP_25	1	O	Block 25 Citizenship Values are 1-U.S. or 8- other	Character	
LIFE_INSURANCE_27	1	O	Block 27 Life Insurance Values are 1- Eligible or 2 Ineligible	Character	
HEALTH_INSURANCE_28	1	O	Block 28 Health Insurance Values are 1- Eligible or 2- Ineligible	Character	
PAY_DETERMINANT_29	3	O	Block 29 Pay Rate Determinant	Character	
PAY_DETERMINANT_29A	20	O	Block 29 Pay Rate Determinant Description	Character	
RETIREMENT_PLAN_30	3	O	Block 30 Retirement Plan	Character	
SERVICE_COMP_DATE_31	10	O	Block 31 Service Comp Date (Leave) Format: MM/DD/YYYY	Date	
WORK_SCHEDULE_32	3	O	Block 32 Work Schedule	Character	

XML Format for SI-650 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
WORK_SCHEDULE_32A	30	O	Block 32 Work Schedule Description	Character	
PART_TIME_HOURS_33	6	O	Block 33 Part-Time Hours Per Biweekly Pay Period	Character	
NOT_TO_EXCEED_DATE_34	10	O	Block 34 Employee Not-To-Exceed-Date Format: MM/DD/YYYY	Date	
FLSA_CATEGORY_35	1	O	Block 35 FLSA Category	Character	
ORGANIZATIONAL_STRUCTURE_CODE_36	50	O	Block 36 Organizational Structure Code	Character	
BARGAINING_UNIT_STATUS_37	4	O	Block 37 Bargaining Unit Status	Character	
DUTY_STATION_CODE_38	25	O	Block 38 Duty Station Code	Character	
DUTY_STATION_39	80	O	Block 39 Duty Station (City-County-State or Overseas Location)	Character	
SUPERVISORY_CODE_40	1	O	Block 40 Supervisory Code	Character	
AGENCY_DATA_41	17	O	Block 41 Agency Data	Character	
AGENCY_DATA_42	17	O	Block 42 Agency Data	Character	
AGENCY_DATA_43	27	O	Block 43 Agency Data	Character	
ACCOUNTING_FUND_CODE_44	60	O	Block 44 Accounting Fund Code	Character	
REMARK_45 Note: Remark_45 tag must be encapsulated with a beginning and ending <REMARKS> element. See Section 7.20.2 for additional details.	2000	O	Block 45 Remarks	Character	
AGENCY_46	100	O	Block 46 Employing Department or Agency	Character	

XML Format for SI-650 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
SUBAGENCY_CODE	4	M	Agency/Sub-agency. An alpha and/or numeric code assigned by OPM. The agency and, where applicable, the administrative subdivision (i.e., sub-element) in which a person is employed. The first and second positions of the code indicate the agency. The third and fourth positions indicate the administrative subdivision. When there is no sub-element or sub-agency assigned to an agency the third and fourth positions are zeros (xx00). For a listing of assigned codes and explanations, see The Guide to Data Standards. Contact eOPF PMO when a value is missing from the list. NOTE: Non-Title 5 and non-Federal organizations cannot use the Agency codes assigned to Title 5 organizations and vice versa. Each organization has a unique code.	Character	SM73
PERSONNEL_OFFICE_ID	10	M	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	9711
CPO_ID	4	O	Personnel Office Identifier. A numeric code assigned to each agency by OPM. NOTE: Non-Title 5 and non-Federal organizations cannot use the POI codes assigned to Title 5 organizations and vice versa.	Number	9711 .

XML Format for SI-650 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
APPROVAL_DATE_49	10	O	Block 49 Approval Date Format: MM/DD/YYYY	Date	04/24/2012
SIGNATURE_50	80	M	Block 50 Send “Electronically signed by:”	Character	Electronically signed by:
SIGNATURE_50A	80	M	Block 50 Signature/Authentication name of the approving official	Character	Jane Doe
SIGNATURE_50B	80	O	Block 50 Title of the approving official	Character	Chief Operating Officer

7.16.2 REMARKS

Submit the Remark element as required for the Trust employees. All remarks appear in chronological order per employee transaction. The limit is 2,000 characters per Remark element; however, each transaction may contain more than one Remark element.

Enclose the Remark element(s) by a start and end element named <REMARKS></REMARKS>. eOPF generates continuation page(s) when REMARKS text exceeds the storage limit on Block 45.

Example:

```
<REMARKS>
        <Remark_45>  This is remark 1, which cannot exceed 2000 characters. </Remark_45>
        <Remark_45>  This is remark 2, which cannot exceed 2000 characters. </Remark_45>
        <Remark_45>  This is remark 3, which cannot exceed 2000 characters. </Remark_45>
</REMARKS>
```

7.16.3 SAMPLE XML FOR SI-650 FDF FILE

The following is an example XML SI-650 file layout, containing two actions. Each action begins and ends with the named element <EMPLOYEE RECORD>.

```
<?xml version="1.0"encoding="ISO-8859-1"standalone=”yes”?>
<EMPDATA AGENCY=“ZZ00” RECORD-COUNT="2">
    <EMPLOYEE RECORD="000001">
      <SSN_2>000-01-0006</SSN_2>
      <NAME_1>Peppers, Martha</NAME_1>
      <DATE_OF_BIRTH_3>05/08/1975</DATE_OF_BIRTH_3>
      <EFFECTIVE_DATE_4>09/18/2013</EFFECTIVE_DATE_4>
      <CODE_5A>949</CODE_5A>
      <NATURE_OF_ACTION_5B>Appointment</NATURE_OF_ACTION_5B>
      <CODE_6A />
      <NATURE_OF_ACTION_6B />
      <FROM_POSITION_7 />
      <FROM_POSITION_7A />
      <FROM_POSITION_7B />
      <PAY_PLAN_8 />
      <OCC_CODE_9 />
      <GRADE_OR_LEVEL_10 />
      <STEP_OR_RATE_11 />
      <TOTAL_SALARY_12 />
      <BASIC_PAY_12A />
```

```
        <LOCALITY_ADJ_12B />
        <ADJ_BASIC_PAY_12C />
        <OTHER_PAY_12D />
        <PAY_BASIS_13 />
        <POSITION_ORGANIZATION_14 />
        <POSITION_ORGANIZATION_14A />
        <POSITION_ORGANIZATION_14B />
        <POSITION_ORGANIZATION_14C />
        <POSITION_ORGANIZATION_14D />
        <POSITION_ORGANIZATION_14E />
        <POSITION_ORGANIZATION_14F />
        <TO_POSITION_15>Program Specialist</TO_POSITION_15>
        <TO_POSITION_15A />
        <TO_POSITION_15B>20005316 105821</TO_POSITION_15B>
        <PAY_PLAN_16 />
        <OCC_CODE_17 />
        <GRADE_OR_LEVEL_18 />
        <STEP_OR_GRADE_19 />
        <TOTAL_SALARY_20>1800</TOTAL_SALARY_20>
        <BASIC_PAY_20A />
        <LOCALITY_ADJ_20B />
        <ADJ_BASIC_PAY_20C />
        <OTHER_PAY_20D />
        <PAY_BASIS_21 />
        <POSITION_ORGANIZATION_22>Smithsonian Institution (Trust)</POSITION_ORGANIZATION_22>
        <POSITION_ORGANIZATION_22A>ASEA-Asst Sec for Edu and Access</POSITION_ORGANIZATION_22A>
        <POSITION_ORGANIZATION_22B>NSRC-Executive Office</POSITION_ORGANIZATION_22B>
        <POSITION_ORGANIZATION_22C>NSRC-Professional Develop Cntr</POSITION_ORGANIZATION_22C>
        <POSITION_ORGANIZATION_22D />
        <POSITION_ORGANIZATION_22E>Hometown, DC</POSITION_ORGANIZATION_22E>
        <POSITION_ORGANIZATION_22F />
        <VETERANS_PREFERENCE_23 />
        <TYPE_OF_APPOINTMENT_24>9</TYPE_OF_APPOINTMENT_24>
        <CITIZENSHIP_25>1</CITIZENSHIP_25>
        <LIFE_INSURANCE_27 />
        <HEALTH_INSURANCE_28 />
        <PAY_DETERMINANT_29 />
        <PAY_DETERMINANT_29A />
        <RETIREMENT_PLAN_30>5</RETIREMENT_PLAN_30>
        <SERVICE_COMP_DATE_31>11/01/2000</SERVICE_COMP_DATE_31>
        <WORK_SCHEDULE_32>F</WORK_SCHEDULE_32>
        <WORK_SCHEDULE_32A>Full-time</WORK_SCHEDULE_32A>
        <PART_TIME_HOURS_33 />
        <NOT_TO_EXCEED_DATE_34>06/30/2014</POSITION_OCCUPIED_34>
        <FLSA_CATEGORY_35>E</FLSA_CATEGORY_35>
        <ORGANIZATIONAL_STRUCTURE_CODE_36 /> E71-23-62-5000-
              00</ORGANIZATIONAL_STRUCTURE_CODE_36>
        <BARGAINING_UNIT_STATUS_37>2222</BARGAINING_UNIT_STATUS_37>
        <DUTY_STATION_CODE_38>00-0000-000</DUTY_STATION_CODE_38>
        <DUTY_STATION_39>Hometown, DC</DUTY_STATION_39>
        <SUPERVISORY_CODE_40>8</SUPERVISORY_CODE _40>
        <AGENCY_DATA_41 />
        <AGENCY_DATA_42 />
        <AGENCY_DATA_43 />
        <ACCOUNTING_FUND_NUMBER_44 />
         <REMARKS>
           <REMARK_45>Eligible for benefits </REMARK_45>
      </REMARKS>
        <AGENCY_46>Smithsonian Institution (Trust)</AGENCY_46>
        <SUBAGENCY_CODE>SM71</SUBAGENCY_CODE>
        <PERSONNEL_OFFICE_ID>1536</PERSONNEL_OFFICE_ID>
        <CPO_ID>4822</CPO_ID>
        <APPROVAL_DATE_49>09/07/2013</APPROVAL_DATE_49>
        <SIGNATURE_50>Electronically signed by:</SIGNATURE_50>
        <SIGNATURE_50A>John Smothers</SIGNATURE_50A>
        <SIGNATURE_50B>Manager, Compensation and Benefits</SIGNATURE_50B>
    </EMPLOYEE>
<EMPLOYEE RECORD="000002">
        <SSN_2>000-01-0015</SSN_2>
        <NAME_1>Dolan, Alex</NAME_1>
```

<DATE_OF_BIRTH_3>**04/12/1961**</DATE_OF_BIRTH_3>
<EFFECTIVE_DATE_4>**09/18/2013**</EFFECTIVE_DATE_4>
<CODE_5A>**949**</CODE_5A>
<NATURE_OF_ACTION_5B>**Appointment**</NATURE_OF_ACTION_5B>
<CODE_6A />
<NATURE_OF_ACTION_6B />
<FROM_POSITION_7 />
<FROM_POSITION_7A />
<FROM_POSITION_7B />
<PAY_PLAN_8 />
<OCC_CODE_9 />
<GRADE_OR_LEVEL_10 />
<STEP_OR_RATE_11 />
<TOTAL_SALARY_12 />
<BASIC_PAY_12A />
<LOCALITY_ADJ_12B />
<ADJ_BASIC_PAY_12C />
<OTHER_PAY_12D />
<PAY_BASIS_13 />
<POSITION_ORGANIZATION_14 />
<POSITION_ORGANIZATION_14A />
<POSITION_ORGANIZATION_14B />
<POSITION_ORGANIZATION_14C />
<POSITION_ORGANIZATION_14D />
<POSITION_ORGANIZATION_14E />
<POSITION_ORGANIZATION_14F />
<TO_POSITION_15>**Program Specialist**</TO_POSITION_15>
<TO_POSITION_15A />
<TO_POSITION_15B>**20005317 104822**</TO_POSITION_15B>
<PAY_PLAN_16 />
<OCC_CODE_17 />
<GRADE_OR_LEVEL_18 />
<STEP_OR_GRADE_19 />
<TOTAL_SALARY_20>**1655**</TOTAL_SALARY_20>
<BASIC_PAY_20A />
<LOCALITY_ADJ_20B />
<ADJ_BASIC_PAY_20C />
<OTHER_PAY_20D />
<PAY_BASIS_21 />
<POSITION_ORGANIZATION_22>**Smithsonian Institution (Trust)**</POSITION_ORGANIZATION_22>
<POSITION_ORGANIZATION_22A>**ASEA-Asst Sec for Edu and Access**</POSITION_ORGANIZATION_22A>
<POSITION_ORGANIZATION_22B>**NSRC-Executive Office**</POSITION_ORGANIZATION_22B>
<POSITION_ORGANIZATION_22C>**NSRC-Professional Develop Cntr**</POSITION_ORGANIZATION_22C>
<POSITION_ORGANIZATION_22D />
<POSITION_ORGANIZATION_22E>**Hometown, DC**</POSITION_ORGANIZATION_22E>
<POSITION_ORGANIZATION_22F />
<VETERANS_PREFERENCE_23 />
<TYPE_OF_APPOINTMENT_24>**9**</TYPE_OF_APPOINTMENT_24>
<CITIZENSHIP_25>**1**</CITIZENSHIP_25>
<LIFE_INSURANCEI_27 />
<HEALTH_INSURANCE_28 />
<PAY_DETERMINANT_29 />
<PAY_DETERMINANT_29A />
<RETIREMENT_PLAN_30>**2**</RETIREMENT_PLAN_30>
<SERVICE_COMP_DATE_31>**11/01/1990**</SERVICE_COMP_DATE_31>
<WORK_SCHEDULE_32>**F**</WORK_SCHEDULE_32>
<WORK_SCHEDULE_32A>**Full-time**</WORK_SCHEDULE_32A>
<PART_TIME_HOURS_33 />
<NOT_TO_EXCEED_DATE_34>**06/30/2014**</POSITION_OCCUPIED_34>
<FLSA_CATEGORY_35>**E**</FLSA_CATEGORY_35>
<ORGANIZATIONAL_STRUCTURE_CODE_36 /> **E71-23-62-5000-00**</ORGANIZATIONAL_STRUCTURE_CODE_36>
<BARGAINING_UNIT_STATUS_37>**2222**</BARGAINING_UNIT_STATUS_37>
<DUTY_STATION_CODE_38>**00-0000-000**</DUTY_STATION_CODE_38>
<DUTY_STATION_39>**Hometown, DC**</DUTY_STATION_39>
<SUPERVISORY_CODE_40>**8**</SUPERVISORY_CODE _40>
<AGENCY_DATA_41 />
<AGENCY_DATA_42 />
<AGENCY_DATA_43 />
<ACCOUNTING_FUND_NUMBER_44 />

```
    <REMARKS>
        <REMARK_45 />
    </REMARKS>
     <AGENCY_46>Smithsonian Institution (Trust)</AGENCY_46>
     <SUBAGENCY_CODE>SM71</SUBAGENCY_CODE>
     <PERSONNEL_OFFICE_ID>1536</PERSONNEL_OFFICE_ID>
     <CPO_ID>4822</CPO_ID>
     <APPROVAL_DATE_49>09/07/2013</APPROVAL_DATE_49>
     <SIGNATURE_50>Electronically signed by:</SIGNATURE_50>
     <SIGNATURE_50A /> Cindy Hans-Smith</SIGNATURE_50A >
     <SIGNATURE_50B>Deputy Director for Human Resource Services</SIGNATURE_50B>
  </EMPLOYEE>
</EMPDATA>
```

7.17 AF-2545 Form Input File Specification

7.17.1 AF-2545 Data Feed XML-based File Specification

The following table presents the structure for current and historical correction AF-2545 Notification of Personnel Action

Table 17. XML Format for AF-2545

XML Format for AF-2545 FDF File					
XML Tag Name	**Data Length**	**Field Type**	**Description**	**Data Format**	**Example or Note**
EMPDATA		M	Mandatory tag that indicates the start and end of a Data Feed and consists of 2 mandatory attributes.	Character	Complete EMP DATA parent tag. <EMPDATA AGENCY="ZZ00" RECORD-COUNT="2">
	4	M	The mandatory attribute AGENCY="XXXX"" is assigned by OPM and used to identify an agency.	Character	AGENCY="ZZ00"
	6	M	The mandatory attribute RECORD-COUNT="XXXXXX" identifies the total number of records contained in the transaction file.	Character	2
EMPLOYEE	6	M	Mandatory tag that indicates the start and end of an Employee Record in a Data Feed. The attribute RECORD="XXXXXX" is used to uniquely identify a record in the Data Feed.	Character	000001

XML Tag Name	Data Length	Field Type	Description	Data Format	Note
SSN	11	M	SSN with Dashes	SSN	NULL
EMPLOYEE_NAME	80	M	NULL	Character	NULL
EFFECTIVE_DATE	10	M	NULL	Date	NULL
PERSONNEL_OFFICE_ID	10	M	NULL	Character	NULL
SUBAGENCY_CODE	10	M	NULL	Character	NULL
AGENCY_CODE	10	O	NULL	Character	NULL
APPROVAL_DATE	10	O	NULL	Date	NULL
CODE_11A	10	O	NULL	Character	NULL
DATE_OF_BIRTH	10	O	NULL	Date	NULL
DEPENDENT_STATUS	1	O	NULL	Character	NULL
DUTY_STATION	40	O	NULL	Character	NULL
FLSA	1	O	NULL	Character	NULL
FROM_ANNUAL_SALARY_1	20	O	NULL	Character	NULL
FROM_ANNUAL_SALARY_2	20	O	NULL	Character	NULL
FROM_ANNUAL_SALARY_3	20	O	NULL	Character	NULL
FROM_CATEGORY_NAFI	1	O	NULL	Character	NULL
FROM_CODE_ACTIVITY	60	O	NULL	Character	NULL
FROM_CODE_NAME_LOCATION_1	60	O	NULL	Character	NULL
FROM_CODE_NAME_LOCATION_2	60	O	NULL	Character	NULL
FROM_CODE_NAME_LOCATION_3	60	O	NULL	Character	NULL
FROM_GRADE	10	O	NULL	Character	NULL
FROM_NUMBER_1	13	O	NULL	Character	NULL
FROM_NUMBER_2	11	O	NULL	Character	NULL
FROM_PAY_PLAN_SERIES	10	O	NULL	Character	NULL
FROM_POSITION_1	240	O	NULL	Character	NULL
FROM_STEP	7	O	NULL	Character	NULL
GROUP_HEALTH_INSURANCE	2	O	NULL	Character	NULL
GROUP_LIFE_INSURANCE	1	O	NULL	Character	NULL
LOC_CODE	30	O	NULL	Character	NULL
MILITARY_STATUS	1	O	NULL	Character	NULL
NOA_CODE_1	4	O	NULL	Character	NULL
NOA_DESC_1	70	O	NULL	Character	NULL
REMARKS	2000	O	NULL	Character	NULL
RETIREMENT	1	O	NULL	Character	NULL
SCD_BBA	12	O	NULL	Character	NULL
SCD_LEAVE	12	O	NULL	Character	NULL
SERVICING_CCPO_1	200	O	NULL	Character	NULL
SERVICING_CCPO_2	60	O	NULL	Character	NULL
SIGNATURE	250	O	NULL	Character	NULL
SIGNATURE_TITLE	55	O	NULL	Character	NULL
TO_ANNUAL_SALARY_1	20	O	NULL	Character	NULL
TO_ANNUAL_SALARY_2	20	O	NULL	Character	NULL
TO_ANNUAL_SALARY_3	20	O	NULL	Character	NULL
TO_CATEGORY_NAFI	60	O	NULL	Character	NULL
TO_CODE_ACTIVITY	60	O	NULL	Character	NULL

TO_CODE_NAME_LOCATION_1	250	O	NULL	Character	NULL
TO_CODE_NAME_LOCATION_2	60	O	NULL	Character	NULL
TO_CODE_NAME_LOCATION_3	60	O	NULL	Character	NULL
TO_GRADE	10	O	NULL	Character	NULL
TO_NUMBER_1	13	O	NULL	Character	NULL
TO_NUMBER_3	11	O	NULL	Character	NULL
TO_PAY_PLAN_SERIES	10	O	NULL	Character	NULL
TO_POSITION_2	240	O	NULL	Character	NULL
TO_STEP	7	O	NULL	Character	NULL
US_CITIZENSHIP	1	O	NULL	Character	NULL

7.17.1 SAMPLE XML FOR AF-2545 FDF FILE

The following is an example XML AF-2545 file layout, containing two actions. Each action begins and ends with the named element <EMPLOYEE RECORD>.

```
<?xml version="1.0" encoding="iso-8859-1"?>
<EMPDATA AGENCY="AFNF" RECORD-COUNT="0002">
    <EMPLOYEE RECORD="000001">
        <EMPLOYEE_NAME>SMITH, JOANNA.</EMPLOYEE_NAME>
        <US_CITIZENSHIP>1</US_CITIZENSHIP>
        <DATE_OF_BIRTH>04/09/1987</DATE_OF_BIRTH>
        <SSN>000-12-1234</SSN>
        <MILITARY_STATUS>3</MILITARY_STATUS>
        <DEPENDENT_STATUS>1</DEPENDENT_STATUS>
        <SCD_LEAVE>03/29/2013</SCD_LEAVE>
        <SCD_BBA>03/29/2013</SCD_BBA>
        <GROUP_HEALTH_INSURANCE>4</GROUP_HEALTH_INSURANCE>
        <GROUP_LIFE_INSURANCE>4</GROUP_LIFE_INSURANCE>
        <RETIREMENT>1</RETIREMENT>
        <FLSA>2</FLSA>
        <NOA_CODE_1>N840</NOA_CODE_1>
        <NOA_DESC_1>Individual Cash Award</NOA_DESC_1>
        <NOA_CODE_2/>
        <NOA_DESC_2/>
        <NOA_EMP_CAT>RPT</NOA_EMP_CAT>
        <EFFECTIVE_DATE>09/13/2025</EFFECTIVE_DATE>
        <FROM_POSITION_1>CHILD AND YOUTH PROGRAM ASSISTANT (M</FROM_POSITION_1>
        <FROM_POSITION_2>VO) LEADER LEVEL</FROM_POSITION_2>
        <FROM_NUMBER_1>99754-2454586</FROM_NUMBER_1>
        <FROM_NUMBER_2></FROM_NUMBER_2>
        <FROM_PAY_PLAN_SERIES>CY-1702</FROM_PAY_PLAN_SERIES>
        <FROM_GRADE>02</FROM_GRADE>
        <FROM_STEP/>
        <FROM_ANNUAL_SALARY_1>$22.05PH1/SFT</FROM_ANNUAL_SALARY_1>
        <FROM_ANNUAL_SALARY_2>$24.26PH2/SFT</FROM_ANNUAL_SALARY_2>
        <FROM_ANNUAL_SALARY_3>$24.26PH3/SFT</FROM_ANNUAL_SALARY_3>
        <FROM_CODE_NAME_LOCATION_1>602-FT SAM (HSAM)</FROM_CODE_NAME_LOCATION_1>
        <FROM_CODE_NAME_LOCATION_2>31-CHILD DEVELOPMENT PROGRAMS
      2</FROM_CODE_NAME_LOCATION_2>
        <FROM_CODE_NAME_LOCATION_3>802 FSS/FSCN</FROM_CODE_NAME_LOCATION_3>
        <FROM_CODE_ACTIVITY>5081-JB-CHILD DEVELPOMENT CENTER MOA</FROM_CODE_ACTIVITY>
        <FROM_CATEGORY_NAFI>3</FROM_CATEGORY_NAFI>
        <TO_POSITION_1>CHILD AND YOUTH PROGRAM ASSISTANT (M</TO_POSITION_1>
        <TO_POSITION_2>VO) LEADER LEVEL</TO_POSITION_2>
        <TO_NUMBER_1>70180X-2454586</TO_NUMBER_1>
        <TO_NUMBER_2>602-31-5081</TO_NUMBER_2>
        <TO_PAY_PLAN_SERIES>CY-1702</TO_PAY_PLAN_SERIES>
        <TO_GRADE>02</TO_GRADE>
```

```
            <TO_STEP/>
            <TO_ANNUAL_SALARY_1>(M) Money:1,250.00</TO_ANNUAL_SALARY_1>
            <TO_ANNUAL_SALARY_2/>
            <TO_ANNUAL_SALARY_3/>
            <TO_CODE_NAME_LOCATION_1>602-FT SAM (HSAM)</TO_CODE_NAME_LOCATION_1>
            <TO_CODE_NAME_LOCATION_2>31-CHILD DEVELOPMENT PROGRAMS 2</TO_CODE_NAME_LOCATION_2>
            <TO_CODE_NAME_LOCATION_3>802 FSS/FSCN</TO_CODE_NAME_LOCATION_3>
            <TO_CODE_ACTIVITY>5081-JB-CHILD DEVELPOMENT CENTER MOA</TO_CODE_ACTIVITY>
            <TO_CATEGORY_NAFI>3</TO_CATEGORY_NAFI>
            <DUTY_STATION>FORT SAM HOUSTON / BEXAR / TEXAS</DUTY_STATION>
            <LOC_CODE>48-2438-029</LOC_CODE>
            <REMARKS>
                <REMARK>Bargaining Unit Status AF1626.&#13;RPA#25SEP9PHILLAB0991906.&#13;Work is at an acceptable
          and satisfactory level.&#13;Special Employee Recognition Longevity Incentive 10+ Years.</REMARK>
              </REMARKS>
            <SERVICING_CCPO_1>802 FSS/FSCN</SERVICING_CCPO_1>
            <SERVICING_CCPO_2>Joint Base Andres, TX</SERVICING_CCPO_2>
            <SIGNATURE>ELECTRONICALLY SIGNED BY: Natalie C. Woods</SIGNATURE>
            <SIGNATURE_TITLE>SUPERVISORY HUMAN RESOURCES SPECIALIST</SIGNATURE_TITLE>
            <APPROVAL_DATE>09/23/2025</APPROVAL_DATE>
            <PERSONNEL_OFFICE_ID>9765</PERSONNEL_OFFICE_ID>
           < SUBAGENCY_CODE >AF34</ SUBAGENCY_CODE >
    </EMPLOYEE>
</EMPDATA>
```

7.17.2 REMARKS

Submit the Remark element as required. All remarks appear in chronological order per employee transaction. The limit is 2,000 characters per Remark element; however, each transaction may contain more than one Remark element.

Enclose the Remark element(s) by a start and end element named <REMARKS></REMARKS>. eOPF generates continuation page(s) when REMARKS text exceeds the storage limit of the REMARKS block on the form.

Example:

```
<REMARKS>
        <Remark_45>  This is remark 1, which cannot exceed 2000 characters. </Remark_45>
        <Remark_45>  This is remark 2, which cannot exceed 2000 characters. </Remark_45>
        <Remark_45>  This is remark 3, which cannot exceed 2000 characters. </Remark_45>
</REMARKS>
```

7.17.3 EXAMPLE ERROR FILE FOR AF-2545 FDF FILE

The following is an example XML AF-2545 error file generated after processing and loading the records to eOPF .
filename of error file : <original file name > - <timestamp>.errors

MFDFDD75AF254520250924AFNF0000.XML-0638943327381179771.errors

The file will be available in your Data Provider SFTP Account in the Errors directory .

The errors will be a series of validations errors per record showing the data element that failed validation for that records.

```
        Record #000046: {
          "success": false,
          "statusCode": 400,
          "messages": [
            "SUBAGENCY_CODE is required but is missing or empty",
```

```
    "SUBAGENCY_CODE is less than 1 digits in length",
    "FROM_ANNUAL_SALARY_1 is greater than 20 digits in length",
    "FROM_ANNUAL_SALARY_2 is greater than 20 digits in length",
    "FROM_ANNUAL_SALARY_3 is greater than 20 digits in length",
    "FROM_PAY_PLAN_SERIES is greater than 10 digits in length",
    "TO_ANNUAL_SALARY_1 is greater than 20 digits in length",
    "TO_PAY_PLAN_SERIES is greater than 10 digits in length"
  ]
}
```

8.0 Reconciliation

8.1 Data Accuracy, Completeness, and Correctness

The integrity of data transmitted into eOPF, including the accuracy, completeness and correctness of the data, is the responsibility of the sender (i.e., Data Provider), not the receiver (i.e., eOPF Host Provider and eOPF solution), as defined below:

- **Accuracy** = Data matches Source System Values
- **Completeness** = Data contains all characters found in the source system
- **Correctness** = Data values are appropriate for the record

The eOPF system reads and stores data as delivered; including any white space at the beginning or ending of a value. The provider is responsible for providing valid data and eliminating any initial or trailing unwanted characters/white space. Any mandatory/optional date field when populated must contain a real date. The use of 00/00/00 is not a valid date and results in a rejected/error record placed into FDF reprocessing. Poor data quality can result in the failure to process a record at best and at worse gets processed but results in the need to back out the transactions from the eOPF repository. Depending on the complexity of the issue caused by improper/incomplete provider data, the eOPF PMO may assess additional charges to an agency to resolve the issues. **If a data provider transmits a data feed file that partially processes, the data provider must be able to resubmit the portion of the file that didn't process.**

The effective date given by the provider must fall between the employee's start and end dates with the given agency/subagency. Forms received with an effective date that lies outside the employee's start and end dates will be placed into FDF reprocessing.

8.2 Data Provider Transmissions

Data providers send FDF files based on an agreed upon frequency. When there is no data to report, the provider may elect to either not send a file, or send a file indicating that there is no data as follows:

```
<?xml version="1.0"encoding="ISO-8859-1"standalone="yes"?>
<EMPDATA RECORD-COUNT="000000" Agency="AgencyCode">
</EMPDATA>
```

This indicates the file intentionally contains no employee records.

8.3 Reconciliation

The Data Provider must track and maintain a record of all FDF files with the eOPF Host Provider. The Data Provider must be able to reconcile at any time after processing. The retention of all data feed files transmitted to eOPF is critical to the reconciliation process.

For each file the Data Provider submits, the eOPF Operations team verifies the data loaded successfully. The eOPF Operations team produces daily reports that capture the ingestion successes and failures of FDF files and distributes these reports online to agencies. The Data Provider is responsible for the timely review of rejects and error information communicated to them. The eOPF system stores all successful form transactions in agency import tables and they are available when they need to be reviewed, backed out, re-processed and/or reported.

8.3.1 STEPS FOR HANDLING ERROR RECORDS

The eOPF FDF Service loads the form data into the agency's process tables and stores errors encountered in a service log table.

The failed record is used to create an XML file with a name constructed using the following model: "source file name" + "-" + "DateTime.Now.Ticks" + "-" + "source file record#" + ".xml". The "DateTimeNow.Ticks" portion of the file name represents a time value to ensure file name uniqueness. A single tick represents one hundred nanoseconds or one ten-millionth of a second.

Example: *Source File Name:* MSF50X20120503VA000

Failed Record 1: MSF50X20120503VA000-634716533213999768-1.xml

Failed Record 2: MSF50X20120503VA000-634716533214008788-2.xml

When the FDF file is successfully processed, the file is renamed with an extension of '.processed' <Date/Time>.

Example: *Source File Name:* MSF50X20120503VA000

Successfully processed file: MSF50X20120503VA000.Processed_5.11.2012.7.33

The eOPF Operations team reviews the core service log table for errors on a daily basis and reports errors to the Data Provider and agency. Only records in error may be retransmitted.

Each agency instance contains import tables for each form type (e.g., IMPORT_SF50, IMPORT_SF52, etc.) supported by the eOPF FDF service. The eOPF system populates the agency instance import tables when a form record is successfully processed from the FDF file.

8.3.2 TRANSMISSION/ENVIRONMENT ERRORS

Events that occur outside the control of the FDF service may cause an error. Typical environmental errors are ones in which the agency eOPF instance is unavailable, or lost connectivity during transmission, or inaccessible data feed files. Table 18 provides the error codes associated with environment errors. When these conditions occur, the eOPF Operations team notifies the eOPF PMO and the Data Provider point of contact of the problem(s). The Data Provider and eOPF Operations team determine the appropriate resolution, which may include retransmission with increased monitoring to ensure successful transmission, staging and ingestion by the agency's FDF service.

8.4 Error Codes for FDF Service

When the eOPF FDF service processes an FDF file, the FDF file goes through a series of validations. There are two general validation levels: non-conforming XML and field level validation. The non-conforming XML data feed file level error(s) is severe and results in no processing of records from the XML based FDF file into the eOPF instance. An example of non-conforming XML file errors is a missing end tag. The use of an invalid character stops the file from processing at the point the system encounters the character.

After the file level validation is successful, the eOPF system processes each record contained in the data feed file and ingests records that pass the field level validations into the eOPF instance. Records that do not pass field level validation cause an error that is written to the eOPF core service log table and the XML file is sent to the reprocess directory. Table 18 lists the error codes generated by the eOPF FDF service and shows the data feed file format producing the error. Also, Table 18 provides a possible resolution to the error. Appendix B of the document is the "eOPF Reprocess Queue Error Messages with Correction Process" document.

Table 18. Error Codes for the FDF Service

(* denotes error logged in FDF Service error process table with no Error Code value)

Error Code	Transaction Type	Description	eOPF Error Condition (examples of messages)	Resolution
	ENVIRONMENTAL ERROR CODES (for example, occurs if agency eOPF database is unavailable)			
*	All transaction types	Database error written to the event log on server file.	Form Data Feed Exception Occurred...ORA-28000: the account is locked.	The eOPF Operations team researches and works with the eOPF Host Provider to resolve the issue.
*	All transaction types	Environment error written to the service log table.	Could not find a part of the path.	The eOPF Operations team researches and resolves the issue. .
*	All transaction types	This is the error when no connection could be established with DB. Database error written to the event log on server file.	Error: ORA-12170: TNS: Connect timeout occurred. .	The eOPF Operations team researches and resolves the issue.
*	All transaction types	This is the error when no connection could be established with DB. Database error written to the event log on server file.	Error: ORA-03135: Connection lost contact	The eOPF Operations team researches and resolves the issue.
*	All transaction types	Error occurs when the xml for the configuration tool is not configured correctly.	Failed to load configuration: TNS protocol adapter error.	The eOPF Operations team researches and resolves the issue.
	FORM RECORD ERROR CODES			
-100	Main	eOPF API Error	• Access to the path "\\server_diskz\eOPF Stage\ZZZ\FormsImport\SF not found. • ORA-12541: TNS:no listener • The network name cannot be found. • The process cannot access the file '\\server_diskz\eOPF Stage\ZZ\ MSF50X20101112USCG0.XML' • The specified network name is no longer available.	The eOPF Operations team researches and works with the eOPF Host Provider to resolve the issue.

Error Code	Transaction Type	Description	eOPF Error Condition (examples of messages)	Resolution
-101	PreProcessFiles	eOPF API Error	• Cannot create a file when that file already exists. • The process cannot access the file because it is being used by another process. • The network path was not found.	The eOPF Operations team researches and works with the eOPF Host Provider to resolve the issue. In some instances, eOPF Operations team directly edits the FDF file from the Data Provider to resolve the issue and process the file and in other cases, the Data Provider is asked to resubmit the data feed file and the original is purged.
-103	CreateSingleXMLTranactions	eOPF API Error	• An error occurred while parsing EntityName. Line ###, position ## • Data at the root level is invalid. Line 1, position 2. • Invalid character in the given encoding. Line ####, position ##. • Object reference not set to an instance of an object. • Root element is missing. • The 'FILE' start tag on line 2 does not match the end tag of 'EMPLOYEE' • Unexpected end of file has occurred. The following elements are not found.	The eOPF Operations team researches and works with the eOPF Host Provider to resolve the issue. In some instances, eOPF Operations team directly edits the FDF file from the Data Provider to resolve the issue and process the file and in other cases, the Data Provider is asked to resubmit the data feed file and the original is purged.
-103	DirectoryCheck()	eOPF API Error	• Cannot locate Input Directory: \\server_diskz\eOPF Stage\ZZZ\FormsImport\SF50 • Cannot locate Template: \\server_diskz\eOPF Stage\ZZZ\FormsImport\SF50\template.pdf	The eOPF Operations team researches and works with the eOPF Host Provider to resolve the issue. Typically, this is an issue with permissions or a missing template file in the agency instance.
-104	ProcessXMLTransaction	eOPF API Error	• Access to the path '\\server_diskz\eOPF Stage\ZZZ\FormsImport\SF50 denied. • Invalid operation. The connection is closed. • Object reference not set to an instance of an object. • This OleDbTransaction has completed; it is no longer usable.	The eOPF Operations team researches and works with the eOPF Host Provider to resolve the issue. Typically, this is an issue with permissions or the database client configuration.
-105	DirectoryCheck()	eOPF API Error	• Cannot locate Input Directory: \\server_diskz\eOPF Stage\ZZZ\FormsImport\SF50 • Cannot locate Template: \\server_diskz\eOPF Stage\ZZZ\FormsImport\SF50\<template.pdf>	The eOPF Operations team researches and works with the eOPF Host Provider to resolve the issue. Typically, this is an issue with permissions or a missing template file in the agency instance.

Error Code	Transaction Type	Description	eOPF Error Condition (examples of messages)	Resolution
-105	LoadXMLTransaction()	eOPF API Error	• Access to the path "\\server_diskz\eOPF Stage\ZZZ\FormsImport\SF denied. • Could not find file '\\server_diskz\eOPF Stage\ZZZ\FormsImport\SF50\ ZZ\ 'MSF50X20101112USCG0.XML' • Input string was not in a correct format. • Logon Failure: The target account name is incorrect. • Root element is missing. • String was not recognized as a valid DateTime. • The network name cannot be found. • Unexpected end of file has occurred. The following elements are no • Unexpected end of file while parsing Name has occurred. Line 356, • Unexpected node type Element. ReadElementString method can only be	The eOPF Operations team researches and works with the eOPF Host Provider to resolve the issue. In some instances, eOPF Operations team directly edits the FDF file from the Data Provider to resolve the issue and process the file and in other cases, the Data Provider is asked to resubmit the data feed file and the original is purged.
-109	DirectoryCheck()	eOPF API Error	• Cannot locate Input Directory: \\server_diskz\eOPF Stage\ZZZ\FormsImport\SF50 • Cannot locate Reprocess Directory: \\server_diskz\eOPF Stage\ZZ\FormsImport\Reprocess • Cannot locate Template: \\server_diskz\eOPF Stage\ZZZ\FormsImport\Templates\<Template.pdf>	The eOPF Operations team researches and works with the eOPF Host Provider to resolve the issue. Typically, this is an issue with permissions or a missing template file in the agency instance.
-109	InsertFormRecord()	eOPF API Error	• ORA-00957: duplicate column name • ORA-01400: cannot insert NULL into ("EOPF_ZZZ"."IMPORT_SF50"."DOB" • ORA-12899: value too large for column "EOPF_ZZZ"."IMPORT_SF2809"." • ORA-00904: "PRTC_TITLE": invalid identifier • The string was not recognized as a valid DateTime. • ORA-00917: missing comma • ORA-00942: table or view does not exist • ORA-01704: string literal too long	The eOPF Operations team researches and works with the Data Provider/Agency to review FDF File for issues.
112	DirectoryCheck()	eOPF API Error	• Cannot locate Input Directory: \\server_diskz\EOPF Stage\ZZZ\FormsImport\SF50	The eOPF Operations team works with eOPF Host Provider to resolve issue.

Error Code	Transaction Type	Description	eOPF Error Condition (examples of messages)	Resolution
-112	LoadDir()	eOPF API Error	• Logon Failure: The target account name is incorrect. • The specified network name is no longer available.	The eOPF Operations team works with eOPF Host Provider to resolve issue.
-120	DirectoryCheck()	eOPF API Error	• Cannot locate Input Directory: \\server_diskz\eOPF Stage\ZZZ\FormsImport\SF50 • Cannot locate Template: \\server_diskz\eOPF Stage\ZZZ\FormsImport\Templates\<Template.pdf>	The eOPF Operations team researches and works with the eOPF Host Provider to resolve the issue. Typically, this is an issue with permissions or a missing template file in the agency instance.
-120	GetFormInfo()	eOPF API Error	• Could Not Find TypeID or TypeDesc For NOA: 0	The eOPF Operations team researches and works with the Data Provider/Agency to review FDF File for issues.
-205	SF50	eOPF API Error	• String was not recognized as a valid DateTime.	The eOPF Operations team researches and works with the Data Provider/Agency to review FDF File for issues.
-600	CreateDoc()	eOPF API Error	• Failed to create directory. Logon Failure: The target account name • Failed to create directory. The network path was not found. • Failed to create directory. The referenced account is currently locked • No folders available for the employee.SSN = 000-00-0000 • No information available for this employee in USER_INFO table.SSN= 000-00-0000 • OutFile=04537397 InFile='\\server_diskz\eOPF Stage\ZZZ\FormsImport\SF50\ ZZ\ 'MSF50X20101112USCG0.XML' • SQL Execution failedORA-03135: connection lost contact Process ID: • Unable to find form-type link in FORML_TYPE table. • SQL Execution failedORA-01654: unable to extend index EOPF_ZZZ.I_DOCINDEX	The eOPF Operations team works with eOPF Host Provider to resolve issue.
-600	DirectoryCheck()	eOPF API Error	• Cannot locate Input Directory: \\server_diskz\eOPF Stage\ZZZ\FormsImport\SF50 • Cannot locate Template: \\server_diskz\eOPF Stage\ZZZ\FormsImport\Templates\<Template.pdf>	The eOPF Operations team researches and works with the eOPF Host Provider to resolve the issue. Typically, this is an issue with permissions or a missing template file in the agency instance.

Error Code	Transaction Type	Description	eOPF Error Condition (examples of messages)	Resolution
-930	SF 50	eOPF API Error	Missing field found – <field name inserted> Fields edited are: Full Name SSN DOB Effective Date NOAC NOAC Description Agency Agency Code Signature - Electronically signed by <name> Title	Provider resolves issue with agency.
-930	SF 2809	eOPF API Error	Missing field found – <field name inserted> Fields edited are: Enrollee Name SSN DOB Part C Plan Name Part C Enrollment Code Part D Event Code Part D Event Date Employee Signature Date Received Effective Date of Action Authorizing Official Name and Signature Payroll Office Number	Provider resolves issue with agency.
-930	SF 2810	eOPF API Error	Missing field found – <field name inserted> Fields edited are: Name DOB SSN Payroll Office Number Enrollment Code Number Effective Date One must be checked - Part B - Part F Name and Address of Agency Signature of Authorized Agency Official Date of Signature	Provider resolves issue with agency.

Error Code	Transaction Type	Description	eOPF Error Condition (examples of messages)	Resolution
-930	SF 2817	eOPF API Error	Missing field found – <field name inserted> Fields edited are: Name DOB SSN Employing Agency Employee Signature and Date Name and Address of Employing Office Date Received Effective Date of Coverage Event Code Signature of Authorizing Official	Provider resolves issue with agency.
-930	TSP 1	eOPF API Error	Missing field found –<field name inserted> Fields edited are: Name Address SSN Agency One must be present - Block 6 through 9 One must be present - II or III Employee signature and date Payroll Office Number Receipt Date Effective Date Signature of Agency Official	Provider resolves issue with agency.
-930	DG-60	eOPF API Error	Missing field found – <field name inserted)> Edited fields are: Name SSN Effective Date Transaction POI Agency Code Payroll Office Number	Provider resolves issue with agency.

9.0 Test Procedures

This section describes the eOPF FDF service functional test procedures and their use. The test procedures provide detailed instruction for the execution of test cases. The test cases are created to test Data Provider FDF files prior to any production ingestion of data. These tests are completed within a test environment prior to the Data Provider's transmission being processed in a production environment. The tests are generic to the FDF file regardless of the specific form data (e.g., SF-50, SF-52, TSP-1, etc.).

The testing process validates the connectivity between Data Provider and eOPF Host Provider, educates responsible parties of the activities involved for a successful FDF, and verifies all steps of the ingestion process work smoothly.

After an agency provider establishes a file which is tested and in production, the provider cannot deviate from the configured and tested format. When a provider changes the file or the contents of the file for an agency, the provider must work with the eOPF PMO to test the changes to ensure the service is configured to process the new/updated feed and loads.

9.1 Objective and Goals

Appendix A of this document provides a variety of test scenarios that must be performed to ensure:

- The Data Provider is producing proper FDF files
- The eOPF Host Provider has properly configured the environment
- The Data Provider can resolve error conditions uncovered during the testing
- The agency is able to verify the form output meets requirements

The Data Provider must comply with the eOPF PMO's specifications for the eOPF FDF service files. Compliance with this specification ensures accurate data submissions to the eOPF solution.

The goals for the test process are to verify:

- Communications between the Data Provider and eOPF Host Provider are working.
- All environmental configuration settings are correctly configured.
- Data Provider can generate XML file formats.
- Data Provider understands errors can occur and must be resolved with the assistance of the serviced agencies.
- Data Provider understands the required formatting for form data feeds.
- Agency and Data Provider can support reconciliation of data feeds.
- Data Provider can receive and process the generated confirmation and error receipts.
- Agency has established processes for validating data after the FDF files process.
- Data Provider tests all types of transaction files available to the FDF Service.
- Data Provider sends complete files and they comply with the ICD guidance so that data is not missing or truncated erroneously.
- Agency validation and approval of test results.

9.2 Scope

A Data Provider develops a test plan for review and approval by the eOPF PMO for all applicable processing software that is required to comply with the specifications in this document.

Deliverables include:

- Data Provider's eOPF development test plan including a list of Forms (ex. SF-50, SF-52, TSP-1, etc.) to be tested. The Data Provider must provide a test file for each form they plan to submit in production;
- Data Provider's test data submissions;
- Test results summary that includes test scenarios and test results; and
- Test environment with valid test accounts.

9.3 Roles and Responsibilities

The roles and responsibilities are detailed below in Table 19.

Table 19. Test Procedure Roles and Responsibilities

Role	Responsibilities
eOPF Operations Team	• Review and approve Data Provider's test plan • Direct eOPF Host Provider to create the necessary file agent scripts for purposes of testing • Provide troubleshooting to resolve issues • Provide management oversight to testing process • Establish the test date(s)with the Data Provider and eOPF Host Provider • Ensure appropriate agency personnel (e.g., HR Specialists) have sufficient training and access to testing facility to participate in validation steps of the testing procedure • Provide test environment • Assist with the testing criteria • Coordinate receiving the test data with the Data Provider • Provide feedback and analyze results during test runs
eOPF Host Provider	• Ensure infrastructure in place to process test data submitted • Locate, report, and track form data files being sent • Troubleshoot any environmental errors • Analyze results and provide to eOPF PMO, agency, and Data Provider
Data Provider	• Provide SFTP connectivity which requires a license and must be configured, tested and verified by the Data Provider, agency and OPM • Only submit data under his/her purview. For instance, an EOD provider can only submit EOD forms; a payroll/personnel provider can only submit documents in the database of record, etc. • Review every file for accuracy and completeness of the transmittal file • Assure files delivered to the correct instance/directory • Reconcile files to assure the data loaded into an agency's eOPF instance matches the sent data • Assure delivery of a data feed file and content that matches the specifications found in the ICDs • Demonstrate ability to correct a corrupt data feed file • Demonstrate ability to retrieve the confirmation and error receipts, analyze the data and take appropriate action to resolve any errors or issues for each submitted file • Deliver complete builds of test data feed files that meet test criteria • Document test results and obtain agency approval of results

Role	Responsibilities
Agency	• Submits approved test plan to eOPF PMO • Assures security and reliability of the provider's electronic approval process – must be equivalent to or greater than a wet signature • Tests, reviews and approves test results • Assures Provider is only submitting forms under his/her purview, e.g.an EOD provider can only submit EOD forms; payroll/personnel provider can only submit documents in the database of record, etc. • Validates Agency specific requirements or custom specifications • Assures every form is tested and submitted • Validates the eOPF accounts are updated with new documents and are viewable and printable in the test environment. Print all forms to determine: 1. Is the data correct? 1. Form number/form type 2. Source System Identifier (must appear on each form) 3. Indexing date 4. Effective date 5. Source side and delivery side 6. Merge folder 7. Duplex or two sided form 8. Do forms requiring an NOA contain an NOA? Vice versa? 2. Does the data in eOPF match the data in the file transmitted by the provider? 3. Does the data in eOPF match the data in the provider system? 4. Does the printed form in eOPF match the printed form in the provider system? 5. Completion of fields – 1. Does each form contain the minimum data that must be completed on all forms? Do all required fields contain data? 2. Is all data truncated appropriately? 3. Are optional fields formatted as null/blank? 6. Does the data match the OPM guidance? Master Forms List? Agency Forms List? 7. Does the signature block contain the text "Electronically signed by <Signer Name>?" 8. Are all forms captured?

Appendix A. Delivery Test Plan

A.1 Test Design

The Data Provider works with eOPF PMO to test the data feed file transmission to the eOPF Host Provider's environment and ensures it is delivered to the correct agency's staging directory. The test data feed file(s) are validated against the eOPF FDF service in the eOPF Host Provider's test environment. Some of the feed files must contain errors that are used to validate the Data Providers ability to handle an error condition. This testing is an opportunity for the Data Provider, eOPF Host Provider, and eOPF PMO to get familiar with the FDF service processes. It also allows the PMO to review the resulting FDF service output with the agency.

A.2 Test Plan

The Data Provider, in conjunction with the agency when appropriate, develops and submits the test plan to the eOPF PMO. For the FDF service testing, a data provider must provide a test file for each form they plan to submit in production. Each data feed is unique to a Data Provider and is used for reconciliation to assure the data loaded into an agency's eOPF instance is the data that was sent. The test plan should include the following:

- Overview
    - Agency and Data Provider Information
    - Transmission Overview
    - Intended Schedule for Test Transmission to eOPF
    - Type of Data
    - Frequency of Transmissions
- Test Items
    - What To Test
    - What Not To Test
- Test Strategy/Approach
    - Types of Testing
    - Test Techniques
    - Test Environment Pass/Fail Criteria
    - Stress Testing
    - Any Special Tests Based on Custom Agency Requirements
- Resolution of Defects, Variances, and Incidents

A.2.1 TEST DATA

Test data submitted during this effort consists of FDF files in correct file formats.

Prerequisites:

- All tests create new forms in pre-stage employee folders in the agency's eOPF test instance.
- Test data must be agreed upon by all parties involved in the testing.
- Some data feed files contain errors and others contain no errors.

- Test files must be created and submitted using the information in this guidance which includes following the XML format defined in this document.

A.3 Test Rounds

The test rounds are described in the following table. Each round must be completed.

Table 20. Test Rounds To Be Completed

Round #	Test Description	Scenarios
1	Demonstrates Data Provider can construct a valid FDF file in XML format	Create, process, and ingest delivered file.
2	Successfully Process Various Records	Scenario 1, verify the Data Provider can populate every element in the XML value with a value that meets the maximum number of characters defined in the specification. Insert the records to ensure no data is truncated and that the resulting output is correct. Scenario 2, verify the Data Provider can properly send a form record that has only mandatory elements populated and properly generates null elements in the XML file.
3	This section provides the steps to validate that the data provider is able to correct a corrupt form data feed file. This round must be coordinated with the eOPF Operations team so the errors being generated can be communicated to the Data Provider for file modification and re-submission. Typically, a data provider may only need to resend form data feed files during the initial form data feed service setup and validation. Based on experience, errors encountered in a mature FDF process are corrected on an individual basis by edits to the original data feed file as errors are typically limited to an individual record.	• Send file with missing file header element. • Send file with records missing mandatory fields. • Send file with no ending tag. • Send non-XML file with proper name but no content. • Send XML file without proper naming convention.
4	Test Agency Custom Specifications	Custom to agency.

A.3.1 Test Round 1

A.3.1.1 Round 1 Test Scenario

This test round validates the data provider can construct a valid FDF file in XML format. The data feed file must contain all required tag elements and required fields. The test also verifies the Data Provider is delivering a data feed file and content that matches the specifications found in this document. This initial test round is conducted using error free data. Subsequent test rounds simulate error conditions using faulty delivery data to verify error handling by both the data provider and eOPF Host Provider. One or more form(s) (SF-50, SF-52, TSP-1, etc.) must be selected and agreed upon.

- Using an agreed upon test set of SSNs, the data provider creates one FDF file containing at least four form records. The FDF file must use the correct file naming convention and conforming file structure. It also must contain values that match the FDF service configuration settings. For example, agency identifier must match for the service to process the file.

- The Data Provider transmits the form data feed file using the SFTP software process established with the eOPF Host Provider. This test validates the connection is working between the Data Provider and the eOPF Host Provider. It also validates the eOPF Host Provider can successfully route the file to the agency's dedicated FDF service for processing.
- The FDF service successfully ingests all four records into the eOPF test instance. If the ingestion fails, the problem is reviewed, solved and data is rolled back for another attempt. The form data feed file is resent until complete ingestion is successful. If any of the records fail, only the failed records are resent.
- Validate four employee accounts and folders contain the ingested forms and can be viewed in the agency's test environment.

A.3.1.2 Round 1 Test Data

This initial test round is conducted using error free data. All data elements are present and in the correct XML FDF file format.

A.3.1.3 Round 1 Expected Results

- The FDF file uses the correct file naming convention and conforming file structure.
- The FDF file is received with four form records. This validates the ability to send multiple forms in a single file.
- All XML data elements and required data fields are present on the form records.

Note: This test should be repeated for each form that the Data Provider plans to send for an agency.

A.3.2 TEST ROUND 2

A.3.2.1 Round 2 Test Scenario

This test round demonstrates that the Data Provider can produce form records that comply with the specification of the document. Depending on the form chosen, the Data Provider produces a combination of records to validate it can meet a variety of production scenarios.

- Using agreed upon test SSNs in the targeted eOPF test instance, the Data Provider creates form data feed files for the two scenarios bulleted above. For the first scenario, the form data feed file contains valid record entries for the target form. Each field of the form spec must be populated with the maximum length value. For the second scenario, the form data feed file contains valid record entries for the target form however only the mandatory elements are populated. The remaining elements are null. The Data Provider sends Form Data feed files in XML file format for both scenarios.
- The files are properly staged using SFTP File Agent Scripts which place the FDF file into the appropriate waiting folder to be ingested.
- The FDF service successfully ingests all records into the eOPF test instance. If the ingestion fails for a record, the record is placed in an XML file in the service's reprocess directory where the problem is reviewed, solved and the service attempts to process the record again. If necessary, the Data Provider resends the FDF file until complete ingestion is successful. If any of the records fail, only the failed records are resent.

- Validate that the eOPF accounts were updated with new documents and can be viewed in the agency's test environment.
- Repeat steps based on scenarios described above until all parties agree the test has been passed.

A.3.2.2 Round 2 Test Data

This test round is conducted using error free data. All data elements are present and in the correct XML form data feed file format.

A.3.2.3 Round 2 Expected Results

Round 2 testing should produce the following results

- All record elements are populated. Review generated form to verify output results in all fields populated.
- All record elements meet maximum allowed length. Review generated form to verify output results in all fields populated are not truncated and that field fits in allocated space on the form. Review Import_<Form> table to ensure all records are captured.
- All mandatory elements are populated and optional fields are formatted as null. Review form record sent by Data Provider to verify mandatory and optional fields are correct.

Note: This test should be repeated for each form that the Data Provider plans to send for an agency.

A.3.3 TEST ROUND 3

A.3.3.1 Round 3 Test Scenario

In Round 3 the Data Provider creates FDF files containing test data that reject based on malformed XML. (for example, sending invalid special characters): The test scenarios are described in the Action column in Table 21: Round 3 Test Scenarios

Table 21. Round 3 Test Scenarios

Action	Expected Error
Send file with missing file header element.	Unable to process file. - File is sent to reprocess directory for troubleshooting. Data provider corrects and resubmits file.
Send file with records missing mandatory fields.	File is processed until encountering bad record. - File with remaining records is sent to reprocess directory for troubleshooting. Data provider corrects the bad records and resubmits.
Send file with no ending tag.	File cannot be processed. - File is sent to reprocess directory for troubleshooting. Data provider corrects the tag and resubmits file.
Send non-XML file with proper name but no content.	File cannot be processed. - File remains in the waiting folder/directory. Data provide provides an XML file.
Send XML file without proper naming convention.	File cannot be processed. - File remains in the waiting folder/directory. Data provider corrects the XML and resubmits file.

In addition to the actions listed above, the test scenarios must address the following items:

- The files are properly staged (using SFTP File Agent Scripts) and ingested by the eOPF FDF service into the eOPF test instance.
- The eOPF Operations team provides the data provider with information on the why and at what point the test data feed files were rejected.
- The Data Provider reviews the errors provided by the eOPF Operations team.
- A new FDF file is produced containing only unprocessed records. This file is submitted to the eOPF Host Provider for processing.
- The corrected form data feed files are properly staged (using SFTP File Agent Scripts) and ingested by the eOPF FDF service into the eOPF test instance.
- This step is repeated until all records are tested and validated.

A.3.3.2 Round 3 Test Data

This initial test round is conducted using data containing errors. This round must be coordinated with the eOPF Operations team so the generated errors can be communicated to the data provider for modifications and resubmission.

A.3.3.3 Round 3 Expected Results

Round 3 testing should produce the following results:

- The FDF file uses the correct file naming convention and conforming file structure.
- File is sent to reprocess directory for troubleshooting. Data provider corrects and resubmits file.
- The resubmitted data files load successfully.

A.3.4 ROUND 4

A.3.4.1 Round 4 Test Scenario

This test round provides a template to support any agency specific requirements.

- The Data Provider creates a FDF file(s) that meets the agency specific requirements, i.e., DA-3434, AO-52.
- The Data Provider sends the form data feed file(s) for processing.
- The FDF file(s) are properly staged (using SFTP File Agent Scripts) and ingested by the eOPF Form Data Feed service into the agency eOPF test instance.
- Results are evaluated and if errors are identified then the Data Provider must correct the data feed file and resend.

A.3.4.2 Round 4 Test Data

The test round is conducted using data appropriate to the agency specific custom requirements. All data elements are present and in the correct XML FDF file format. Any specific error testing must be designed into the test data.

A.3.4.3 Round 4 Expected Results

The Round 4 testing should provide the following results:

- The FDF file uses the correct file naming convention and conforming file structure
- All record elements are populated. Review generated form to verify output results in all fields populated

A.4 Test Completion

The completion date for testing and approving the Data Provider's test submissions is determined by the eOPF PMO. The number of times the tests are executed is determined by the eOPF PMO.

The implementation of the FDF files and transmission of data to eOPF must occur within 45 – 60 days after testing is completed and approval received. If it does not, the PMO will not accept any transmissions until a review is completed.

Appendix B. eOPF Reprocess Queue Error Messages

B.1 Introduction

Individual records that fail to load into the electronic Official Personnel Folder (eOPF) are captured and placed in a file in the agency's Reprocess Queue. The failed record is stored in the original XML file whose file name includes a time value to ensure file name uniqueness. The agency and possibly the provider are contacted to review the issue and define a solution. If the error is local to the eOPF Host Provider infrastructure, the issue is resolved, and the provided file is processed. When the form data feed file is successfully processed, the file is renamed with an extension of '.processed' <Date/Time>.

B.2 Purpose

This document identifies common error messages associated with failed records that are placed in an agency's Reprocess Queue. For each error message presented, the following is provided:

- Error message
- Description of the error and its cause
- Example of the message on the Reprocess Queue Report
- Steps for correcting the error

B.3 Error Messages

B.3.1 COULD NOT FIND TYPEID OR TYPEDESC FOR NOA

B.3.1.1 Description

The document submitted by the data provider contains a Nature of Action (NOA) Code that is invalid or outside the valid accepted range of dates provided by the Office of Personnel Management (OPM).

TypeID or TypeDesc – TypeID and TypeDesc are internal eOPF system identifiers. The TypeID is the given NOA Code and TypeDesc is the NOA Code's description.

B.3.1.2 Example

"Could Not Find TypeID or TypeDesc For NOA: 898". This rejected for one of the following reasons:

1. NOA 898 is not listed on the eOPF NOA Code table.
2. The effective date on the form is outside the valid date range for using NOA 898.
3. NOA 898 is not associated with the form on which it was submitted.

B.3.1.3 Correction Process

The following describes the correction process for NOA Code errors:

- When a NOA is not listed on the eOPF NOA Code table, contact OPM Records Management Office to request the addition of the NOA Code to the table.
- When the NOA Code is outside the valid date range for using the NOA Code, the agency must:

1. Print the SF-50 from the agency system of record, scan, and upload it into the eOPF as an Exception.
2. Process a cancellation in the agency system of record following the *Guide to Processing Personnel Actions* (GPPA).
3. Review and delete the cancellation and the action that was indexed as an Exception after the data provider sends the cancellation and any replacement action to eOPF.
4. Submit a request via email to the designated agency eOPF Oversight Manager to delete the original action in the reprocess directory.

- When the NOA Code is not associated with an In-Lieu-of SF-50 (i.e., agency specific form), the agency eOPF representative must request the eOPF Program Management Office (PMO) add the NOA Code to the NOA Code table for that form.

B.3.2 NO FOLDERS AVAILABLE FOR THE EMPLOYEE / NO INFORMATION AVAILABLE FOR THIS EMPLOYEE IN USER_INFO TABLE

B.3.2.1 Description

The Social Security Number (SSN) does not match any of the current folders in eOPF.

B.3.2.2 Example

“No folder available for the employee SSN XXXXXXXXX” or “Employee folder not found in the system”.

This action was rejected because the eOPF account and folder has not been created by the Employee Data Feed (EDF).

B.3.2.3 Correction Process

Verify the SSN.

- If the SSN is valid and a folder needs to be created, wait for the EDF to create the employee account that establishes the folder. Some agencies submit the EDF on a daily basis, others on a bi-weekly basis. After the EDF for the action in the Reprocess Queue is received, the eOPF is created and the action is loaded.
- If the eOPF is not created after a processing pay period and the action continues to appear in the Reprocess Queue, the agency should work with the data provider to determine why the EDF for the employee has not been sent.
- When the initial hire action contains an incorrect SSN, the EDF creates a folder with the incorrect SSN. When HR corrects the employee’s SSN, another folder is created for the employee with the correct SSN. Using “Modify Index” HR must re-index all the documents containing the incorrect SSN. When these documents are re-indexed with the correct SSN, the documents are consolidated into one eOPF with the correct SSN. Once that process is complete, the agency must notify the designated agency eOPF Oversight Manager that the re-indexing is complete and the eOPF with the incorrect SSN can be deleted.
- When a folder is created for an employee who does not report for duty, the agency and provider must:

1. Update their processes to assure no future dated actions or actions for employees who have not reported to duty are submitted to eOPF.
2. Process a cancellation of the accession and other actions in the agency system of record.
3. After the data provider sends the cancellation(s), review and delete the cancellation(s) and the original SF-50(s) and other supporting documentation.
4. Send a request to delete the eOPF via email to the designated agency eOPF Oversight Manager.

NOTE: At no time should an eOPF be established for an individual who has not performed service for the Federal Government.

B.3.3 CANNOT INSERT NULL INTO. . .

B.3.3.1 Description

The document failed to load because of a problem with the data, such as a mandatory field on the SF-50 is empty.

B.3.3.2 Example

ORA-01400: cannot insert NULL into (“EOPF_DOI”.”IMPORT_SF50”.”DOB”).

B.3.3.3 Correction Process

The agency must verify the missing data is present in the agency’s system of record.

1. When the required data is present in the system of record, notify the data provider that the document sent was missing data, and request that a new document containing the data be sent to eOPF.
    1. After the data provider sends the replacement document, the agency must verify the document is in eOPF.
    2. After verifying the document is in eOPF, the agency can use eOPF to purge the reprocess file using System Admin → Data Feed Documents module. The agency may also send a request to delete the document from the reprocess queue to the designated agency eOPF Oversight Manager.
2. When the missing data is not present in the agency system of record, correct the document to include the data.
    1. After the data provider sends the replacement document, the agency must verify the document is in eOPF.
    2. After verifying the document is in eOPF, the agency can use eOPF to purge the reprocess file using System Admin → Data Feed Documents module. The agency may also send a request to delete the document from the reprocess queue to the designated agency eOPF Oversight Manager.

B.3.4 ORA-12899: VALUE TOO LARGE FOR COLUMN

B.3.4.1 Description

The document failed to load because of a problem with the data sent by the data provider. This error usually occurs when the data exceeds the field size established for the field. For example, a 215-character field is sent for a 63-character field.

B.3.4.2 Example

“ORA-12899: value too large for column “EOPF_DHS”.”IMPORT_SF2809”.”REMARKS” (actual: 163, maximum: 160)” or “ORA-12899: value too large for column “EOPF_DHS”.”IMPORT_SF2809”.”EMPLOYEE_INSURANCE_NAME” (actual: 73, maximum: 70)” or “ORA-12899: value too large for column “EOPF_DHS”.”IMPORT_TSP1”.”ADDRESS2” (actual: 77, maximum: 50)”.

B.3.4.3 Correction Process

The agency works with the data provider to submit a new file with correct data.

1. After the data provider sends the replacement document, the agency must verify the document is in eOPF.
2. After verifying the document is in eOPF, the agency can use eOPF to purge the reprocess file using System Admin → Data Feed Documents module. The agency may also send a request to delete the document from the reprocess queue to the designated agency eOPF Oversight Manager.

B.3.5 STRING WAS NOT RECOGNIZED AS A VALID DATETIME

B.3.5.1 Description

The document submitted has an invalid effective date or an invalid date format. Typically this means the effective date is 00/00/0000 or blank.

B.3.5.2 Example

“String was not recognized as a valid DateTime”.

B.3.5.3 Correction Process

The agency works with the data provider to submit a new file with correct data, including correct date format.

1. After the data provider sends the replacement document, the agency must verify the document is in eOPF.
2. After verifying the document is in eOPF, the agency can use eOPF to purge the reprocess file using System Admin → Data Feed Documents module. The agency may also send a request to delete the document from the reprocess queue to the designated agency eOPF Oversight Manager.

B.3.6 INPUT STRING WAS NOT IN A CORRECT FORMAT

B.3.6.1 Description

The document submitted has a problem with the structure of the field, meaning the XML is not formatted properly or the data value is not in the correct format.

B.3.6.2 Example

“Input string was not in a correct format. NOA Code = ‘H01’”.

B.3.6.3 Correction Process

The agency works with the data provider to submit a new file with correct data, including valid NOA Codes.

1. After the data provider sends the replacement document, the agency must verify the document is in eOPF.
2. After verifying the document is in eOPF, the agency can use eOPF to purge the reprocess file using System Admin → Data Feed Documents module. The agency may also send a request to delete the document from the reprocess queue to the designated agency eOPF Oversight Manager.

B.3.7 DATA AT THE ROOT LEVEL IS INVALID. LINE 1, POSITION 2

B.3.7.1 Description

The document contains an error in the XML wrapper received from the data provider. This is typically because the XML root record was not formatted properly or the file contains no records.

B.3.7.2 Example

“Root element is missing.”

B.3.7.3 Correction Process

The agency data provider should not send files that contain no data.

B.3.8 UNEXPECTED END OF FILE OCCURRED

B.3.8.1 Description

The document has a special character. This stops the loading of the entire transmission at the point of the error. When more than one file is delivered, the Technical Specialist who monitors the process restarts the file load after the affected record. If the error is due to an interrupted transmission, the remainder of the file is not delivered.

B.3.8.2 Example

“Unexpected end of file has occurred. The following elements are no” and “Unexpected end of file while parsing Name has occurred. Line 121”.

B.3.8.3 Correction Process

The agency works with the data provider and the Technical Specialist to submit a new file with correct data.

1. After the data provider sends the replacement document, the agency must verify the document is in eOPF.
2. After verifying the document is in eOPF, the agency can use eOPF to purge the reprocess file using System Admin → Data Feed Documents module. The agency may also send a request to delete the document from the reprocess queue to the designated agency eOPF Oversight Manager.

B.3.9 COMBINATION OF AGENCY/SUB-AGENCY AND POID DOES NOT EXIST

B.3.9.1 Description

The combination of Agency/Sub-agency and Personnel Office Identifier description (POID) does not exist in the OPM Data Standards. All Agency/Sub-agency and POIDs must be issued by OPM and must be documented in the OPM Data Standards.

B.3.9.2 Example

POID 4822 combined with Agency/Sub-agency code AG00 does not exist.

B.3.9.3 Correction Process

The following describes the correction process for Agency/Sub-agency and POID errors:

1. When either the Agency/Sub-agency or POID is not listed on the OPM Data Standard tables, contact the appropriate agency eOPF Oversight Manager to request the addition of the codes to the tables.

   NOTE: Non-Title 5 and non-Federal organizations cannot use the Agency/Sub-agency and POI codes assigned to Title 5 organizations and vice versa. Each organization must use unique codes assigned to the specific organizations.

2. The eOPF Oversight Manager will work with the agency to determine when the existing codes can be used or if new codes need to be issued.
3. When no new codes are required and the OPM Data Standard tables are updated, the documents will process and load to the eOPF system.
4. When new codes are required, the agency must submit the appropriate forms to request the codes and will work the agency data providers to assure appropriate system changes are made.
5. When the Agency/Sub-agency code and/or POID in the provider system are different than the codes in the OPM Data Standards, the agency must reconcile the differences.

   NOTE: All official forms and files of official forms/documents must contain the OPM assigned codes. The forms produced in the provider systems must match the forms submitted to OPM or other federal government organizations.

6. When the required data is present in the system of record, the data provider must resubmit the documents with the correct codes.
7. After the data provider sends the replacement document, the agency must verify the document is in eOPF.

8. After verifying the document is in eOPF, the agency can use eOPF to purge the reprocess file using System Admin → Data Feed Documents module. The agency may also send a request to delete the document from the reprocess queue to the eOPF Project Manager.

Appendix C. Acronym List

Acronym	Definition
API	Application Programming Interface
ASCII	American Standard Code for Information Interchange
ATO	Authority to Operate
BAL	Benefits Administration Letter
C&A	Certification and Accreditation
CWISR	Center for Workforce Information and Systems Requirements
DCPDS	Defense Consolidated Personnel Data System
DHS	Department of Homeland Security
DOB	Date of Birth
DocGUID	Document's Globally Unique Identifier
DOE	Department of Energy
EDF	Employee Data Feed
EEOC	Equal Employment Opportunity Commission
EHRI	Enterprise Human Resources Integration
EOD	Entrance On Duty
eOPF	Electronic Official Personnel Folder
FDF	Form Data Feed
FEHB	Federal Employee Health Benefits
FIPS	Federal Information Processing Standards
FISD	Federal Investigative Services Division
FISMA	Federal Information Security Management Act
FMS	Financial Management Services
GDS	Guide to Personnel Data Standards
GHRR	Guide to Human Resources Reporting
GPEA	Government Paperwork Elimination Act
GPPA	Guide to Processing Personnel Actions
GPR	Guide to Personnel Recordkeeping
GSA	General Services Administration
GUID	Globally Unique Identifier
HR	Human Resources
HRIS	HR Information System
ICD	Interface Control Document
IDF	Index Data Feed
IRS	Internal Revenue Service
ISA	Interconnection Security Agreement
MOU	Memorandum of Understanding
NARA	National Archives and Records Administration
NBC	National Business Center
NFC	National Finance Center
NIST	National Institute of Standards and Technology
NOA	Nature Of Action

Acronym	Definition
OMB	Office of Management and Budget
OPF	Official Personnel Folder
OPM	Office of Personnel Management
PDF	Portable Document Format
PMO	Program Management Office
POC	Point of Contact
POID	Personnel Office Identifier
SBU	Sensitive But Unclassified
SDD	System Design Document
SHRP	Strategic Human Resources Policy
SSI	Source System Identifier
SSN	Social Security Number
TLS	Transport Layer Security
TOR	Terms Of Reference
TSP	Thrift Savings Plan
TSPB	Thrift Savings Plan Board
USPS	United States Postal Service
UUID	Universal Unique Identifier
VPN	Virtual Private Network
W3C	World Wide Web Consortium
XML	Extensible Markup Language

Appendix D. Changes (Previous to 07/06/2019)

Version	Date	Revision Description
0.1	05/15/2012	This document is one of three separate documents that replace the ICD.
0.2	08/01/2012	Updated based on PMO comments and changes. Accepted majority of changes. Updated Appendix A. Added Appendix B as "eOPF Reprocess Queue Error Messages with Correction Process" document. Moved Acronym List to Appendix C. Added comments to answer comments in document.
0.3	08/13/2012	Updated based on conference call review with PMO. Added PO ID to form spec as Mandatory Field on SF-52, SF-2809, SF-2810, SF-2817, TSP-1, TSP-1-C. Added Personnel Contact, Personnel Phone Number, Payroll Contact, Payroll Phone number on SF-2810. Added a dash between all form numbers document wide. Fixed figure links so they do not wrap to next line. Standardized format of example SSN and use of the format example. Updated Figure 2 graphic.
1.0	08/16/2012	Incorporated EHRI PMO minor edits and finalized approved document.
2.0	03/03/2015	This document replaces the Forms Data Feed ICD issued May 2012. Changes that may require changes to the provider file submissions include: • SF-50 and SF-52: Adjusted field size for NOA, Legal Authority and their descriptions. • SF-2809: New version of form effective November 2014. Added two address fields for the enrollee and all family members; changed the size of the address fields; changed the size of the Remarks field; combined two signature field to support Authorizing Signature Name and "Electronically signed by:" or "E/S by:" options. • SF-2810: Increased size of the Remarks field; combined two signature fields to support Authorizing Signature Name and "Electronically signed by:" or "E/S by:" options; • SI-650: New supported form. • SF-1150: Section holder to indicate the form will be a supported data feed in the future. • Section 5.4 outlining the providers' responsibilities for data quality • All forms and XML examples: Standardization of the formats for names, dates, "Electronically signed by:" or "E/S by:" and telephone numbers. Other changes include: • A notation that new versions of the TSP-1 and TSP-1-C are effective January 2015. • A citation on the use of electronic signatures in Federal government. Added Section 5.4 Data Quality and Its Impact Added the XML Declaration Requirement to Section 5.6 XML Supported Format Added description of DOLLAR AMOUNT to Section 6.4 Field Formats Added the following to all interface files • When sending large amounts of data, providers are directed to send multiple files sized at approximately 100 MB each and increment the submission indicator in the filename. • Providers must send a record containing all XML tags as specified for the form even if the tag is null.

Version	Date	Revision Description
		DETAILS OF FORM CHANGES: **SF- 50 changes** NATURE_OF_ACTION_5B 35 (used to be 200) LEGAL_AUTHORITY_5D 35 (used to be 200) LEGAL_AUTHORITY_5F 35 (used to be 200) NATURE_OF_ACTION_6B 35 (used to be 200) LEGAL_AUTHORITY_6D 35 (used to be 200) LEGAL_AUTHORITY_6F 35 (used to be 200)

Version	Date	Revision Description
		ADDED: ORG_CODE_FROM 18 ORG_CODE_TO 18 **SF- 52** PRTB_NOA_DESC_5B 35 (used to be 200) PRTB_NOA_DESC_6B 35 (used to be 200) PRTB_LEG_AUTH_DESC_5D 35 (used to be 200) PRTB_LEG_AUTH_DESC_6D 35 (used to be 200) PRTB_LEG_AUTH_DESC_5F 35 (used to be 200) PRTB_LEG_AUTH_DESC_6F 35 (used to be 200) **SF-2809** EMPLOYEE-ADDRESS1 60 (used to be 105) EMPLOYEE-ADDRESS2 60 (used to be 50) ADDED: EMPLOYEE-ADDRESS3 60 EMPLOYEE-ADDRESS4 60 EMPLOYEE-MEDICARE-CLAIMNO 25 (used to be 35) MEMBER1-ADDRESS1 60 (used to be 105) MEMBER1-ADDRESS2 60 (used to be 50) MEMBER1-MEDICARE-CLAIMNO 25 (used to be 35) ADDED: MEMBER1-ADDRESS3 60 MEMBER1-ADDRESS4 60 MEMBER2-ADDRESS1 60 (used to be 105) MEMBER2-ADDRESS2 60 (used to be 50) MEMBER2-MEDICARE-CLAIMNO 25 (used to be 35) ADDED: MEMBER2-ADDRESS3 60 MEMBER2-ADDRESS4 60 MEMBER3-ADDRESS1 60 (used to be 105) MEMBER3-ADDRESS2 60 (used to be 50) MEMBER3-MEDICARE-CLAIMNO 25 (used to be 35) ADDED: MEMBER3-ADDRESS3 60 MEMBER3-ADDRESS4 60 MEMBER4-ADDRESS1 60 (used to be 105) MEMBER4-ADDRESS2 60 (used to be 50) MEMBER4-MEDICARE-CLAIMNO 25 (used to be 35) ADDED: MEMBER4-ADDRESS3 60 MEMBER4-ADDRESS4 60 MEMBER5-ADDRESS1 60 (used to be 105) MEMBER5-ADDRESS2 60 (used to be 50) MEMBER5-MEDICARE-CLAIMNO 25 (used to be 35) ADDED: MEMBER5-ADDRESS3 60 MEMBER5-ADDRESS4 60

Version	Date	Revision Description
		MEMBER6-ADDRESS1 60 (used to be 105) MEMBER6-ADDRESS2 60 (used to be 50) MEMBER6-MEDICARE-CLAIMNO 25 (used to be 35) ADDED: MEMBER6-ADDRESS3 60 MEMBER6-ADDRESS4 60 MEMBER7-ADDRESS1 60 (used to be 105) MEMBER7-ADDRESS2 60 (used to be 50) MEMBER7-MEDICARE-CLAIMNO 25 (used to be 35) ADDED: MEMBER7-ADDRESS3 60 MEMBER7-ADDRESS4 60 MEMBER8-ADDRESS1 60 (used to be 105) MEMBER8-ADDRESS2 60 (used to be 50) MEMBER8-MEDICARE-CLAIMNO 25 (used to be 35) ADDED: MEMBER8-ADDRESS3 60 MEMBER8-ADDRESS4 60 MEMBER9-ADDRESS1 60 (used to be 105) MEMBER9-ADDRESS2 60 (used to be 50) MEMBER9-MEDICARE-CLAIMNO 25 (used to be 35) ADDED: MEMBER9-ADDRESS3 60 MEMBER9-ADDRESS4 60 MEMBER10-ADDRESS1 60 (used to be 105) MEMBER10-ADDRESS2 60 (used to be 50) MEMBER10-MEDICARE-CLAIMNO 25 (used to be 35) ADDED: MEMBER10-ADDRESS3 60 MEMBER10-ADDRESS4 60 EMPLOYEE-SIGNATURE 80 (used to be 40) REMARKS 300 (used to be 160) ADDED: PERSONNEL-OFFICE-ID 12 **SF- 2810** REMARKS 300 (used to be 80) AUTHORIZING_-OFFICIAL 40 - (not used - combined with Authorized-Official-Signature) AUTHORIZED_OFFICIAL_SIGNATURE 80 (used to be 40) **SF-2817** EMPLOYEE_PHONE_NUMBER 25 (used to be 14) FEGLI_SIGNATURE_OPTION_BASIC 80 (used to be 55) FEGLI_SIGNATURE_OPTION_A 80 (used to be 55) FEGLI_SIGNATURE_OPTION_B 80 (used to be 55) FEGLI_SIGNATURE_OPTION_C 80 (used to be 55) FEGLI_SIGNATURE_OPTION_WAIVED 80 (used to be 55) **TSP-1** PARTICIPANT-SIGNATURE 80 (used to be 40) OFFICIAL-SIGNATURE 80 (used to be 40)

Version	Date	Revision Description
		TSP-1-C ELECT-SIGNATURE 80 (used to be 40) STOP-SIGNATURE 80 (used to be 40) SIGNATURE_AGENCY-OFFICIAL 80 (used to be 40) **AO-52** PRTB_AGENCY_USE_25 3 (used to be 5) **AO-250** RETIREMENT_CODE_10 3 (used to be 1) **DA3434** ADDED: PERSONNEL_OFFICE_ID 12 **NAF-52** PRTB_NOA_DESC_5B 35 (used to be 200) PRTB_LEG_AUTH_DESC_5D 35 (used to be 200) PRTB_LEG_AUTH_DESC_5F 35 (used to be 200) PRTB_NOA_DESC_6B 35 (used to be 200) ADDED: PERSONNEL_OFFICE_ID 12 **SI-650** ADDED NAME_1 70 SSN_2 11 DATE_OF_BIRTH_3 10 EFFECTIVE_DATE_4 10 CODE_5A 4 NATURE_OF_ACTION_5B 35 CODE_6A 4 NATURE_OF_ACTION_6B 35 FROM_POSITION_7 70 FROM_POSITION_7A 70 FROM_POSITION_7B 70 PAY_PLAN_8 3 OCC_CODE_9 5 GRADE_OR_LEVEL_10 6 STEP_OR_RATE_11 5 TOTAL_SALARY_12 15 BASIC_PAY_12A 15 LOCALITY_ADJ_12B 15 ADJ_BASIC_PAY_12C 15 OTHER_PAY_12D 15 PAY_BASIS_13 3 POSITION_ORGANIZATION_14 60 POSITION_ORGANIZATION_14A 60 POSITION_ORGANIZATION_14B 60 POSITION_ORGANIZATION_14C 60 POSITION_ORGANIZATION_14D 60 POSITION_ORGANIZATION_14E 60

Version	Date	Revision Description
		ADDED: POSITION_ORGANIZATION_14F 60 TO_POSITION_15 70 TO_POSITION_15A 70 TO_POSITION_15B 70 PAY_PLAN_16 3 OCC_CODE_17 5 GRADE_OR_LEVEL_18 6 STEP_OR_GRADE_19 5 TOTAL_SALARY_20 15 BASIC_PAY_20A 15 LOCALITY_ADJ_20B 15 ADJ_BASIC_PAY_20C 15 OTHER_PAY_20D 15 PAY_BASIS_21 3 POSITION_ORGANIZATION_ 60 POSITION_ORGANIZATION_22B 60 POSITION_ORGANIZATION_22C 60 POSITION_ORGANIZATION_22D 60 POSITION_ORGANIZATION_22E 60 POSITION_ORGANIZATION_22F 60 VETERANS_PREFERENCE_23 1 TYPE_OF_APPOINTMENT_24 1 CITIZENSHIP_25 1 LIFE_INSURANCE_27 1 HEALTH_INSURANCE_28 1 PAY_DETERMINANT_29 3 PAY_DETERMINANT_29A 20 RETIREMENT_PLAN_30 3 SERVICE_COMP_DATE_31 10 WORK_SCHEDULE_32 3 WORK_SCHEDULE_32A 30 PART_TIME_HOURS_33 6 NOT_TO_EXCEED_DATE_34 10 FLSA_CATEGORY_35 1 ORG._STRUCTURE_CODE_36 50 BARGAINING_UNIT_STATUS_37 4 DUTY_STATION_CODE_38 25 DUTY_STATION_39 80 SUPERVISORY_CODE_40 1 AGENCY_DATA_41 17 AGENCY_DATA_42 17 AGENCY_DATA_43 27 ACCOUNTING_FUND_CODE_44 60 REMARK_45 . 2000 AGENCY_46 100 AGENCY_CODE_47 13 PERSONNEL_OFFICE_ID_48 12 APPROVAL_DATE_49 10 SIGNATURE_50 80 SIGNATURE_50A 80 SIGNATURE_50B 80

Version	Date	Revision Description
5.0.4	10/31/2017	• Update eOPF contacts • Remove option to use “E/S by:” for designation of the employee signature • Add requirement for signature other than the employee • Add requirement that signature is required on all documents • Update Agency Code definition used in the file naming format • Add PERSONNEL_OFFICE_ID_to all forms. • Add requirement that data in the Name field should match Name on the EDF and comply with the OPM GPPA guidance • Add requirement that all XML Tags are Capital Letters • Remove DG-62 FEHB Form Input File Specifications • Remove DG-63 and DG-64 Thrift Savings Plan Form Input File Specification • Remove DG-83 and DG-84 Thrift Savings Plan Form Input File Specifications • Add clarification that all actions/documents contained in the files must be effective. No future dated actions or documents are filed in the eOPF • Updated description for sending empty files

5.1	08/21/2019	• Prioritized the order of the Name Segments in the File Name Format. • Added Data Provider Identifier for IBM • Standardized the field name for POI and Agency Code across all forms to match the field names in the EDF. These fields are now called PO-ID and AGENCY-SUBAGENCY. • Updated SF-50 description and example for POSITION_ORGANIZATION_14, POSITION_ORGANIZATION_14A, POSITION_ORGANIZATION_14B, POSITION_ORGANIZATION_14C, POSITION_ORGANIZATION_14D, POSITION_ORGANIZATION_14E, POSITION_ORGANIZATION_14F, POSITION_ORGANIZATION_22, POSITION_ORGANIZATION_22A, POSITION_ORGANIZATION_22B, POSITION_ORGANIZATION_22C, POSITION_ORGANIZATION_22D, POSITION_ORGANIZATION_22E, POSITION_ORGANIZATION_22F, ORG_CODE_FROM, ORG_CODE_TO. • Updated SF-50 description for ORG_CODE_FROM and ORG_CODE_TO to indicate special characters cannot be used. • Increased character length for AUTHORIZED-OFFICIAL-SIGNATURE on the SF-2809 from 40 to 60. • Reduced character length for APPROPRIATION_CODE_36 from 50 to 35 on SF-50. • Reduced character length for PRTB_APPROP_CODE from 50 to 35 on SF-50. • Reduced character length on all forms for Personnel Officer Identifier and Agency/sub-agency codes to 4 and changed character to number. • Added data format for percentages. • Added data form for award hours. • Added clarification that no special characters are allowed for Activity or Organization codes. • Added correction process for invalid or missing Agency/sub-agency and Personnel Office Identifiers. • Updated section 6.1 to include “The Data Provider is expected to send applicable FDF files for all agencies for whom they collect the data when a new form/file is added to the FDF. The submission of the data via FDF is not optional when the data is available in the Data Provider system. For example, when the TSP-1C was included, each provider collecting the TSP-1C data as prescribed in this ICD should submit FDF TSP-1C files for all the serviced agencies.” • Updated the section for each form with a statement indicating “The data submitted in this file must match the data on the forms produced by the provider system and other files submitted to OPM.” • Clarified the need for agencies and data providers to notify eOPF when software changes are made to data or the files submitted to OPM.

Version	Date	Revision Description
		• Clarified the need for agencies and data providers to test with OPM when software changes are made that affect data or the files submitted to OPM. • Added the statement "The implementation of the FDF files and transmission of data to eOPF must occur within 45 – 60 days after testing is completed. If it does not, the PMO will not accept any transmissions until a review is completed."
5.1	9/20/2019	• Corrected XML tag codes on SF-50 • Added Missing "AGENCY_CODE_47" TAG • Corrected PERSONNEL_OFFICE_ID_48 tag (was missing _48)
5.1	3/27/2020	• Modified SF-50 Definition • Changed Personnel_Office_ID to CPO_ID • Added CPO_ID tag to the following forms ○ SF-52 ○ SF-2809 ○ SF-2810 ○ SF-2817 ○ TSP1 ○ TSP1C ○ AO250 ○ AO52 ○ NAF52 ○ DA3434 ○ DG60 ○ SI650

Version	Date	Revision Description
5.2	12/12/2020	• Removed references to DWP and replaced with eOPF • Removed references to Data Warehouse Production Support team • Updated eOPF Points of Contact • Removed references to virtual folders other than Permanent, Temporary and Performance • Removed form TSP1-C • Updated Field Types to M (Mandatory) on the following SF-2809 - EMPLOYEE-ADDRESS1, EMPLOYEE-ADDRESS4, EVENT-CODE, EVENT-DATE, RECEIVED-DATE SF-2810: EMPLOYEE-ADDRESS1, PAYROLL-OFFICE-NUMBER, PERSONNEL-CONTACT, PERSONNEL-TELEPHONE, PAYROLL-CONTACT, PAYROLL-TELEPHONE SF-2817: EMPLOYEE_NAME_LAST, EMPLOYEE_NAME_FIRST, DATE_BIRTH, AGENCY, ADDRESS_AGENCY_CURRENT_CITY, ADDRESS_AGENCY_CURRENT_STATE, ADDRESS_AGENCY_CURRENT_ZIP, EMPLOYEE_PHONE_NUMBER, AGENCY1, DATE_RECEIVED, FEGLI_EVENT TSP-1: ADDRESS1, ADDRESS2, PHONE-AREA-CODE, PHONE-NUMBER, OFFICE-IDENTIFIER, PAYROLL-OFFICE-NO, RECEIPT-DATE DG-60: NATURE-TRANSACTION, PAYROLL-OFFICE-NO, CPDF-CODE, DATE-OF-ACTION
5.3	03/17/2025	• Added clarification for Effective Date in the modernization system.

Version	Date	Revision Description
5.4	09/10/2025	• Corrected FLSA_Category_35 spelling • Updated the following validation elements from Mandatory to Optional: ○ SF 50 ▪ APPROVAL_DATE_49 ○ SF 52 ▪ PRTB_ACTUAL_EFF_DATE ▪ PRTB_NOA_CODE_5A ▪ PRTB_NOA_DESC_5B ○ SF 2809 ▪ EMPLOYEE-ADDRESS1 ▪ EMPLOYEE-ADDRESS4 ▪ EVENT-CODE ▪ EVENT-DATE ▪ EMPLOYEE-SIGNATURE ▪ SIGNATURE-DATE ▪ RECEIVED-DATE ▪ EFFECTIVE-DATE ▪ PERSONNEL-TELEPHONE ▪ AGENCY-SYSTEM-ADDRESS1 ▪ AGENCY-SYSTEM-ADDRESS2 ○ SF2810 ▪ EMPLOYEE-ADDRESS1 ▪ EMPLOYEE_ADDRESS2 ▪ SIGNATURE_DATE ▪ PERSONNEL_TELEPHONE ▪ AGENCY_SYSTEM_ADDRESS1 ▪ AGENCY_SYSTEM_ADDRESS2 ○ DA3434 ▪ NOA_DESC_1 ▪ SIGNATURE_TITLE ○ DG60 ▪ NATURE-TRANSACTION ▪ CPDF-CODE ▪ DATE-OF-ACTION ▪ PAYROLL-OFFICE-NO ○ SI650 ▪ CODE_5A ▪ NATURE_OF_ACTION_5B ▪ AGENCY_46 ▪ APPROVAL_DATE_49 ▪ SIGNATURE_50B • Updated references of transfer protocol to SFTP from Connect:Direct

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