# Trainee Data Bulk Upload Data Key

This document provides the data rules and formats necessary to complete a bulk upload of Trainee Data. "Column" and "Field Names" correspond to column labels and header row labels found in the Trainee Data Template .CSV document. "Allowable Data and Data Instructions" provides information on the rules, type, format, and specific data that is required in the Trainee Data Template for successful completion of the bulk upload process.

# Data Key

Note: Yellow or red shading indicates importance or fields that are dependent on data entered in previous fields.

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| Column | Field Name | Allowable Data and Data Instructions |
| A | Update ID | DO NOT INSERT, EDIT, OR DELETE VALUES IN THIS COLUMN.  FIRST DATA ENTRY FOR TRAINEE:  If this is the first data entry for a Trainee Record, LEAVE THE VALUES IN THIS COLUMN BLANK.  EXISTING TRAINEE DATA DOWNLOAD FOR TRAINEE DATA UPDATE:  If this is a download of existing Trainee Data for an update of Trainee Data Records, DO NOT EDIT OR DELETE THE  VALUES IN THIS COLUMN. |
| B | First Name | PRE-TRAINING REQUIRED.  Enter First Name only. This field has a limit of 18 letters including spaces. Do not leave blank. |
| C | Middle Initial | PRE-TRAINING OPTIONAL.  Enter Middle Initial only. This field has a limit of 1 letter. Leave blank if not applicable. |
| D | Last Name | PRE-TRAINING REQUIRED.  Enter Last Name only. This field has a limit of 18 letters including spaces. Do not leave blank. |
| E | Date of Birth | PRE-TRAINING REQUIRED.  Enter date in MM/DD/YYYY format. Do not leave blank. |
| F | SSN | PRE-TRAINING REQUIRED.  FIRST DATA ENTRY FOR TRAINEE: Enter Social Security Number in ######### format, without hyphens. This field has a limit of 9 numbers with no spaces. Do not leave blank.  DATA DOWNLOAD AND UPDATE FOR TRAINEE: Do not  edit. \*\*\*\*\* masks number for security. |
| G | Gender | PRE-TRAINING REQUIRED.  Enter (M)ale, (F)emale, or (U)ndisclosed. Do not leave blank. |

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| Column | Field Name | Allowable Data and Data Instructions |
| H | Associated Partner | PRE-TRAINING REQUIRED.  Enter the name of the Associated Partner name as entered in the Project Partners information from the application. For currently employed Trainees, this is current employer name. Do not leave  blank. |
| I | State | PRE-TRAINING REQUIRED.  Enter the two-letter abbreviation in XX format for State of Residence. Do not leave blank. |
| J | County of Residence | PRE-TRAINING REQUIRED.  Enter County of Residence. Requires populated State field. Do not leave blank. |
| K | Race: American Indian | PRE-TRAINING REQUIRED.  SELECT AT LEAST ONE OPTION FROM ALL RACE DESCRIPTIONS.  Enter Y(es) to select THIS Race description. If THIS Race description is not applicable, enter N(o), and review other options. |
| L | Race: Black/African American | PRE-TRAINING REQUIRED.  SELECT AT LEAST ONE OPTION FROM ALL RACE DESCRIPTIONS.  Enter Y(es) to select THIS Race description. If THIS Race description is not applicable, enter N(o), and review other options. |
| M | Race: White | PRE-TRAINING REQUIRED.  SELECT AT LEAST ONE OPTION FROM ALL RACE DESCRIPTIONS.  Enter Y(es) to select THIS Race description. If THIS Race description is not applicable, enter N(o), and review other options. |
| N | Race: Asian | PRE-TRAINING REQUIRED.  SELECT AT LEAST ONE OPTION FROM ALL RACE DESCRIPTIONS.  Enter Y(es) to select THIS Race description. If THIS Race description is not applicable, enter N(o), and review other options. |
| O | Race: Hawaiian Native Pacific Islander | PRE-TRAINING REQUIRED.  SELECT AT LEAST ONE OPTION FROM ALL RACE DESCRIPTIONS.  Enter Y(es) to select THIS Race description. If THIS Race description is not applicable, enter N(o), and review other options. |
| P | Race: Other | PRE-TRAINING REQUIRED.  SELECT AT LEAST ONE OPTION FROM ALL RACE DESCRIPTIONS.  Enter Y(es) to select THIS Race description. If THIS Race description is not applicable, enter N(o), and review other options. |
| Q | Race: Unknown/Undisclosed | PRE-TRAINING REQUIRED.  SELECT AT LEAST ONE OPTION FROM ALL RACE DESCRIPTIONS.  Enter Y(es) to select THIS Race description. If THIS Race description is not applicable, enter N(o), and review other options. |

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| Column | Field Name | Allowable Data and Data Instructions |
| R | Hispanic | PRE-TRAINING REQUIRED.  Enter Y(es), N(o), or U(ndisclosed) to describe Hispanic ethnicity. Do not leave blank. |
| S | Veteran Status | PRE-TRAINING REQUIRED.  Enter Y(es), N(o), or U(ndisclosed) to select Veteran Status. Do not leave blank. |
| T | Disability Status | PRE-TRAINING REQUIRED.  Enter Y(es), N(o), or U(ndisclosed) to select Disability Status. Do not leave blank. |
| U | Ex-Offender | PRE-TRAINING REQUIRED.  Enter Y(es), N(o), or U(ndisclosed) to select Ex-Offender Status. Do not leave blank. |
| V | First Time Graduates | PRE-TRAINING REQUIRED.  Enter Y(es), N(o), or U(ndisclosed) to indicate that the Trainee  graduated from secondary school with the past two years. Do not leave blank. |
| W | Training Start Date | PRE-TRAINING REQUIRED.  Enter date in MM/DD/YYYY format. Do not leave blank. |
| X | Trainee Classification | PRE-TRAINING REQUIRED.  Enter the numeric code for Employment Classification. Do not leave blank.   1. Unemployed 2. Underemployed 3. Incumbent - Existing |
| Y | Pre-Training Employment Status | PRE-TRAINING REQUIRED.  Enter the numeric code for Employment Status. Do not leave blank. 1 Employed  2 Unemployed |
| Z | Pre-Training Employment Hours | PRE-TRAINING REQUIRED IF PRE-TRAINING EMPLOYMENT STATUS = EMPLOYED.  Enter the numeric code for Pre-Training Employment Hours. Do not leave blank.  1 Full-Time 32 or more hours per week 2 Part-time |
| AA | Pre-Training Employment Type | PRE-TRAINING REQUIRED IF PRE-TRAINING EMPLOYMENT STATUS = EMPLOYED.  Enter the numeric code for Pre-Training Employment Type. Do not leave blank.   1. Temporary 2. Seasonal 3. Permanent |

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| Column | Field Name | Allowable Data and Data Instructions |
| AB | Pre-Training Employer Name | PRE-TRAINING REQUIRED IF PRE-TRAINING EMPLOYMENT STATUS = EMPLOYED.  Enter Pre-Training Employer Name from the Project Partners listed in the application, or enter "Other." This field has a limit of 50 letters including spaces. Do not leave blank. |
| AC | Pre-Training Employer Name if 'Other' | PRE-TRAINING REQUIRED IF PRE-TRAINING EMPLOYMENT STATUS = EMPLOYED.  If "Other" entered for Pre-Training Employer Name, enter Pre- Training Employer Name. This field has a limit of 50 letters including spaces. Do not leave blank. |
| AD | Pre-Training Hourly Wage | PRE-TRAINING REQUIRED IF PRE-TRAINING EMPLOYMENT STATUS = EMPLOYED.  Enter Pre-Training Hourly Wage in $XXX.XX format. This field  has a limit of 8 numbers before the decimal and 2 numbers after. Do not leave blank. |
| AE | Post-Training Course Title(s) | POST-TRAINING REQUIRED.  Enter the name of Course Title from the courses listed in the application, or enter "Other." This field has a limit of 50 letters and spaces. Do not leave blank. |
| AF | Post-Training Course Title(s) if Other | POST-TRAINING REQUIRED.  If "Other" entered for Post-Training Course Title(s), enter the name of Course Title. This field has a limit of 50 letters and spaces. Do not leave blank. |
| AG | Post-Training Training Session End Date | POST-TRAINING REQUIRED.  Enter date in MM/DD/YYYY format. Do not leave blank. |
| AH | Post-Training Training Outcome | POST-TRAINING REQUIRED.  Enter the numeric code for Course Outcome. Do not leave blank. 1 Completed   1. Failed 2. Withdrawn |
| AI | Post-Training Failed/Withdrawn Comment | POST-TRAINING REQUIRED IF POST-TRAINING TRAINING OUTCOME = FAILED OR WITHDRAWN.  Explain the reason(s) for failure or withdrawal. This field has a limit of 500 characters including spaces. Do not leave blank. |
| AJ | Post-Training Outcome Certification: Industry Recognized Certificate | POST-TRAINING REQUIRED IF POST-TRAINING TRAINING OUTCOME = COMPLETED.  Enter Y(es) or N(o) if an Industry Recognized Certificate was earned. Do not leave blank. |
| AK | Post-Training Outcome Certification: Course Credits | POST-TRAINING REQUIRED IF POST-TRAINING TRAINING OUTCOME = COMPLETED.  Enter Y(es) or N(o) if Course Credits were earned. Do not leave blank. |

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| Column | Field Name | Allowable Data and Data Instructions |
| AL | Post-Training Outcome Certification: Continuing Education Units | POST-TRAINING REQUIRED IF POST-TRAINING TRAINING OUTCOME = COMPLETED.  Enter Y(es) or N(o) if Continuing Education Units were earned. Do not leave blank. |
| AM | Post-Training Outcome Certification: Accreditation Received | POST-TRAINING REQUIRED IF POST-TRAINING TRAINING OUTCOME = COMPLETED.  Enter Y(es) or N(o) if Accreditation was earned. Do not leave blank. |
| AN | Post-Training Program Outcome | POST-TRAINING REQUIRED IF POST-TRAINING TRAINING OUTCOME = COMPLETED.  Enter the numeric code for Post-Training Program Outcome. Do not leave blank.   1. Employed 2. Not Employed 3. Unknown |
| Column | Field Name | Allowable Data and Data Instructions |
| AO | Post-Training Employment Type | POST-TRAINING REQUIRED IF POST-TRAINING TRAINING OUTCOME = COMPLETED.  Enter the numeric code for Post-Training Employment Type. Do not leave blank.   1. Temporary 2. Seasonal 3. Permanent |
| AP | Post-Training Employment Hours | POST-TRAINING REQUIRED IF POST-TRAINING TRAINING OUTCOME = COMPLETED.  Enter the numeric code for Post-Training Employment Hours. Do not leave blank.  1 Full-Time 32 or more hours per week 2 Part-time |
| AQ | Post-Training O\*NET Occupation | POST-TRAINING REQUIRED IF POST-TRAINING TRAINING  OUTCOME = COMPLETED. Enter Post-Training O\*NET Occupation Code in ##-####.## format. Do not leave blank. |
| AR | Post-Training O\*NET Occupation Code if Other | POST-TRAINING REQUIRED IF POST-TRAINING TRAINING  OUTCOME = COMPLETED. Enter Post-Training O\*NET Occupation name. Do not leave blank. |
| AS | Post-Training Employer Name | POST-TRAINING REQUIRED IF POST-TRAINING TRAINING  OUTCOME = COMPLETED. Enter Post-Training Employer Name from the Project Partners listed in the application, or enter "Other." This field has a limit of 50 letters including spaces. Do not leave  blank. |

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| Column | Field Name | Allowable Data and Data Instructions |
| AT | Post-Training Employer Name if 'Other' | POST-TRAINING REQUIRED IF POST-TRAINING TRAINING  OUTCOME = COMPLETED. If "Other" entered for Post-Training Employer Name, enter Post-Training Employer Name. This field has a limit of 50 letters including spaces. Do not leave blank. |
| AU | Post-Training HR Wage Amount | POST-TRAINING REQUIRED IF POST-TRAINING TRAINING  OUTCOME = COMPLETED. Enter Post-Training Hourly Wage in  $XXX.XX format. This field has a limit of 8 numbers before the decimal and 2 numbers after. Do not leave blank. |