			REQUIRED IN SOME INSTANCES (SEE						
Field Number	Column	Max Length	FIELD NAME from eScholar template (DATA ELEMENT NAME) as used by NYSED, if different from eScholar template name * = Required for all staff + = Required only for specified staff	Key Field	NYS, Regional, or Local Purpose	Instructions or Rules	Format	Recommended Codes	Staff Type
1	A	8	*DISTRICT CODE (DISTRICT OF RESPONSIBILITY CODE)	к		Public school districts and BOCES: NYnnnnnn (NY followed by the first 6 digits of the BEDS code) Charter schools, State-operated schools, AND child care institutions with schools: 8nnnnnn (8 followed by the last 7 digits of their Institution code)	alphanumeri	For NYSED BEDS codes: www.nysed.gov/admin/bedsdata.html For NYSED BEDS and Institution codes: http://portal.nysed.gov Click on "SEDREF Query." For schools/agencies other than public districts and charters that are required to report these data: http://www.p12.nysed.gov/irs/sirs/home.html	All teaching and non-teaching professional staff.
2	В	12	*STAFF ID	к	NYS Reporting	Provide TEACH ID from TEACH system. Use 9 numeric characters, left padded with zeros. For example, for 1234567, use 001234567. Staff ID for each staff member must be consistent across all templates.	alphanumeri c	Must be valid TEACH ID	All teaching and non-teaching professional staff.
3	С	11	SOCIAL SECURITY NUMBER			Leave blank.			
4	D	25	LAST NAME SHORT			Leave blank.		Use field 66.	
5	Е	15	FIRST NAME SHORT			Leave blank.		Use field 65.	
6	F	1	MIDDLE INITIAL			Leave blank.			
7	G	4	JOB CLASS CODE			Leave blank.			
8	Н	50	+POSITION TITLE (TEACHER TITLE)		NYS Reporting	Populate if staff member is currently appointed by the school board as a teacher in this LEA; otherwise, leave blank.	alphanumeri c	Use "TEACHER."	Teachers only.
9	Ι	4	EXTRA JOB CLASS CODE 1			Leave blank.			
10	J	4	EXTRA JOB CLASS CODE 2			Leave blank.			
11	К	4	EXTRA JOB CLASS CODE 3			Leave blank.			
12	L	4	EXTRA JOB CLASS CODE 4			Leave blank.			
13	М	4	EXTRA JOB CLASS CODE 5			Leave blank.			
14	Ν	6	*PRIMARY LOCATION CODE (LOCATION CODE)		NYS Reporting	If staff member works in only one building, use building code. If a staff member works in more than one building, use "0000."		If the staff member works in more than one building within the LEA, use "0000." If a local building code is used, it must map to a valid State building code.	All teaching and non-teaching professional staff.
15	0		DIVISION			Leave blank.			
16	Р	7	DEPARTMENT			Leave blank.			
17	Q	4	STAFF EMPLOYMENT TYPE CODE			Leave blank.			
18	R	6	UNION			Leave blank.			
19	S	65	SUPERVISOR			Leave blank.			
20	т	6	*GENDER CODE		NYS Reporting	Gender of staff member. Populate with codes, not descriptions.	alphanumeri c	M = Male, F = Female, X = Nonbinary	All teaching and non-teaching professional staff.

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			REQUIRED FIELDS						
		1	REQUIRED IN SOME INSTANCES (SEE	NO	TES)				
Field Number	Column	Max Length	FIELD NAME from eScholar template (DATA ELEMENT NAME) as used by NYSED, if different from eScholar template name * = Required for all staff + = Required only for specified staff	Key Field	NYS, Regional, or Local Purpose	Instructions or Rules	Format	Recommended Codes	Staff Type
21	U	10	+RACE OR ETHNICITY CODE (RACE 1 CODE)		NYS Reporting	Race of staff member. Populate with codes, not descriptions. If a staff member is identified as being a member of more than one race, populate field 21 with the first race code and populate fields 78 through 81 with remaining race codes. The staff member must have at least one race code if Hispanic Indicator = N. When field #21 is provided, field #69 must also be provided.		See Race Codes and Descriptions in the <i>SIRS Manual</i> at http://www.p12.nysed.gov/irs/sirs/.	All teaching and non-teaching professional staff.
22	V	40	OBSOLETE			Leave blank.			
23	W	14	HOME PHONE			Leave blank.			
24	Х	1	PHONE SECURITY			Leave blank.			
25	Υ	30	ADDRESS 1			Leave blank.			
26	Ζ		ADDRESS 2			Leave blank.			
27	AA		CITY			Leave blank.			
28	AB		STATE CODE			Leave blank.			
29	AC	-	FULL ZIP CODE			Leave blank.			
30	AD		RANK/PERFORMANCE TIER			Leave blank.			
31	AE		MEDICAL EXAM			Leave blank.			
32	AF	1	SUBSTANCE TEST			Leave blank.			
33	AG	10	+ORIGINAL HIRE DATE(TEACHER HIRE DATE)		NYS Reporting	If field #8 = "TEACHER," populate with the effective date of the first board appointment the staff member received as a teacher in this LEA; otherwise, leave blank.	date yyyy-mm-dd	Initial hire date within the reporting entity as a teacher.	Teachers only.
34	AH	10	TENURE DATE (TEACHER TENURE DATE)			Leave blank.		Beginning in 2014-15, collected in the Staff Tenure template.	
35	AI	10	CURRENT SERVICE DATE			Leave blank.			
36	AJ	10	+EXIT DATE		NYS Reporting	Populate when a staff member is no longer employed by the LEA. If the staff member returns to the LEA during the school year, remove the exit date.	date yyyy-mm-dd	Date staff member is no longer employed by reporting entity.	All teaching and non-teaching professional staff.
37	AK		STAFF CITIZENSHIP CODE			Leave blank.			
38	AL		FELONY			Leave blank.			
39	AM	2,0	YEARS EXPERIENCE			Leave blank.			
40	AN	10	*BIRTH DATE		NYS Reporting	Date of birth on the staff member's birth certificate or, if a certificate does not exist, an official source as directed by district policy. The birth date cannot be greater than the current date.	date yyyy-mm-dd		All teaching and non-teaching professional staff.
41	AO	1	*ACTIVE/INACTIVE INDICATOR		NYS Reporting	Staff member is either active or inactive. If a staff member is erroneously reported to L2, a soft delete can be done by sending a "D" for this field.	alphanumeri	A = Active I = Inactive D = Delete	All teaching and non-teaching professional staff.
42	AP	10	LAST STATUS DATE			Leave blank.			

				REQUIRED IN SOME INSTANCES (SEE	NO	TES)				
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43	AQ	2 2	2,0	*YEARS EXPERIENCE IN DISTRICT (YEARS PROFESSIONAL EDUCATIONAL EXPERIENCE IN DISTRICT)		NYS Reporting	Number of years of professional educational experience in this district. In addition to teaching, experience in a non-teaching, professional PMF assignment as reported in Staff Assignment is included. This year (current year) counts as one full year of experience in the district.	numeric	Report as a whole number.	All teaching and non-teaching professional staff.
44	AR	_		JOB CLASS CODE LONG			Leave blank.			
45	AS	-		HIGHEST DEGREE EARNED			Leave blank.			
46	AT	-		YEARS OF HIGHER EDUCATION			Leave blank.			
	-			MILITARY DUTY STATUS			Leave blank.			
48	AV	′ 2	20	STAFF QUALIFICATION STATUS CODE			Leave blank.			
49	AW	/ 4	40	JOB CLASS DESCRIPTION			Leave blank.			
50	AX	(1	10	*SNAPSHOT DATE	к	NYS Reporting	June 30 of school year.	date yyyy-06-30	Use school year date.	All teaching and non-teaching professional staff.
51	AY	′ 4	I,0	PAY STEP LEVEL			Leave blank.			
52	AZ	10	0,2	*ANNUAL SALARY		NYS Reporting	Report the total amount paid for the staff member's primary assignment(s). If the staff member has more than one primary assignment, report the combined salary for all primary assignments. Do not include any extra pay received for extra services. For example, do not include additional pay received for supervising extra-curricular activities beyond the normal assignment, for coaching sports beyond the normal assignment, or for similar activities. Also, do not include summer school pay or overtime pay. Round the annual salary amount to the nearest whole dollar.	9999999.99	Report as a whole number to two decimal places. Fifty-four thousand dollars would be reported as 54000.00.	All teaching and non-teaching professional staff.
53	ва	4	I,2	+CONTRACT WORK DAYS		NYS Reporting	Report the number of work days the staff person is expected to work in the LEA based on the staff contract or appointment. For example, a permanent instructional staff person might be expected to work 180 days. A long-term substitute might be hired for 90 days.	numeric	For teachers only.	Teachers only
54	BB	6		EMPLOYMENT SEPARATION REASON CODE		Regional Reporting	Populate when a staff member is no longer employed by the LEA. If the staff member returns to the LEA during the school year, remove the reason for exit.		RES=Resignation, RET=Retirement, PRT=Performance-related termination, or OTH=Other	Teachers and principals only.
55	BC	; 4	42	FULL STAFF NAME			Leave blank.			
56	BD) ;	3	+ITINERANT STAFF		NYS Reporting	Report N if the Staff member is employed by this LEA. Report Y if the Staff member is not an employee of this LEA but is the Staff member of record for a course and will be reported in other staff/course templates).	alphanumeri c	Y = Yes, Staff member is an itinerant N = No, Staff member is not an itinerant	All teaching and certain non- teaching professional staff.

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_			REQUIRED FIELDS						
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			+ = Required only for specified staff			Provide TEACH ID from TEACH system. Use 9 numeric characters, left	alphanumeri		All teaching and non-teaching
57	BE	20	*ALTERNATE STAFF ID			padded with zeros. For example, for 1234567, use 001234567.	C	Must be valid TEACH ID (value in field #2)	professional staff.
58	BF	10,2	ALTERNATE ANNUAL SALARY			Leave blank.			
59	BG	4,2	ALTERNATE CONTRACT WORK DAYS			Leave blank.			
60	вн	5,3	*EMPLOYMENT BASIS		NYS Reporting	For most staff, the entry will be 100 percent. However, some staff have their services shared by more than one LEA or are working only part time. Estimate the percent of timethe staff member will actually work for this LEA. For example, for a staff member working approximately half time, report 50 percent. Do not report more than 100 percent. For Itinerant teachers working in your LEA, report the amount of time they work in your LEA only.		Report as a percentage. 100 percent should be reported as 1.000. 75 percent should be reported 0.750	All teaching and non-teaching professional staff.
61	BI	5,3	ALTERNATE EMPLOYMENT BASIS			Leave blank.			
62	BJ	10,2	BENEFITS VALUE			Leave blank.			
63	BK		LOCAL CONTRACT			Leave blank.			
64	BL	8	CONTRACTING ORGANIZATION			Leave blank.			
65	вм	60	*FIRST NAME LONG		NYS Reporting	Staff member's first name.	alphanumeri c	First Name	All teaching and non-teaching professional staff.
66	BN	60	*LAST NAME LONG		NYS Reporting	Staff member's last name, including any hyphenated portion.	alphanumeri c	Last Name	All teaching and non-teaching professional staff.
67	BO	10	NAME SUFFIX			Leave blank.			
68	BP	4	PAY STEP LEVEL ALPHA			Leave blank.			
69	BQ	3	*HISPANIC ETHNICITY INDICATOR		NYS Reporting	Hispanic Ethnicity Indicator must be provided. Indicates whether the staff member is Hispanic/Latino. Populate with code, not description. If Hispanic Ethnicity Indicator is = 'N', field #21 must be provided (and fields 78 81, as applicable).		Y = Yes = the staff member is Hispanic/Latino N = No = the staff member is not Hispanic/Latino	All teaching and non-teaching professional staff.
70		_	RACE OR ETHNICITY SUBGROUP CODE			Leave blank.			
71	BS		HIGHEST DEGREE INSTITUTION CODE	<u> </u>		Leave blank.			
72		30	BACCALAUREATE DEGREE INSTITUTION CODE			Leave blank.			
73	BU		ADDRESS 3			Leave blank.			
74	BV	5	BASE ZIP CODE			Leave blank.			

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-		REQUIRED FIELDS										
			REQUIRED IN SOME INSTANCES (SEE	NO	TES)							
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75	BW	4	ZIP CODE +4			Leave blank.						
76	вх	80	*EMAIL ADDRESS		NYS Reporting	Include only valid work email addresses.	alphanumeri c		All teaching and non-teaching professional staff.			
77	BY	60	MIDDLE NAME		NYS Reporting	Staff member's middle name.	alphanumeri c	Middle Name	All teaching and non-teaching professional staff.			
78	BZ	4	+RACE 2 CODE		NYS Reporting	If a staff member is identified as being a member of more than one racial group, populate this field with the code of one of the individual racial groups to which the staff member belongs that was not captured in field 21. Field 78 cannot be populated unless field 21 is populated. Populate with the code, not the description.	alphanumeri c	See Race Codes and Descriptions in the SIRS Manual at http://www.p12.nysed.gov/irs/sirs/.	Optional.			
79	CA	4	+RACE 3 CODE		NYS Reporting	If a staff member is identified as being a member of more than one racial group, populate this field with the code of one of the individual racial groups to which the staff member belongs that was not captured in a previous field. Field 79 cannot be populated unless fields 21 and 78 are populated. Populate with the code, not the description.	alphanumeri c	See Race Codes and Descriptions in the <i>SIRS Manual</i> at http://www.p12.nysed.gov/irs/sirs/.	Optional.			
80	СВ	4	+RACE 4 CODE		NYS Reporting	If a staff member is identified as being a member of more than one racial group, populate this field with the code of one of the individual racial groups to which the staff member belongs that was not captured in a previous field. Field 80 cannot be populated unless fields 21, 78, and 79 are populated. Populate with the code, not the description.	alphanumeri c	See Race Codes and Descriptions in the <i>SIRS Manual</i> at http://www.p12.nysed.gov/irs/sirs/.	Optional.			
81	сс	4	+RACE 5 CODE		NYS Reporting	If a staff member is identified as being a member of more than one racial group, populate this field with the code of one of the individual racial groups to which the staff member belongs that was not captured in a previous field. Field 81 cannot be populated unless fields 21, 78, 79, and 80 are populated. Populate with the code, not the description.	alphanumen	See Race Codes and Descriptions in the <i>SIRS Manual</i> at http://www.p12.nysed.gov/irs/sirs/.	Optional.			
			POSTSECONDARY SUBJECT AREA			Leave blank.						
83	_	_	EMPLOYMENT ELIGIBILITY VERIFICATION			Leave blank.						
84			NAME PREFIX			Leave blank.						
85	-		WORK PHONE			Leave blank.						
86	СН		CELL PHONE			Leave blank.						
87			MAILING ADDRESS 1			Leave blank.						
88			MAILING ADDRESS 2			Leave blank.						
89	CK	30	MAILING ADDRESS 3			Leave blank.						

			REQUIRED IN SOME INSTANCES (SEE	NOT	<u>res)</u>				
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90	CL 3	30	MAILING ADDRESS CITY			Leave blank.			
91	CM 2	2	MAILING ADDRESS STATE CODE			Leave blank.			
92	CN 5	5	MAILING ADDRESS BASE ZIP CODE			Leave blank.			
93	CO 4	4	MAILING ADDRESS ZIP CODE +4			Leave blank.			
94	CP 4	4	EMPLOYMENT STATUS CODE			Leave blank.			
95		3	AUTHORIZED TO CARRY WEAPON INDICATOR			Leave blank.			
96	CR 6	60	STAFF FIRST NAME ALIAS			Leave blank.			
97	CS 6	60	STAFF PREVIOUS LAST NAME			Leave blank.			
98	CT 1	12	PS STATE STUDENT ID			Leave blank.			
99	CU 8	80	PERSONAL EMAIL ADDRESS			Leave blank.			
00	CV 2	20	EMPLOYMENT SEPARATION TYPE CODE			Leave blank.			
01 (CW 1	12	PREVIOUS STAFF ID			Leave blank.			
02	CX 5,		*YEARS OF TEACHING EXPERIENCE (TOTAL YEARS OF PROFESSIONAL EDUCATIONAL EXPERIENCE)		NYS Reporting	Teachers new to a district, charter school, or BOCES should be asked to provide years of prior experience. LEAs should not be defaulting to 1 for new hires without consideration of prior experience. Combine all years of professional educational experience, including other public school districts, religious and independent (nonpublic) schools, and BOCES. Experience in non-teaching, professional PMF assignments as reported in Staff Assignment should be included. The non-teaching professional staff experience should be in the educational setting.	numeric	Report as a whole number. Twelve years of experience would be 12.	All teaching and non-teaching professional staff staff.
	-	5	PERSONAL INFORMATION VERIFICATION CODE			Leave blank.			
04	CZ 1	10	POSITION HIRE DATE			Leave blank.			
05	DA 5	50	+SECOND POSITION TITLE (PRINCIPAL TITLE)		Reporting	teacher nor a principal, leave this field blank.	alphanumeri c	Use "PRINCIPAL."	Principals only.
06	DB 1		+SECOND POSITION HIRE DATE (PRINCIPAL HIRE DATE)		NYS Departing	If field #105 = "PRINCIPAL," populate with the effective date of the first board appointment the staff member received as a principal in this LEA; otherwise, leave blank.	date yyyy-mm-dd	Initial hire date within the reporting entity as a principal.	Principals only.
07	DC 1	1()	SECOND POSITION TENURE DATE (PRINCIPAL TENURE DATE)			Leave blank.		Beginning in 2014-15, collected in the Staff Tenure template.	

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108	DD	20	*STAFF EDUCATION LEVEL CODE		NYS Reporting	Use numeric code from recommended codes for highest degree currently held by staff member.	alphanumeri c	Use code from following list: 0=No higher education 1=Freshman year completed 2=Sophomore year completed 3=Associate degree 4=Junior year completed 5=Bachelors degree 6= Bachelors+30 or more hours 7=Masters degree 8=Masters+30 or more hours 9=Doctorate	All teaching and non-teaching professional staff staff.
109	DE	10	EMPLOYMENT OFFER DATE			Leave blank.			
110	DF	2,0	*ANNUAL CONTRACT WORK MONTHS		NYS Reporting	Number of months per year the staff member is currently employed by this LEA. Even if staff member receives salary over a 12-month period, report the number of months the staff member is expected to be on the job for the current school year. Short-term (less that 3 months) or per diem substitutes should not be reported for PMF purposes.	numeric	Report a whole number.	All teaching and non-teaching professional staff staff.
111	DG	3	+PROFESSIONAL DEVELOPMENT INDICATOR		NYS Reporting	Populate only for teaching staff. Did teacher receive "professional development" during the current school year? For each teacher, populate with "Y," "N," or "NA." "NA" pertains to first-year teachers, teachers on leave, and teachers who had only non-teaching assignments. Use the definition of "professional development" found in ESSA at: http://www.p12.nysed.gov/irs/beds/PMF/documents/CertifcationandProfession alDevelopment.pdf . The school year begins on July 1 and ends on June 30.	ľ	"Y"=Yes, "N"=No, "NA"=Not Applicable.	Teachers only.
			+CERTIFICATION EXEMPTION CODE		NYS Reporting	For charter schools, populate with "Y" for a teacher who is exempt or "N" for a teacher who is not exempt based on current charter school legislation. Allows up to thirty percent or five teachers of the teaching staff (whichever is less), in addition to five teachers in any subject, and another five teachers in mathematics, science, computer science, technology, or career and technical education to be uncertified.	alphanumeri c	"Y"=Yes, "N"=No.	Charter school teachers only.
113			COUNTRY CODE			Leave blank.			
114			MAILING ADDRESS COUNTRY CODE			Leave blank.			
			STAFF APPROVAL STATUS CODE			Leave blank.			
116	DL	50	GENDER IDENTITY			Leave blank.			