New York State Office of the State Comptroller

Bureau of Payroll Services

NYS POSITION DATA REQUEST FORM

Description

NYS Position Number (leave blank)   Effective Date*   Status

A = Active   I = Inactive

Action Reason   Status Date   Line Number

| X | X | X | | X | X | X | X | X | X | X | X | | 9 | 9 | 9 | 9 | 9 |

Work Location

Department *   Dept Location   Employee Type   Earnings Program ID*

S = Salaried H = Hourly E = Exceptional

Holiday Schedule   **Pay Basis Code***   Position Location   **OT Indicator ***   **Bargaining Unit ***

| 9 | 9 | 9 | 9 | X = Yes

Job Information - For Requested Underfilled Position Only

Job Code *   Title*   Equated to Grade

| X | X | X |

Regular/Temp *   Approved Salary Rate**

R = Regular T = Temp S = Seasonal

Salary Plan *   **Grade ***   Full/Part Time   Additional Comp (SUNY only)

F or P | X | X | X | X | X | X | X | X | X | X | X | X | X |

Specific Information

Position Pool ID   **Jurisdictional Class ***

| Z | Z | Z |

*Agency must complete Effective Date, Department, Earnings Program ID, Pay Basis Code, OT Indicator, Bargaining Unit, Job Code, Title, Regular/Temp, Salary Plan, Grade and Jurdisdictional Class.

**For Hourly Positions

Email completed form to: Position Management@osc.state.ny.us or fax to (518) 474-2601.