

New York State Office of the State Comptroller

Bureau of Payroll Services

POSITION DATA REQUEST FORM

Description															
Position Number *				Effective Date *				Status							
<input type="text"/>				<input type="text"/>				<input type="checkbox"/> A = Active I = Inactive							
Action Reason			Status Date				Line Number								
<input type="text"/>			<input type="text"/>				<input type="text"/>								
Work Location															
Department *				Dept Location				Employee Type				Earnings Program ID			
<input type="text"/>				<input type="text"/>				<input type="checkbox"/> S = Salaried H = Hourly E = Exceptional				<input type="text"/>			
Holiday Schedule				Pay Basis Code				Position Location				OT Indicator		Bargaining Unit	
<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="checkbox"/> X = Yes		<input type="text"/>	
Job Information															
Job Code						Title						Equated to Grade			
<input type="text"/>						<input type="text"/>						<input type="text"/>			
Regular/Temp						Approved Salary Rate									
<input type="checkbox"/> R = Regular T = Temp S = Seasonal						<input type="text"/>									
Salary Plan			Grade			Full/Part Time			Additional Comp (SUNY only)						
<input type="text"/>			<input type="text"/>			<input type="checkbox"/> F or P			<input type="text"/>						
Specific Information															
Position Pool ID				Jurisdictional Class											
<input type="text"/>				<input type="text"/>											

*Agency must complete Position Number, Effective Date, Department and fields that need to be updated.

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