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

| X | X | X |

Status Date

| X | X | X | X | X | X | X | X |

Line Number

| 9 | 9 | 9 | 9 | 9 |

Work Location

Department *

Dept Location

Employee Type

S = Salaried H = Hourly E = Exceptional

Earnings Program ID*

Holiday Schedule

Pay Basis Code*

Position Location

| 9 | 9 | 9 | 9 |

OT Indicator *

X = Yes

Bargaining Unit *

Job Information - For Requested Underfilled Position Only

Job Code *

Title*

Equated to Grade

| X | X | X |

Regular/Temp *

R = Regular T = Temp S = Seasonal

Approved Salary Rate**

| | | | | | | . | | |

Salary Plan *

Grade *

Full/Part Time

F or P

Additional Comp (SUNY only)

| X | X | X | X | X | X | X | X | X | X | X | X | X |

Specific Information

Position Pool ID

| Z | Z | Z |

Jurisdictional Class *

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