New York State Office of the State Comptroller Bureau of Payroll Services

| Position Data 1 | | |
|--------------------------------------|--|-------------------------|
| Position Number | Effective Date | Status |
| | | A=Active I=Inactive |
| Department | M M D D Y Y Y Job Code | Desition Deal ID |
| Department | | Position Pool ID |
| Position Status | Status Date | Action Reason |
| x | | |
| Line Number | Salary Plan Grade | |
| Position Data 2 | | |
| Earnings Program ID | Holiday Schedule Employee Type S=Salaried H=Hourly E=Exceptional | Pay Basis Code |
| Dept Location | Position Location OT Indicator X=Yes | Bargaining Unit |
| Position Data 3 | | |
| Position FTE Additional Comp (SUNY o | only) Equated to Grade | Jurisdictional Class |
| | | |
| Approved Colory Date | | Max Head |
| Approved Salary Rate | Regular/Temp Full/Part | |

Complete: Position Number, Department, Effective Date and Fields that need to be updated

Fax to: Payroll Services Position Management Team at (518) 474-2601