NYS Office of the State Comptroller
Bureau of Payroll Services

NYS POSITION DATA REQUEST FORM

Position Data 1

NYS Position Number-Leave Blank

Effective Date-Leave Blank

Status

X

Department

Job Code

Position Pool ID

Z	Z	Z

Position Status

X

Status Date

X	X	X	X	X	X	X

Action Reason

X	X	X

Line Number

9	9	9	9	9

Salary Plan

X	X	X

Grade

Position Data 2

Earnings Program ID

X	X	X

Holiday Schedule

X	X	X	X

Employee Type

X

Pay Basis Code

Dept Location

X	X	X	X	X

Position Location

9	9	9	9

OT Indicator

X for yes

Bargaining Unit

Position Data 3

Position FTE

X	X	X

Additional Comp

X	X	X	X	X	X	X	X	X	X	X

Equated to Grade

X	X	X

Jurisdictional Class

Approved Salary Rate

X	X	X	X	X	X	X	X	X	X	X

Regular/Temp

R

Full/Part Time

F

Max Head Count

X

1)COMPLETE: Dept, Job Code, Salary Plan, Grade,   Pay Basis Code, OT Indicator, Barg Unit and Jurisdictional Class
2) FAX TO POSITION MANAGEMENT TEAM AT (518) 474-2601