

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.