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New York State Department of Civil Service

Employee Personnel Information Verification Form

DATA CURRENT AS OF INSTITUTIONAL PAY PERIOD 26, ENDING 03/25/2009, AND ADMINISTRATIVE PAY PERIOD 26, ENDING 04/01/2009

Mail Drop ID: [REDACTED]

BUDGETED POSITION INFORMATION		Layoff Unit [REDACTED]		Mail Drop ID: [REDACTED]	
ITEM NUMBER	JOB CODE	TITLE	JC	GRADE	COUNTY
65054	6933700	Highway Mtc Supvr 2	0	15	[REDACTED]
INCUMBENT INFORMATION					
NAME		SOCIAL SECURITY NUMBER		DATE OF ORIGINAL PERM APPT	
[REDACTED]		XXX-XX-XXXX		4/6/1978	
JOB TITLE INFORMATION					
JOB CODE	TITLE	GRADE	STATUS	SPECIALTY	TITLE
6933700	Highway Mtc Supvr 2	15	P		
PROBATION COMPLETED		VETERAN STATUS		HOME MAILING ADDRESS	
Yes	<input checked="" type="checkbox"/>	Disabled Vet	<input type="checkbox"/>	STREET	[REDACTED]
No	<input type="checkbox"/>	Veteran	<input type="checkbox"/>		
PROB END DATE		Spouse of Dis Vet			
		Non Veteran			
		BLIND			
		Yes		<input type="checkbox"/>	
		No		<input checked="" type="checkbox"/>	
NEGOTIATING UNIT					
01 - Security Services 02 - Administrative Services 03 - Operational Services 04 - Institutional Services 05 - Professional, Scientific & Technical 06 - Management Confidential Other					
CITY		STATE		ZIP CODE	
[REDACTED]		NY		[REDACTED]	
HOME PHONE (INCLUDE AREA CODE)		BUSINESS PHONE		DATE	
[REDACTED]		[REDACTED]		[REDACTED]	
EMPLOYEE SIGNATURE					

DATE OF ORIGINAL PERMANENT APPOINTMENT: This is your seniority date based on the date of original permanent appointment in the classified service (non-competitive, labor or competitive class) and continuous service (unbroken by a period of one year or more) since that date.

ADJUSTED SENIORITY DATE: This is your seniority date which includes 2 1/2 years for qualified veterans or 5 years for qualified disabled veterans.

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