

NEW YORK CITY BOARD OF EDUCATION
DIVISION OF PERSONNEL
65 Court Street, Brooklyn, New York 11201

POSITION CONTROL FOR ADMINISTRATIVE ANNUAL (H740) AND HOURLY (Z740) PERSONNEL
(Please Type or Print)

A. TO BE COMPLETED

1. Last Name: _____ First Name: _____ M.I. _____
2. Social Security Number: _____ 3. Previous Service with Bd. of Ed.: Yes No
4. Current/Previous Title: _____ Perm. Prov. Last Date of Service: _____
5. Address: _____ Is this a change of Address?
Yes No
6. Signature of Employee: _____ Date: _____

B. TO BE COMPLETED BY DISTRICT/RESPONSIBILITY CENTER TO WHICH EMPLOYEE IS TO BE ASSIGNED

7. Transaction Code: _____ 8. Type of Action: _____ 9. Employment BASIS Code: _____
10. District Office or Responsibility Center: _____
11. Work Location/Address: _____
12. Budget Code: _____ District: _____ Project No: _____ Budget Line: _____ Position No: _____
13. If Hourly, Total Hours Budgeted: _____ Maximum No. of Hours Per Week: _____
14. Title of Assigned Position: _____ Permanent Provisional
15. If Currently Employed by Board of Education:
Budget Code: _____ District: _____ Project No: _____ Budget Line: _____ Position No: _____
16. Proposed Effective Date: Mo: _____ Day: _____ Year: _____ 17. Proposed Salary (if applicable): _____
18. Approved by Personnel Officer/DBM: _____ Tel: _____ Date: _____
19. Name of Timekeeper: _____ Tel: _____
20. Approved by Community Supt./Exec. Director: _____ Date: _____

C. TO BE COMPLETED FOR INTER-BUREAU TRANSFER ONLY (BY RELEASING RESPONSIBILITY CENTER)

21. Transfer from District Office/Responsibility Center: _____
22. Signature of Community Supt./Exec. Director: _____ Date: _____

D. FOR DIVISION OF PERSONNEL USE ONLY

23. Transaction Code: _____ 24. Type of Action: _____ 25. Employment BASIS Code: _____
26. Budget Code: _____ District: _____ Project No: _____ Budget Line: _____ Position No: _____
27. C.S. Title Code: _____ 28. Effective Date: Mo: _____ Day: _____ Year: _____ 29. Actual Salary: _____
30. Comments: _____
31. Approved by Personnel: _____ Date: _____

E. FOR OFFICE OF BUDGET OPERATIONS AND REVIEW USE ONLY

32. Budget Code: _____ 33. Object Code/Line No: _____ 34. Approved Mod. No: _____
35. Approved: TL RE 36. Disapproved: Reason: _____
37. Signature: _____ Date: _____

F. FOR BUREAU OF ADMINISTRATIVE PAYROLL USE ONLY

38. Distribution Code: _____ 39. Payroll Ending Date: _____
40. Approved: _____ Date: _____
BE/DOP 9902 (R1/85)