

POSITION INFORMATIONAL DATA FORM

Division/Office

Payroll Number

Position Control Number

Classification and Classification Number

Headquarter County

Is this position: (✓ the appropriate information)

New Vacant Existing If filled, employee name: _____

Please ✓ (check) the appropriate information in each section below:

Overtime Status:

Overtime Exempt Overtime Eligible

For existing positions, is this a change in status: Yes No

Uniform Allowance:

Is this position eligible for uniform allowance: Yes No

If yes, ✓ (check) one of the following:

AFSCME FOP Exempt Exempt (Commissioned Law Enforcement)

For existing positions, is this a change in status: Yes No

Federal Omnibus Transportation Employee Test (FOTE):

Does this position meet requirements designated by the Federal Omnibus Transportation Employee Test Act of 1991 (Requires commercial driver's license (CDL) and drives vehicle weighing 26,001 or more pounds): Yes No

For existing positions, is this a change in status: Yes No

This form must be submitted with all newly created position descriptions and reassignments. If not completed in its entirety, all paperwork submitted will be returned.

DNR1227 (03/05)