



ORGANIZATION OF STAFF ANALYSTS
CIVIL SERVICE AND SALARY INFORMATION

NAME (please print) _____

ADDRESS _____ APT _____

_____, _____

AGENCY _____ OFFICE PHONE _____

HOME PHONE _____ CELL PHONE _____

CITY START DATE _____ PREVIOUS UNION _____

PREVIOUS TITLE :

PROVISIONAL _____

PERMANENT _____

OSA START DATE _____

CURRENT OSA TITLE :

PROVISIONAL /_/

PERMANENT /_/ EXAM /_/ 6.1.9. /_/

SALARY \$ _____ plus LONGEVITY \$ _____

In order to assure your salary is correct, please mail in enclosed return self-addressed stamped envelope or fax to 212-686-1231 or 212-686-1073