



Department of Civil Service

Albany, NY 12239

STAFFING SERVICES DIVISION

55b/c Appointment Request Form

S-90 (4/15 L)

Date of Request:	Appointing Agency:	Agency Code:
Human Resources Contact Person:		
Contact Address:		
Contact Phone:	Contact E-mail:	
Name of Appointee:	Social Security Number (Last 4 Digits):	
Date of Eligibility Letter:	Date of Temp PCS Appointment:	
Position Title:	Title Code:	
PR-50? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, to what title?	
Salary Grade:	If NS, please provide the SG Equivalent if known:	Item Number:
<b>Appointment Location:</b>		
Location Name:		
Location Code:		
County Name:		
Clearance Code: Competitive - Non-Competitive -		
<b>The effective date of the Temp PCS appointment MUST BE prior to the expiration of the clearance code.</b>		
Did you select this individual through use of the 55-b/c Recruitment Resources Center? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Civil Service Input:

<input type="checkbox"/> 55-b <input type="checkbox"/> 55-c
Appointment Type (check one)
<input type="checkbox"/> Initial 55-b/c appointment
<input type="checkbox"/> 55-b/c subsequent appointment (meets the technical requirements for a 70.1, 70.4 or 52.6 transfer)
<input type="checkbox"/> Reinstatement to title previously held as 55b/c
Prior Permanent/Competitive State Service? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, justification:
Appropriate Title: <input type="checkbox"/> Yes
If promotion exam exists is list exhausted at location? <input type="checkbox"/> Yes
Person meets minimum qualifications: <input type="checkbox"/>
Staffing Services Representative Approval? Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Name of Staffing Services Representative:
Date of Approval:
CRIF Clearance? <input type="checkbox"/>
Reviewer:
55 b/c Unit Head Signature: _____
Date Submitted to Civil Service Commission:
Submitted for Commission Meeting:

**Civil Service Commission Input:**

<input type="checkbox"/> Reviewed	Effective Date	<input type="checkbox"/> NYSTEP Updated
<input type="checkbox"/> CSC Approved		
<input type="checkbox"/> CSC Disapproved		
<input type="checkbox"/> Withdrawn		

**Instructions:**

**Agency:**

Complete top portion. Submit to: Staffing Services via email attachment: [SSDRecruitServices@cs.ny.gov](mailto:SSDRecruitServices@cs.ny.gov) with a cc to your Staffing Services Representative.

**NOTE:** Requests will no longer be submitted directly to the Civil Service Commissioner or to the Workers with Disabilities Unit of the Division of Diversity Planning and Management.

**Staffing Services:**

**55b/c Unit:** Verify accuracy of information submitted by the agency. Complete the bottom portion. Send agency acknowledgement of receipt via email.

**55b/c Unit Head:** Review and sign form. Forward to Civil Service Commission for consideration.

**NOTE:** Approved requests will be indicated on the Civil Service Commission calendar. To see disposition of your request go to: <http://www.cs.ny.gov/commission/calendars/index.cfm> Results should be posted within one week of the meeting date.

For questions regarding this process, please contact (518) 473-8961.