



APPOINTMENT APPROVAL REQUEST

Please complete and forward approvals as a Word document.

CANDIDATE AND POSITION INFORMATION			
Candidate name (Last, First, Middle)		Recruitment number	Personnel ID number
Position #	Position title	Employee classification title (If underfill appointment)	WMS/Exempt working title
Personnel area Select		Division/work unit	Work county
Anticipated effective date	End date (Non-Permanent/Acting/Interim)	<ul style="list-style-type: none"> • Notify Human Resources if dates change • Effective date if changed after offer: 	
Employee work schedule:	<input type="checkbox"/> No change	Start time	End time
			Days of work
Employee flex eligibility¹ See page 2 for definitions	Telework schedule: Select Flex schedule: Select Compressed schedule: Select DOC 03-138 Alternate Work Schedule must be submitted for flex schedule		
TYPE OF APPOINTMENT (Complete all sections that apply)			
New hire appointment: Select		New type of hire appointment: Select	
Internal appointment: Select		Capacity level	%
Appointment status: Select		<input type="checkbox"/> Part-time Hours per week:	
	Review period: Select	<input type="checkbox"/> In-training In-training length: Select	
JUSTIFICATION FOR NON-PERMANENT APPOINTMENT			
Reason: Select		• Notify Human Resources if end date changes	
SUPERVISOR RECOMMENDATION			
NOTE: Consult with Human Resources to discuss appropriate salary amount and time credited towards probationary/trial service appointments.			
<input type="checkbox"/> Credit for NP time served	Teamsters = day for day	WFSE = day for day	Non-Rep = up to 3 months
I am requesting this action. Recommended candidate meets skills and abilities:			
_____		_____	
Supervisor name and job title	Signature	Date	
MANAGER/ADMINISTRATOR RECOMMENDATION (if applicable)			
I am recommending approval:			
_____		_____	
Department Head/Manager/Administrator	Signature	Date	
HUMAN RESOURCES REVIEW			
Bargaining unit: Select	<input type="checkbox"/> Multi/double-fill <input type="checkbox"/> Under-fill		
Employee overtime eligibility: Select	<input type="checkbox"/> Check if overtime eligibility is different from position		
Eligible for benefits: Select	GGTP checked: Select	Layoff register checked: Select	
PREA database checked: Select	If no, give reason:	Ed/credential verification required: Select	
Current state employee: Select	If yes, status: Select		
Background check if required: Select	If yes, date completed:		
Proposed monthly/hourly salary: \$	Final monthly/hourly salary: \$		
Proposed annual salary: \$	Final annual salary: \$		
Appointing Authority approval is required if salary is different than proposed:			
_____		_____	
Appointing Authority	Signature	Date	

WMSJVAC: Select WMS/EMS Band: Select ROC Min \$ Max \$	WGS range: Step: Next increase type: Select Next increase date:	<input type="checkbox"/> IT supervisor <input type="checkbox"/> King County <input type="checkbox"/> Location pay	<input type="checkbox"/> Dual language <input type="checkbox"/> Premium pay <input type="checkbox"/> Other
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Salary considerations: Experience Education Subordinate salary Equity/alignment Other
Explain:

Hiring packet reviewed:

Human Resources Consultant/Manager

Signature

Date

APPOINTING AUTHORITY REVIEW/APPROVAL

Appointing Authority's approval:

Appointing Authority

Signature

Date

¹ Employee flexibility information is incorporated in order to comply with Executive Order 16-07:

Flexible workweek: Allows some flexibility in starting and ending times outside the agency's normal work hours. Select Employee Participating (EP) or Not Participating (NP).

Compressed workweek: An alternative schedule that allows full-time employees to eliminate at least one work day every two weeks by working longer hours during the remaining days, resulting in less commute trips. Select Employee Participating (EP) or Not Participating (NP).

An employee schedules to work '9/80's' or 'four 10's' would be considered Flex and Compressed.

Telework: The practice of working from home or other alternative locations closer to home through the use of technology which allows the employee to access normal work material (e.g., email, telephone, electronic documents). Telework may be scheduled or done on an ad hoc basis.

EP0 = Less than 1 day/week or ad hoc **EP5** = 1 day/week **EP6** = 2 days/week **EP7** = 3 days/week **EP8** = 4 days/week **EP9** = Near/Full-time

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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