



POSITION REVIEW REQUEST

Employee: Complete this form to request a review of your position to determine whether it should be allocated to a different classification. Be sure to read the [Position Review Request Guide](#). Keep a copy of the form for your records and give the completed form to your supervisor. Your supervisor may assist you in completing all or part of this form. You must then review and sign the form, noting any clarifications.

You may attach extra pages to provide any other information you believe will be helpful in understanding the job duties assigned to your position.

Supervisor: Review the employee's statements and complete the Supervisor Review section. Send the completed form to your local Human Resources Office within 15 days of receipt. Discuss the request with the employee if you disagree with any of their statements.

Date received
Supervisor/department
Human Resources

Name (Last, First)		Phone	Email	
Current classification title		Working title (if different from current classification title)		
Position #	Department	Job location		Work days/hours
Supervisor name		Title	Phone	Email
Supervisor position: <input type="checkbox"/> Washington General Service (WGS) <input type="checkbox"/> Washington Management Service (WMS) <input type="checkbox"/> Exempt <input type="checkbox"/> Unsure				
Department head/Appointing Authority		Phone	Email	
For Human Resources Classification Unit office use only: Allocation decision made by/title: _____ / _____ Class title: _____ Effective date: _____ Overtime eligibility: _____				

Identify the duties that have changed since your position was last reviewed.

Specify the class title you think better describes your duties and responsibilities and explain why.

Do not know or unsure about the proper classification.

Position purpose: Describe in 3 or 4 sentences the main reason(s) your position exists.

Work Activities - Duties and Tasks		
Describe your major duties (i.e., those that take at least 5% or 2 hours per week to perform). Include below if your position trains others, but you do not control their work assignments or schedule. Attach additional sheets, if necessary. For examples, see Position Review Request Guide.		
% Time*	Major Duty	How long performing this duty?
	Duty	
	Tasks	
	Duty	

	Tasks	
	Duty Tasks	
	Duty Tasks	
	Duty Tasks	

*Total must equal 100%. Omission of % of time information could result in delay of review.

Lead/Supervisory Responsibilities

Lead – An employee who performs the same or similar duties as other employees in his/her work group and has the designated responsibility to regularly assign, instruct, and check the work of those employees on an ongoing basis.

Supervisor – An employee who is assigned responsibility by management to participate in all of the following functions with respect to their subordinate employees: Selecting staff, Training and development, Planning and assignment of work, Evaluating performance, Resolving grievances, Taking corrective action. Participation in these functions is not routine and requires the exercise of individual judgment.

Does your position have designated lead or supervisory responsibility? Lead Supervise None

People You Lead or Supervise

Name	Title	Position #	Work schedule (part/full time)	Appointment Type (permanent/non- permanent or seasonal)	Hours per week

Decision Making Authority

List examples of decisions you are authorized to make without consulting your supervisor. Indicate which of these decisions are the most difficult or complex.

List examples of decisions that require supervisor approval.

Fiscal Responsibilities

Do you have responsibility for maintaining fiscal records and/or controlling or authorizing the expenditure of funds.

If **yes**, explain how your position controls or authorize funds and complete the information below.

Total annual state funds \$ _____
 Total annual grant and contract funds \$ _____

Total number of grants and/or contracts	\$ _____
Total annual self-sustaining funds	\$ _____
Total annual budget or funds for which you have responsibility	\$ _____

**COMPLETE THIS SECTION IF YOU ARE REQUESTING
WASHINGTON MANAGEMENT SERVICES (WMS) INCLUSION OR RE-EVALUATION**

Accountability – Scope of control and influence
Provide examples of the resources and/or policies that you control and influence.

Describe your scope of accountability.

Describe the potential impact of error or consequence of error (impacts to unit, division, agency, state).

Fiscal Responsibilities – Describe the type and annual amount of all monies that your position directly controls. Identify other revenue sources managed by your position and what type of influence/impact it has over those sources.
Operating budget controlled _____
Other financial influences/impacts _____

Position Responsibilities
Supervisory position Yes No
If yes, list the total full time equivalents managed (FTE's) and the title of the highest position managed.
FTEs: _____ Highest position title: _____
Individual Contributor (The primary reason for the position's existence is to use a particular specialty or area of expertise. Managing people or programs is incidental or non-existent) Yes No
If yes, what is the area of specialty or expertise? _____

Decision making and policy impact
Explain your position's policy impact (applying, developing or determining how the agency will implement).

Is your position responsible for making significant recommendations due to expertise or knowledge? If yes, provide examples of the types of recommendations made and to whom.

Explain the major decision-making responsibilities your position has full authority to make.

The following decisions are taken to the manager:

Describe whether your decisions are of a tactical or strategic nature and how decisions are made. For example, is there known precedent, is it somewhat unfamiliar, or unknown and unexplored?

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What are the risks or consequences of your recommendations or decisions?

EMPLOYEE COMPLETES

This form was completed by the: Employee Employee in consultation with supervisor
The information I have provided is accurate and complete.

Employee

Signature

Date

If completed by the supervisor:

This form has been prepared by my supervisor and I agree disagree that this is an accurate and complete description of my duties.

If you do not agree with any of the information on this Position Review Request, explain below or attach a page clarifying the issue(s) of concern.

Employee

Signature

Date

SUPERVISOR REVIEW

Is the information on the request accurate and complete?

Yes I agree completely with the employee's description of the functional competencies. If **yes**, complete the working relationships section, sign form, and submit to Department head/designee/Appointing Authority.

No I disagree with some portion of the employee's description of the functional competencies or I want to clarify some of the employee's statements. If **no**, complete the entire form, sign, and submit to Department head/designee/Appointing Authority.

Do you agree with the employee's description of the **Position Purpose**? Yes No

If no, list the specific duties and explain in detail with what you disagree.

Do you agree with the employee's description of duties listed in the **Work Activities**? Yes No

If no, list the specific duties and explain in detail with what you disagree.

Do you agree the employee has been assigned lead or supervisory responsibility, if applicable, as listed in **Lead/Supervisory Responsibilities**? Yes No

If no, explain:

Do you agree the employee's position leads or supervises the staff listed, if applicable? Yes No

If no, explain:

Do you agree with the employee's description of **Decision Making Authority**? Yes No

If no, explain:

List examples of decisions the employee's position is authorized to make without your prior review.

List examples of decisions that require your approval.

Do you agree the employee has been assigned **Fiscal Responsibilities**, if applicable? Yes No

If no, explain:

Continuity of Operations Plans Designation – For disaster or emergency recovery

Is this position designated critical based on agency COOP? Yes No

If yes, describe how this position supports the agency COOP Critical Functions:

Level of Supervision

Check the level that most accurately describes your supervision of the employee's position.

Supervision required is determined by the following:

- Amount of higher-level oversight the employee receives.
- Latitude the employee has in determining which work methods and priorities to apply.
- Scope of decision-making authority delegated to the employee.
- Extent to which the employee's completed assignments are reviewed.

Direct/Close

- Supervisor or lead provides daily oversight of work activities.
- Employee is given specific instructions regarding duties to perform, assignments to complete, and sequence of work steps and processes to follow.
- Employee follows clearly defined work procedures, processes, formats, and priorities.
- Work is frequently reviewed for accuracy, completion, and adherence to instructions and established standards, processes and procedures.

General Supervision

- Employee performs recurring assignments without daily oversight by applying established guidelines, policies, procedures, and work methods.
- Employee prioritizes day-to-day work tasks. Supervisor provides guidance and must approve deviation from established guidelines, policies, procedures, and work methods.
- Decision-making is limited in context to the completion of work tasks. Completed work is consistent with established guidelines, policies, procedures, and work methods. Supervisory guidance is provided in new or unusual situations.
- Work is periodically reviewed for compliance with guidelines, policies, and procedures.

General Direction

- Employee independently performs all assignments using knowledge of established policies and work objectives.
- Employee plans and organizes the work and assists in determining priorities and deadlines. May deviate from standard work methods, guidelines or procedures in order to meet work objectives.
- Employee exercises independent decision-making authority and discretion to decide which work methods to use, tasks to perform, and procedures to follow to meet work objectives.
- Completed work is reviewed for effectiveness in producing expected results.

Administrative Direction

- Employee works independently within the scope and context of rules, regulations, and employer objectives.
- Employee independently plans, designs and carries out programs, projects, and studies in accordance with broad policy statements or legal requirements.
- Employee exercises independent decision-making authority for determining work objectives and goals to be accomplished.
- Completed work is reviewed for compliance with laws and regulations and adherence to program goals, objectives, budgetary limitations, and general employer policies.

List additional information related to the employee's position you believe should be considered in the review of this position.

The information I have provided is accurate and complete. Yes, organizational chart attached.

Supervisor

Signature

Date

I agree with the supervisor's responses above.

Department head

Signature

Date

If no, I disagree for the following reason(s):

Appointing Authority (optional per policy)

Signature

Date

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.

Distribution: **ORIGINAL** - Human Resources **COPY** - Employee, Supervisor