



POSITION REVIEW REQUEST - INFORMATION TECHNOLOGY

Employee: Complete this form to request a review of your position to determine whether it should be allocated to a different job family and/or level within the Information Technology Professional Structure (ITPS) or if your current classification should be allocated to a job family and level within ITPS. Be sure to read the [ITPS 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 or job family/level		Proposed classification or job family/level	
Position #	Working title (if different from current classification title)		Date position description approved
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: _____			

Date position was last reviewed: Identify the duties that have changed since your position was last reviewed.
Specify the job family and/or level you think best describes your competencies and explain why. <input type="checkbox"/> Do not know or unsure about the proper classification.

Position purpose: Describe in 3 or 4 sentences the main reason(s) your position exists.
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Assigned Work Activities - Duties and Tasks	
Describe in order of importance your duties and how long you have been performing those duties.	
Major Duty	How long performing this duty?
Duty	
Tasks	

Outcome	
Duty Tasks Outcome	
Duty Tasks Outcome	
Duty Tasks Outcome	
Duty Tasks Outcome	

Qualifications	
List the knowledge, skills, and abilities and describe how they are necessary to perform the work of this position.	

Qualifications	
Required education, experience, or certifications	Application (why each qualification exists)
Desirable/preferred education, experience, or certifications	Application
List the knowledge, skills and abilities and describe how they are necessary to perform the work of this position.	

Lead/Supervisory Responsibility

Lead – An employee who performs the same or similar duties as other employees in the 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. A supervisor must supervise a minimum of one full-time employee or equivalent (total of part-time FTEs)

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/week

Problem Solving

What are the most complex and/or challenging issues addressed by this position? Give 3 to 4 examples and how each is resolved.

Complex/Challenging Issue	How Resolved	Frequency

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.

Potential Impact of Results

List examples of how your position impacts others and/or resources. How would the impact affect them?

Who would be impacted and what degree would the impact be?

What resources are impacted and at what degree of impact?

Financial 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\$ _____

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/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/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 **Assigned Work Activities and Qualifications**?
 Yes No
If no, list the specific duties and explain in detail with what you disagree.

Do you agree the employee's position has been designated lead or supervisory responsibility as listed in **Lead/Supervisory Responsibility**? If applicable, Yes No

If no, explain:

Do you agree with the employee's description of **Problem Solving**? 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 with the employee's description of **Potential Impact of Results**? Yes No

If no, explain:

List examples of resources that are impacted by this position?

List who are impacted by this position?

Do you agree with the employee's description of assigned **Financial 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	<div style="background-color: #e0e0ff; width: 100%; height: 20px;"></div> Signature	Date
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I agree with the supervisor's responses above.

Department head	<div style="background-color: #e0e0ff; width: 100%; height: 20px;"></div> Signature	Date
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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