



CORRECTIONAL INDUSTRIES WORK PROGRAM POSITION DESCRIPTION

Name of industry: _____ Position title: _____

Class I Class II Skill/compensation level, if applicable: Probation 1 2 3 4

Duties: _____

Minimum qualifications (e.g., reading, writing, education/math, training, experience, programming): _____

Physical requirements: _____

Desired qualifications: _____

Potential hazards and Personal Protective Equipment required: _____

Training time required (not to exceed Job Zone training period per U.S. Bureau of Labor Statistics): _____

Return on Training Investment hold period: _____

Work schedule: _____ Evaluation period: From _____ to _____

APPROVAL

Shop supervisor Signature Date

General Manager Signature Date

Workforce Development Administrator 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. Upon completion, the data classification category may change.

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