

# Group C Assignment Pay Request

Complete this form to request Group C Assignment Pay. Submit completed form and required documents to State Human Resources Classification and Compensation Team at [classandcomp@ofm.wa.gov](mailto:classandcomp@ofm.wa.gov). For more information, see [Assignment Pay](#).

## Request Information

Agency

Contact Name

Contact Phone

Contact Email

Reason for Request

Retention

Recruitment

Both

Date Submitted

Can your agency absorb the cost of this request?

Yes

No

## Request Summary

Describe the problem(s) you're experiencing with this Class/Series, the adverse effects, and what actions you've taken to resolve the problem(s). Explain how a pay increase will help resolve problem(s).

## Recruitment Efforts

Advertising – How much and when?

Length of time recruitment(s) open.

Total number of applicants per recruitment.

Number of applicants certified per recruitment.

Was a job offer made? If so, why did the applicant(s) decline?

Other efforts to attract/recruit candidates.

If applicable, list special requirements for or conditions of employment.

Other agencies at this location impacted (if known).

Other job classes at this location that perform similar work (if known).

## Position Information

Total number of positions (filled and vacant) at this location.

Location (city/county).

List only the position(s) that will receive Group C Assignment Pay.

Position Numbers (HRMS & Agency)	Class Title	Status	Included in a Bargaining Unit
		Filled  Vacant	Yes      No  If <b>yes</b> , Indicate Union
		Filled  Vacant	Yes      No  If <b>yes</b> , Indicate Union
		Filled  Vacant	Yes      No  If <b>yes</b> , Indicate Union
		Filled  Vacant	Yes      No  If <b>yes</b> , Indicate Union
		Filled  Vacant	Yes      No  If <b>yes</b> , Indicate Union

## **Retention Information**

Attach a copy of your turnover data with date ranges (2-year minimum, 5-year maximum). Source of Data:

HRMS (ZHR\_RPTRYU26 Movement/Turnover Report)

BI-Query (ZZPA\_M03\_QCLTO Classification Turnover)

Other (Name of System or Source)

Other supporting data (e.g., exit survey data, where staff are going).

## **Agency Director or Designated Approving Authority**

Date

Name

Title