**SAMPLE POSITION REVIEW DECISION**

**(Reallocation to a different class than requested)**

(Date)

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_:

On (date), we received your Position Review Request (PRR) form requesting reallocation of your Widget Maker Support Assistant 2 position, #2345, to Toy Maker Supervisor.

After a thorough review and careful consideration of your duties and responsibilities described in your PRR dated \_\_\_\_\_ and your Position Description dated \_\_\_\_\_, I determined your position best fits the Wood Carver 2 class.

In order to be allocated to the Toy Maker Supervisor, your position must meet the definition for supervisor. The glossary of terms developed by the Office of the State Human Resources Director defines supervisor. The definition includes (in part): 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, and taking corrective action. You have not been assigned supervisory functions and do not have any positions reporting to you. Therefore, the Toy Maker Supervisor is not an appropriate allocation for your position.

My review showed you are performing beyond the scope of the Widget Maker Support Assistant 2. The Wood Carver 2 provides the best fit and describes your independent and specialized duties in wood carving (more detail would be provided here on the duties performed and comparisons to these classes…).

You have performed the higher-level duties for at least six (6) months and have demonstrated the skills and abilities required for this position. You will remain in your current position and retain your existing appointment status. You meet the desirable qualifications and possess the knowledge, skills, and abilities necessary for this higher classification. As a result, you will be promoted with permanent status to the Wood Carver 2.

The effective date for the reallocation of your position and your promotion is \_\_\_\_\_\_\_\_\_. Your salary has been determined using the provisions governing promotion per the Collective Bargaining Agreement between the State of Washington and the \_\_\_\_\_\_\_\_\_\_ and will be Range \_\_\_, Step \_\_\_, $\_\_\_\_\_\_ per month. Your Periodic Increment Date (PID) continues to be \_\_\_\_\_\_.

You may request a Director's review of the results of the position review to the Director of the Office of Human Resources within thirty (30) calendar days of being provided the results of the position review or notice of reallocation.

* The 30-day time period begins on the date the allocation decision is served by personal delivery, deposited in the U.S. mail, or faxed, unless provided via alternate method such as email or campus mail. If provided by *alternate method*, the 30-day time period begins on the date you *receive* the notice (WAC 357-04-105).
* The Director’s review is the first step in the appeal process and your request for review must be received (not postmarked) in the Director’s Review Office within 30 days of service of the position review results or reallocation notice.
* You may file in person, by mail, or by fax (but not by email) to the following address:

Office of the State HR Director

Director’s Review Program

Insurance Building

302 Sid Snyder Ave SW

PO Box 40911

Olympia, Washington 98504-0911

FAX: 360-586-4694

If you have questions or need clarification regarding this action, please contact \_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_.

Sincerely,

\_\_\_\_\_\_\_\_\_

cc: