## **Classification and Compensation Needs Assessment**

The issue(s) described below must link directly to one or more of the criteria and you must explain how the issue(s) you are trying to resolve meet the criteria. For more information and resources go to <u>Classification</u> <u>and Compensation Proposal Process</u>.

Submit completed form to State Human Resources Enterprise Classification and Compensation Team at <u>classandcomp@ofm.wa.gov</u>.

Agency/HE Institution Information	
Name	HR Contact
Department of X	Name John Doe
	Email John.Doe@DOX.wa.gov
Subject Matter Expert (Must be Non-Rep)	Budget Contact
Name Jane Smith	Name Edward Jones
Email Jane.Smith@DOX.wa.gov	Email Ed.Jones@DOX.wa.gov
Select Criteria	
Select choice(s) below.	
Class Plan Maintenance 🗵 Compression 🗆 Higher Level Duties 🗆 Inversion 🗆 Inequities 🗆	
Recruitment  Retention	
For descriptions and examples go to Classification and Compensation Proposal Process.	
Class Title(s) – Complete a separate assessment for each Class Series	
Class Title(s) and Class Code(s): Widget Maker 1-5 (001A-001E)	
Positions represented by a <u>Collective Bargaining Agreement</u> ? Yes 🛛 No 🗆 If <b>yes</b> , list CBA's below:	
Widget Makers Local 23	
Describe the Issue(s)	
What is the issue(s) you are trying to resolve or business need(s) you are trying to meet? Be specific, descriptive and include what criteria(s) the issue(s) meets. What services are provided and how they are being adversely affected?	
Executive Management has mandated no reallocations within the agency through the next biennium. Due to this mandate, the expectation is to keep everyone working within their current allocated level in the Widget Maker series. Over the years, the work in the Widget Maker series has evolved to the point the job specifications have become outdated; specifically the typical work statements and the qualifications. Managers and supervisors are having difficulty ensuring positions are performing work within their current allocation which has caused employees to request position reviews. While these reviews have not resulted in any reallocations to date, the department needs the appropriate tools to ensure all employees are working within class.	
What Efforts Have Been Made to Address the Issue(s)?	
Explain what you have tried and the results achieved (e.g. revised agency/HE work processes, organizational structures, or enhanced recruitment efforts). Provide specific examples.	

The agency has created a resource document as a guide for managers and supervisors. Unfortunately, as new managers and supervisors are hired, we have found they use the job specifications rather than the resource document. While we try to provide the document to these new employees upon hire, some of them are missed.

What are the Proposed Changes?

Describe the proposed classification(s) and salary changes. Provide specific examples.

The Department of X is proposing changes be made to all levels of the series (Widget Maker 1-5) to ensure these job specifications are current. The Department of X is not proposing any salary increase, nor will there be any changes in allocation due to the requested changes.

How Does the Proposal Resolve the Issue(s)?

Describe the improvements you expect to see if this proposal is implemented and indicate the number of positions impacted.

Updated job specifications will give managers and supervisors the tools they need to ensure their staff perform work within their allocated level in the Widget Maker series, thereby reducing or eliminating the position reviews.

What are the Impacts on Services?

Identify immediate and long-term risks and consequences if the issue(s) is not resolved. (e.g. impact on agency/HE priorities, service delivery, or liability).

Because Executive Management has determined there is no money for unplanned reallocations, any such activity could jeopardize mandated programs through the need to move money from one fund to pay for the reallocation of a position in another fund. This could lead to layoffs to ensure programs do not go over budget, which could impact the public through reduced number of widgets available.

## **Required – Agency/HE Director or Designated Approving Authority Signature**

Date

Enter a date.

Name/Title Enter text. Signature Enter text.