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 [Classification and Compensation Proposal Process](https://ofm.wa.gov/classification-and-compensation-proposal-process-2025-27).

Submit completed form to State Human Resources Enterprise Classification and Compensation Team at [classandcomp@ofm.wa.gov](mailto:classandcomp@ofm.wa.gov).

# Agency/Higher Education Institution Information

Name: Enter Name

HR Contact: Enter HR Contact

Role: Enter Role

Subject Matter Expert (Must be Non-Rep):

Enter SME

Budget Contact: Enter Budget Contact

Email: Enter HR Contact

Email: Enter SME Email

Email: Enter Budget Contact Email

# Select Criteria

Select choice(s) below.

Class Plan Maintenance Inequities

Compression Recruitment

Higher Level Duties Retention

Inversion

For descriptions and examples go to [Classification and Compensation Proposal Process](https://ofm.wa.gov/classification-and-compensation-proposal-process-2025-27).

# Class Title(s) – Complete a separate assessment for each Class Series

Class Title(s) and Class Code(s): Enter text

Positions represented by a [Collective Bargaining Agreement?](https://ofm.wa.gov/state-human-resources/labor-relations/collective-bargaining-agreements) Yes No

If **yes**, list Collective Bargaining Agreements here:

Enter text

# 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?

Enter text

# What Efforts Have Been Made to Address the Issue(s)?

Explain what you have tried, and the results achieved (e.g. revised agency/Higher Education work processes, organizational structures, or enhanced recruitment efforts). Provide specific examples.

Enter text

# What are the Proposed Changes?

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

Enter text

# 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.

Enter text

# 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/Higher Education priorities, service delivery, or liability).

Enter text

**Required – Agency/Higher Education Director or Designated Approving Authority Signature**

Name/Title: Enter Name/Title

Signature: Enter signature Date: Enter date

*Please type your full name in the signature fields. Do not use E-sign features or insert signature images.*