# ITPS Position Review Request - Employee Portion

Complete this form to request a review of your position to determine whether it should be allocated to a different job family and/or level within the Information Technology Professional Structure or if your current classification should be allocated to a job family and level within ITPS. Submit the completed form to your supervisor/manager, who will complete the ‘Supervisor Acknowledgment’ section, attach an organizational chart, and submit it to your Human Resource Office/ITPS Coordinator.

For additional information, see [ITPS Position Review Request Guide](https://ofm.wa.gov/sites/default/files/public/shr/Forms%20and%20Publications/DOP%20Forms/ITPS%20Position%20Review%20Request%20Guide.docx), [Action Verbs](https://www.ofm.wa.gov/sites/default/files/public/shr/CompensationAndJobClasses/1RoundtableClassCompMeetingMaterials/091208CLEAR%20ACTION%20VERBSLP.doc%20) and [Glossary of Classification Terms](http://www.dop.wa.gov/SiteCollectionDocuments/CompensationAndJobClasses/Comp%20Class%20HR%20Pro%20Tools/ClassificationGlossary.doc).

## Employee Information

Name: Enter name

Phone: Enter phone Email: Enter email

Agency/HE Division, Institution, Unit: Enter agency

Job Location: Enter location Date position description approved: Enter date

Current Classification or ITPS Job Family and Level: Enter classification

Position Number: Enter position number

Supervisor’s Name & Title: Enter name & title

Phone: Enter phone Email: Enter email

What is your supervisor’s position?

[ ] Washington General Service (WGS) [ ] Washington Management Service (WMS)

[ ] Exempt [ ] Unsure

Second-Level Supervisor’s Name & Title: Enter name & title

Phone: Enter phone Email: Enter email

## Identify the date your position was last reviewed and the duties that have changed since your position was last reviewed

Date your position was last reviewed: Enter date

Changed duties: Enter text

List the ITPS Job Family and/or Job Level you think best describes your functional competencies (duties, responsibilities, and knowledge, skills and abilities) and explain why:

Enter text

Unsure? Check this box if you don’t know the best match job family/level: [ ]

## Position Purpose

Describe in 3-4 sentences the main reason(s) your position exists. For examples, see [ITPS Position Review Request Guide](https://ofm.wa.gov/sites/default/files/public/shr/Forms%20and%20Publications/DOP%20Forms/ITPS%20PRR%20Guide.docx):

Enter text

## Assigned Work Activities (Duties and Tasks)

Describe, in order of importance, your duties and how long you have been performing those duties. For examples, see [ITPS Position Review Request Guide](https://ofm.wa.gov/sites/default/files/public/shr/Forms%20and%20Publications/DOP%20Forms/ITPS%20PRR%20Guide.docx).

**Description of major duty and supporting tasks. *(Do not use percentages for this section)***

**Major Duty:**

Enter text

**How long performing this duty?** Enter text

**Tasks include:**

Enter tasks

**Outcome:**

Enter text

**Major Duty:**

Enter text

 **How long performing this duty?** Enter text

**Tasks include:**

Enter tasks

**Outcome:**

Enter text

**Major Duty:**

Enter text

**How long performing this duty?** Enter text

**Tasks include:**

Enter tasks

**Outcome:**

Enter text

**Major Duty:**

Enter text

**How long performing this duty?** Enter text

**Tasks include:**

Enter tasks

**Outcome:**

Enter text

**Major Duty:**

Enter text

**How long performing this duty?** Enter text

**Tasks include:**

Enter tasks

**Outcome:**

Enter text

## Qualifications (Knowledge, Skills and Abilities)

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| **Required Education, Experience or Certifications** | **Application (why each qualification exists)** |
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| **Desirable/Preferred Education, Experience or Certifications** | **Application (why each qualification exists)** |
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**List the knowledge, skills and abilities and describe how they are necessary to perform the work of this position.**

Enter text

**Lead Worker/Supervisor Definitions**

**Lead** – An employee who performs the same or similar duties as other employees in the work group and has the designated responsibility to regularly assign, instruct, and check the work of those employees on an ongoing basis.

**Supervisor** – An employee who is assigned responsibility by management to participate in all the following functions with respect to their subordinate employees: Selecting staff, training and development, planning and assignment of work, evaluating performance, resolving grievances, taking corrective action. Participation in these functions is not routine and requires the exercise of individual judgment. A supervisor must supervise a minimum of one full-time employee or equivalent (total of part-time FTEs).

## Lead/Supervisory Responsibilities

Does your position have designated Lead or Supervisory responsibility?

[ ] Lead [ ] Supervise [ ] None

|  |  |  |  |
| --- | --- | --- | --- |
| **List the Name, Position Number, and Class Title of staff you lead or supervise** | **Work Schedule** | **Appointment Type** | **Hours Per Week** |
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## Problem Solving

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| --- | --- | --- |
| **Complex/Challenging Issue** | **How Resolved** | **Frequency** |
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## Decision Making Authority

List examples of decisions you are authorized to make without consulting your supervisor. Indicate which of these decisions are the most difficult or complex:

Enter text

List examples of decisions that require supervisor approval:

Enter text

## Potential Impact of Results

List examples of how your position impacts others and/or resources. How would the impact affect them?

Enter text

Who would be impacted and to what degree would the impact be?

Enter text

What resources are impacted and to what degree of impact?

Enter text

## Financial Dimensions

Does your position have responsibility for maintaining fiscal records? [ ] Yes [ ] No

Does your position have responsibility for controlling or authorizing the expenditure of funds?

[ ] Yes [ ] No

If yes, explain how your position controls or authorizes funds and complete the information below:

Enter text

Total Annual State Funds: $ Enter amount

Total Annual Grant and Contract Funds: $ Enter amount

Total Number of Grants and/or Contracts: $ Enter amount

Total Annual Self-Sustaining Funds: $ Enter amount

Total Funds for which your position has responsibility: $ Enter amount

## Employee Review

This form was completed by: [ ] Employee only [ ] Employee in consultation with Supervisor

*The information I provided is accurate and complete.*

Employee Signature (required): Enter signature Date: Enter date

(Keep a copy of this request for your records.)

## Supervisor’s Acknowledgment – Attach an organizational chart.

*As the supervisor, I acknowledge the above employee is submitting this request to have their position’s allocation reviewed. I will forward this request to the Human Resource Office. I understand the HR Office will date stamp the request and provide instructions for completing the ITPS Position Review Request - Supervisor Portion.*

*I will note my agreement or disagreement with the employee’s description of the functional competencies on the ITPS Position Review Request - Supervisor Portion.*

Organizational chart attached? [ ] Yes [ ] No

Supervisor Signature: Enter signature Date: Enter date

(Keep a copy of this request for your records. You will need it to complete the Supervisor Portion.)