State HR IT Work Assessment Form

Form and Completion Instructions

Background and Instructions

What is the IT Work Assessment form?

The IT Work Assessment Form was developed due to the implementation of the IT Professional Structure, effective July 1, 2019. This form allows an employee in an IT classification to objectively capture their work history, skills and abilities for work performed not only prior to July 1, 2019, but also afterward. In the event of a layoff, reversion, or other relevant employment action, the IT Work Assessment Form can be submitted along with any other relevant information to determine employee options and/or comparability with the newly established IT Professional Structure. This form can continue to be used, post implementation, as necessary.

When do I complete the form?

Employees may complete the form at any time. The IT Work Assessment form can be found on the State Human Resources Forms Website.

Section-by-Section Instruction Summary

Once you have completed this form, keep a copy for your records and provide the original to your HR office for placement in your personnel file.

Section 1

Complete this section as accurately as possible.

Section 2

List all education including IT related courses.

Section 3

List all relevant licensures and certifications. Indicate active or inactive status and expiration dates.

Section 4

List all IT related training and dates of training.

Section 5

Document your job tasks, knowledge, skills and abilities in the specific job families for which you have work experience. Refer to the <u>IT Work Assessment Guide</u> document for additional help completing this section.

Other Resources

- ITPS Resources website
- Evaluator's Handbook
- Glossary Classification

PERSONAL INFORMA	ATION				
Last Name:	First Name:	Middle Initial:			
Personnel ID:	Agency:				
Work Phone:	Work Email:				
Current Job Position/Title:					
EDUCATION					
High School Diploma/GED:	Some College:	# of Years:			
Degree:	Degree Type:				
Related Coursework:					
LICENCUPES/CEPTIE	CATIONS				
LICENSURES/CERTIF	ICATIONS	D (()			
Licensure/Certification:		Date(s):			
Licensure/Certification:		Date(s):			
Licensure/Certification:		Date(s):			
IT TRAINING					
IT Training Course:		Date(s):			
IT Training Course:		Date(s):			
IT Training Course:		Date(s):			
IT Training Course:		Date(s):			
IT Training Course:		Date(s):			
JOB FAMILIES					
APPLICATION DEVELOPMENT					
Position Title(s):					
From: To:					

Job Tasks, Knowledge, Skills & Abilities:

IT Architecture	
Position Title(s):	
From: Job Tasks, Knowled	To: ge, Skills & Abilities:
IT Business Ana Position Title(s):	<u>lysis</u>
From: Job Tasks, Knowled	To: ge, Skills & Abilities:
CUSTOMER SUPPOSITION Title(s):	<u>PPORT</u>
From:	То:
Job Tasks, Knowled	ge, Skills & Abilities:
DATA MANAGE Position Title(s):	<u>MENT</u>
From:	To:

Job Tasks, Knowledge, Skills & Abilities:

IT Policy and Planning Position Title(s): From: To: Job Tasks, Knowledge, Skills & Abilities: **Network and Communications** Position Title(s): From: To: Job Tasks, Knowledge, Skills & Abilities: IT Project Management Position Title(s): From: To: Job Tasks, Knowledge, Skills & Abilities: **IT Security** Position Title(s):

To:

Job Tasks, Knowledge, Skills & Abilities:

From:

Systems Admin	<u>istration</u>		
Position Title(s):			
From: Job Tasks, Knowled	To: dge, Skills & Abilities:		
IT Vendor Mana Position Title(s):	<u>gement</u>		
From:	To:		
Job Tasks, Knowled	dge, Skills & Abilities:		
Quality Assurar Position Title(s):	nce (QA)		
From:	То:		
Job Tasks, Knowled	dge, Skills & Abilities:		
6. Signature			
Please type your full name	e in the signature field. Do not u	se E-sign features or insert sig	nature images.
Employee Signature	e:		Date: