# Information Technology Position Description

For assistance completing this form, contact your supervisor/manager or your Human Resources (HR) Office. Complete form, obtain all signatures, scan and save using the following naming convention: [Agency/Institution]\_IT\_[Position Number]\_[Date: YYYYMMDD].  
Example: DSHS\_IT\_0480\_20150621.

## Position Information

Agency/HE Institution, Division, Unit: enter text

Action:  Establish  Reallocate  Review/No Change  Update

Class Code and Title: enter text Current Salary Range: enter text

Proposed Class Code and Title: enter text Proposed Salary Range: enter text

Agency/HE Institution Position Number: enter text

HRMS Position Number (if applicable): enter text

Project Title (if applicable): enter text

Assignment Pay:  Dual Language  Other: enter text

Incumbent’s Name (If filled position): enter text

Address Where Position Is Located (Duty Station): enter text

Work Schedule:  Part Time  Full Time

HR Approved Overtime Eligible:  Yes  No

Position represented by a Master Agreement:  Yes  No

If **Yes**, list Master Agreement: Choose Agreement.

Position has an approved In-Training Plan:  Yes  No

If **Yes**, attach Position Description for each In-Training Level Date of Position Description Used for Last Evaluation (if applicable).

Supervisor’s/Manager’s Name and Title: enter text

Supervisor’s/Manager’s Phone: enter text

Supervisor’s/Manager’s Position Number: enter text

Date Completed: enter text Date Previous Position Description Approved: enter text

Primary Job Family (select one): Choose an item.

Secondary Job Family (select one, if applicable): Choose an item.

## Organizational Structure (Attach an organizational chart.)

Summarize the functions of the position’s division/unit and how this position fits into the organizational structure:

enter text

## Position Objective

Describe the main purpose of the position and the type and nature of the work performed:

enter text

## Assigned Work Activities (Duties and Tasks)

Describe the duties and tasks and underline the essential functions. Task statements should describe the action performed; to **whom** or **what**; using what **tools, equipment, methods, and/or processes; and the final product or outcome**.

For more guidance, see [Essential Functions Guide](http://hr.ofm.wa.gov/diversity/equal-employment-opportunity/essential-functions-guide) and [Examples of Work Statements](http://hr.ofm.wa.gov/sites/default/files/documents/Strategic%20HR/Workforce%20Planning/Examples_of_Work_Statements_06.2011.doc).

List the assigned work in order of importance including the final product or outcome for each, with essential functions underlined:

enter text

## Problem Solving

What are the most complex and/or challenging issues addressed by this position? Give 3 to 4 examples and how each is resolved.

|  |  |  |
| --- | --- | --- |
| **Complex/Challenging Issue** | **How Resolved** | **Frequency** |
| enter text | enter text | enter text |
| enter text | enter text | enter text |
| enter text | enter text | enter text |
| enter text | enter text | enter text |

## Decision Making

What duties are performed that require the position to make choices, determinations or judgments?

enter text

Which decisions are sent to the next level of supervisor/manager or technical authority for recommendation/decision?

enter text

## Potential Impact of Results

Describe the potential impact of error (What potentially could happen in the event that the individual was to fail to perform their job correctly?)  
enter text

List who (citizens, other department/unit personnel, statewide personnel, etc.) would be impacted and the degree of impact.

enter text

List what (dollars, larger systems, processes, other resources, etc.) would be impacted and the degree of impact.

enter text

## Financial Dimensions (if applicable)

Describe the type and annual amount of all monies that the position directly controls, administers or manages (excluding employee salary and benefits). For example: *delegated signature authority amount, invoice approval for contract expenditures*.

enter text

## Lead Work/Supervisory Responsibilities

Lead Position:  Yes  No

Supervisory Position:  Yes  No

Assigns Work  Instructs Work  Checks Others’ Work

Plans work  Evaluates Performance  \*Takes Corrective Action

\*Hires  \*Terminates

(\*Has the authority to effectively recommend these actions.)

|  |  |
| --- | --- |
| **List Class Title and Working Title of Position(s) Supervised** | **If Part Time, What %** |
| enter text | enter text |
| enter text | enter text |
| enter text | enter text |
| enter text | enter text |
| enter text | enter text |
| enter text | enter text |

Add information that clarifies this position’s lead or supervisory responsibilities:

enter text

## Working Relationships

Level of Supervision received. For more guidance see [Glossary of Classification Terms](https://ofm.wa.gov/sites/default/files/public/shr/CompensationAndJobClasses/Comp%20Class%20HR%20Pro%20Tools/ClassificationGlossary.doc).

Direct/Close Supervision: Most work is reviewed in progress and upon completion.

General Supervision: Completed work is spot checked.

General Direction: Completed work is reviewed for effectiveness and expected results.

Administrative Direction: Completed work is reviewed for compliance with budget, policies, laws  
 and program goals.

Add information that clarifies this position’s interactions with others to accomplish work:

enter text

## Continuity of Operations Plans (COOP) Designation – For Disaster or Emergency Recovery

For more information see [COOP and Critical Positions](http://hr.ofm.wa.gov/workforce-data-planning/workforce-planning/continuity-operations-plans-coop-and-critical-positions). For higher education, refer to your list of essential personnel.

Is this position designated critical based on agency COOP?  Yes  No

If **Yes**, describe how this position supports the agency *COOP Critical Functions*:

enter text

## Qualification – Knowledge, Skills and Abilities

|  |  |
| --- | --- |
| **Required** Education, Experience or Certifications | **Application** (why each qualification exists) |
| enter text | enter text |
| enter text | enter text |
| enter text | enter text |
| enter text | enter text |
| enter text | enter text |

|  |  |
| --- | --- |
| **Desirable/Preferred** Education, Experience or Certifications | **Application** (why each qualification exists) |
| enter text | enter text |
| enter text | enter text |
| enter text | enter text |
| enter text | enter text |
| enter text | enter text |

List the competencies (knowledge, skills, abilities and behaviors) and a description of each that are necessary to successfully perform the work of the position:

enter text

## Special Requests and Conditions of Employment

Examples: *Must possess valid drivers’ license and good driving record. Must successfully pass a criminal background check*.

enter text

## Working Conditions

Work Setting, including hazards:enter text

Schedule (i.e., hours and days): enter text

Travel Requirements: enter text

Tools and Equipment: enter text

Customer Relations: enter text

Other: enter text

## Acknowledgement of Position Description

The signatures below indicate that the job duties as defined above are an accurate reflection of the work performed by this position.

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

Supervisor’s/Manager’s Signature (required): enter text Date: enter text

Appointing Authority’s Name and Title: enter text

Appointing Authority’s Signature (required): enter text Date: enter text

**As the incumbent in this position, I have received a copy of this position description.**

Employee’s Signature: enter text Date: enter text

## For Human Resource/Payroll Office Use Only

Position details and related action have been taken by Human Resources as reflected below.

Approved Class Title: enter text

Class Code: enter text Salary Range: enter text

Effective Date: enter text Pay Scale Type: enter text

Job Analysis On File?  Yes  No

Position Type (Employee Group): enter text EEO Category: enter text

Employee Sub-Group: enter text Position Retirement Eligible:  Yes  No

Position is:  Funded  Non-Funded

Workers Comp. Code: enter text County Code: enter text

Standard Occupational Code (SOC): Enter SOC

Business Area: enter text Personnel Area (FEIN): enter text

Position Eligible for Telework:  Yes  No

Position Eligible for Flextime:  Yes  No

Position Eligible for Compressed Workweek:  Yes  No

Unique Facility Identifier (UFI): enter text  
For more information see: [UFI Search Feature](http://wa-ofm.maps.arcgis.com/home/index.html)

Bona Fide Occupational Qualification:  Yes  No

If **yes**, list qualifications: enter text

### Cost Center Codes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **COST CENTER** | **PCT. (%)** | **FUND** | **FUNCTIONAL AREA** | **COST OBJECT** | **AFRS PROJECT** | **AFRS ALLOCATION** |
| enter text | enter text | enter text | enter text | enter text | enter text | enter text |
| enter text | enter text | enter text | enter text | enter text | enter text | enter text |
| enter text | enter text | enter text | enter text | enter text | enter text | enter text |
| enter text | enter text | enter text | enter text | enter text | enter text | enter text |

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

HR Designee’s Name: enter text

HR Designee’s Title: enter text

HR Designee’s Signature: enter text Date: enter text

Budget Designee’s Name: enter text

Budget Designee’s Title: enter text

Budget Designee’s Signature: enter text Date: enter text