# 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 classification. Submit completed form to your supervisor/manager, who will complete the ‘Supervisor Acknowledgment’ section, attach an organizational chart, and submit it to your Human Resource (HR) Office.

For additional information, see [Position Review Request Guide](https://ofm.wa.gov/sites/default/files/public/shr/Forms%20and%20Publications/DOP%20Forms/Position%20Review%20Request%20Guide.docx) 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/Division/Institution: Enter agency/division/Institution

Current Class Title: Enter class title Position Number: Enter number

Working Title (If different from current class title): Enter working title

Supervisor’s Name & Class Title: Enter name & class 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 & Class Title: Enter name & class title

Phone: Enter phone Email: Enter email

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

Date our position was last reviewed: Enter date

Changed duties:

Enter text

List the class title you think better describes your duties and responsibilities and explain why:

Enter text

Unsure? Check this box if you don’t know the best match class title:

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

Enter text

## Assigned Work Activities (Duties and Tasks)

Describe, in order of importance, your major duties (those which take at least 2 hours per week or 5% of your time to perform). For examples, see [Position Review Request Guide.](https://ofm.wa.gov/sites/default/files/public/shr/Forms%20and%20Publications/DOP%20Forms/Position%20Review%20Request%20Guide.docx)

**Percent of Time** (Must total 100%)**:** Enter %

**Major Duty:**

Enter text

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

**Tasks include:**

Enter text

**Percent of Time:** Enter %

**Major Duty:**

Enter text

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

**Tasks include:**

Enter tasks

**Percent of Time:** Enter %

**Major Duty:**

Enter text

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

**Tasks include:**

Enter tasks

**Percent of Time:** Enter %

**Major Duty:**

Enter text

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

**Tasks include:**

Enter tasks

**Percent of Time:** Enter %

**Major Duty:**

Enter text

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

**Tasks include:**

Enter tasks

**Lead Worker/Supervisor Definitions**

**Lead** – An employee who performs the same or similar duties as other employees in his/her 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 of 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.

## 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** | **Work Hours** | **Hours Per Week** |
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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

## Fiscal Responsibilities

Do you have responsibility for maintaining fiscal records? Yes No

Do you have responsibility for controlling or authorizing the expenditure of funds? Yes No

If **yes**, explain how you control or authorize 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 you have 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 his/her position’s allocation reviewed. I will forward this request to the Human Resource (HR) Office. I understand the HR Office will date stamp the request and provide instructions for completing the Position Review Request - Supervisor Portion.*

*I will note my agreement or disagreement with the employee’s description of duties on the 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.)