# Washington Management Service Position Evaluation Summary

## Evaluation Information

Date Received: Enter date Agency/Division/Unit: Enter text

Position Number/Object Abbreviation: Enter text

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

Action:

Establish Update

Inclusion of Existing WGS Position Re-evaluation of Existing WMS Position

Inclusion Determination:

Approved Denied

If denied, provide a reason:

Enter text

Position Type:

Traditional Manager

Individual Contributor

If Inclusion Approved, Primary Criteria Applicable to This Position:

Choose an item.

If Multiple Criteria, Indicate Secondary Criteria Applicable to This Position:

Choose an item.

## Evaluation and Position Information

Explain how the assigned tasks meet the approved rating criteria elements.

**Scope of Management Accountability and Control – Provide examples of the resources and/or policies that are controlled or influenced that support the position’s rating.**

Enter text

### Decision-Making Environment and Policy Impact – Provide examples of decision-making authority and the thinking environment that support the position’s rating.

### Enter text

### Qualifications/Knowledge, Skills and Abilities – Provide examples of how the position utilizes management principles at the level aligning with the rating.

Enter text

Former Position Title: Enter text

Approved Position Title: Enter text

Current JVAC Points (e.g., X2B589): Choose an item. Current Band: Choose an item.

New JVAC Points (e.g., X2B589): Choose an item. New Band: Choose an item.

Management Type (P/M/C): Choose an item.

Date Evaluated: Enter date Effective Date: Enter date

Market Segment: Choose an item.

Salary Range of Consideration (if applicable): Enter text

Pay Standard (if applicable): Enter text

## WMS Coordinator Acknowledgement

WMS Coordinator Name: Enter text Date Completed: Enter date

WMS Committee Members Names (who reviewed and evaluated this position):

Enter text

Comments:

Enter text

## For Human Resource/Payroll Office Use Only

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

Work Period Designation: Review Period:

OT Exempt 12 months

OT Eligible (part-time hourly) 18 months

N/A

Pay Scale Type: Job Analysis on File:

Choose an item. Yes No

Position Type (Employee Group): EEO Category:

Choose an item. Choose an item.

Employee Sub-Group: Position Retirement Eligible:

Choose an item. Yes No

Position is: Workers Comp. Code:

Funded Choose an item.

Non-Funded

County Code: Enter code 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 (For more information see: [UFI Search Feature](http://wa-ofm.maps.arcgis.com/home/index.html)): Enter UFI

## 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 date

Budget Designee’s Name: Enter text

Budget Designee’s Title: Enter text

Budget Designee’s Signature: Enter text Date: Enter date