Washington Management Service (WMS) Review Request This form is to be completed by position's supervisor/manager and submitted to the Appointing

Authority or designee.

Position Information

Agency/Division/Unit:		
Position Number/Object	t Abbrevi	ation:
Current Class Title:		
Proposed Class Title:		
Action (check one):		
Establish		
Inclusion of Exist	ing WGS	S Position
PDF Update		
Re-evaluation of	Existing	WMS Position
Position is Currently:		
Vacant	Filled	Incumbent's Name (if filled position):
How does this position apply:	meet the	definition of manager state in WAC 357-58-035? Check all that
Formulates state	wide pol	cy or directs the work of an agency or agency subdivision.
Administers one	or more	statewide policies or programs of an agency or agency subdivision
Manages, admin	isters, ar	nd controls a local branch office of an agency or an agency
subdivision, inclu	iding the	physical, financial, or personnel resources.
Has substantial r	esponsib	oility in personnel administration, legislative relations, public
information, or th	e prepar	ation and administration of budgets.
Functions above	the first	evel of supervision and exercises authority that is not merely
routine or clerica	l in natur	e and requires the consistent use of independent judgment.
Explain how this positio	n meets	the above definition(s) you checked. Provide examples:
Submitted by:		Date:

Attachment Checklist:

Completed WMS Position Description

Current organizational chart reflecting the position

Appointing Authority Acknowledgement

Approved for review by the WMS Committee

Not approved for review by the WMS Committee

Comments:

If not approved, send a copy of this request to your WMS Coordinator.

Name and Title: Date:

Signature:

Yes, a copy of this request was sent to WMS Coordinator.