# Washington General Service (WGS) Position Description

For assistance completing this form, contact your human Resource Office of see the

[WGS Position Description Guide](http://hr.ofm.wa.gov/workforce-data-planning/workforce-planning/washington-general-service-wgs-position-description-guide) and [WGS Sample Position Description.](https://ofm.wa.gov/sites/default/files/public/shr/Forms%20and%20Publications/DOP%20Forms/WashingtonGeneralServicePositionDescriptionSample.pdf)

## Position Information

Action:  Establish  Reallocate  Update  Review/No change

Date: Enter text.

HR Approved Class Title: Enter text. Effective Date: Enter text.

Proposed Class Title: Enter text.

Current Class Title: Enter text.

HR Approved Overtime Eligible:  Yes  No

Seasonal/Cyclic:  Yes  No

Work Schedule:  Full time  Part time

Position Number/Object Abbreviation: Enter text. Salary Range: Enter text.

Position Included in a Bargaining Unit:  Yes  No

If **yes**, indicate union: Enter text.

Assignment Pay:  Yes  No

Incumbent’s Name (if filled position): Enter text.

Address Where Position is Located: Enter text.

Agency/Division/Unit: Enter text.

Supervisor’s Name and Title: Enter text.

Supervisor’s Position Number: Enter text. Supervisor’s Phone Number: Enter text.

## Position Objective

Briefly explain the purpose of the position and how it supports the organization’s mission (**attach an organizational chart – do not embed**).

Enter text.

## Assigned Work Activities (Duties and Tasks)

Describe the duties and tasks and underline the essential functions. Assign a percentage of time to each duty. 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**.

**List assigned work in order of importance. For essential functions, label them as “Essential.”** For more guidance see the [Essential Functions Guide](https://ofm.wa.gov/state-human-resources/workforce-diversity-equity-and-inclusion/persons-disabilities-state-government/essential-functions-guide) and [Examples of Work Statements](http://hr.wa.gov/SiteCollectionDocuments/Strategic%20HR/Workforce%20Planning/Examples_of_Work_Statements_06.2011.doc).

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

**Major Duty:**

Enter text.

**Tasks include:**

Enter text.

**Percent of Time:** Enter text.

**Major Duty:**

Enter text.

**Tasks include:**

Enter text.

**Percent of Time:** Enter text.

**Major Duty:**

Enter text.

**Tasks include:**

Enter text.

**Percent of Time:** Enter text.

**Major Duty:**

Enter text.

**Tasks include:**

Enter text.

**Percent of Time:** Enter text.

**Major Duty:**

Enter text.

**Tasks include:**

Enter text.

**Percent of Time:** Enter text.

**Major Duty:**

Enter text.

**Tasks include:**

Enter text.

**Percent of Time:** Enter text.

**Major Duty:**

Enter text.

**Tasks include:**

Enter text.

## Lead Work/Supervisory Responsibilities

Lead Position:  Yes  No

Supervisory Position:  Yes  No If **yes**, list each direct report below:

Assigns work  Instructs Work  Checks Others’ Work

Plans Work  Evaluates Performance  \*Takes Corrective Action

\*Hires  \*Terminates

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

|  |  |  |
| --- | --- | --- |
| **Class Title of Direct Report(s)** | **No. of Positions** | **Work Schedule** |
| Enter text. | Enter text. | Choose an item. |
| Enter text. | Enter text. | Choose an item. |
| Enter text. | Enter text. | Choose an item. |
| Enter text. | Enter text. | Choose an item. |
| Enter text. | Enter text. | Choose an item. |
| Enter text. | Enter text. | Choose an item. |

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](https://ofm.wa.gov/state-human-resources/workforce-data-and-planning/workforce-planning/continuity-operations-plans-coop-and-critical-positions).

Is this position critical based on agency COOP?  Yes  No

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

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 Interactions:

Enter text.

Other:

Enter text.

## Qualifications

List the education, experience, licenses, certifications, and competencies (knowledge, skills, abilities and behaviors).

Required Qualifications:

Enter text.

Preferred/Desired Qualifications:

Enter text.

## Special Requirements/Conditions of Employment

List special requirements or conditions of employment beyond the qualifications above.

Enter text.

## In-Training Plan, if Applicable

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.

Supervisor’s Signature (required): Enter text. Date: Enter text.

Appointing Authority’s Name and Title: Enter text.

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.

## Position details and action taken by Human Resources:

### For Human Resource/Payroll Office Use Only

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. Employee Sub-Group: Enter text.

EEO Category: Enter text.

Position Retirement Eligible?  Yes  No

Position is:  Funded  None-Funded

Workers Comp. Code: Enter text. County Code: Enter text. 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](https://support.hrms.wa.gov/procedures/basics/hrms-search/hrms-search-ufi-matchcode)

### 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. |

HR Designee’s Name and Title: Enter text.

HR Designee’s Signature: Enter text. Date: Enter text.

Budget Designee’s Name and Title: Enter text.

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