

# Washington General Service (WGS) Position Description

For assistance completing this form, contact your human Resource Office of see the [WGS Position Description Guide](#) and [WGS Sample Position Description](#).

## Position Information

Action:            Establish                      Reallocate                      Update                      Review/No Change

Date:

HR Approved Class Title:

Effective Date:

Proposed Class Title:

Current Class Title:

HR Approved Overtime Eligible:            Yes                      No

Seasonal/Cyclic:                      Yes                      No

Work Schedule:                      Full-time                      Part-time

Position Number/Object Abbreviation:

Salary Range:

Position Included in a Bargaining Unit:            Yes                      No

If **yes**, indicate union:

Assignment Pay:                      Dual Language                      Other

Incumbent's Name (if filled position):

Address Where Position is Located:

Agency/Division/Unit:

Supervisor's Name and Title:

Supervisor's Position Number:

Supervisor's Phone Number:

## Position Objective

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

## 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](#) and [Examples of Work Statements](#).

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

**Major Duty:**

**Tasks include:**

**Percent of Time:**

**Major Duty:**

**Tasks include:**

**Percent of Time:**

**Major Duty:**

**Tasks include:**

**Percent of time:**

**Major Duty:**

**Tasks include:**

**Percent of time:**

**Major Duty:**

**Tasks include:**

## 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 Reports:                      No. of Positions:                      Work Schedule:

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

## Working Relationships

Level of Supervision received:

For more guidance see: [Glossary of Classification Terms](#).

    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:

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

For more information see: [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:

## Working Conditions

Work Setting, including hazards:

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

Travel Requirements:

Tools and Equipment:

Customer Interactions:

Other:

## Qualifications

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

Required Qualifications:

Preferred/Desired Qualifications:

## Special Requirements/Conditions of Employment

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

## In-Training Plan, if Applicable

## Acknowledgement of Position Description

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

Supervisor's Signature (required):

Date:

Appointing Authority's Name and Title:

Signature (required):

Date:

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

Employee's Signature:

Date:

**Position details and action taken by Human Resources:**

**For Human Resource/Payroll Office Use Only**

Approved Class Title:

Class Code:

Salary Range:

Effective Date:

Pay Scale Type:

Job Analysis on File?                      Yes                      No

Position Type (Employee Group):

EEO Category:

Employee Sub-Group:

Position Retirement Eligible?                      Yes                      No

Position is:                      Funded                      Non-Funded

Workers Comp. Code:

County Code:    Business Area:

Personnel Area (FEIN):

Position Eligible for Telework?                      Yes                      No

Position Eligible for Flextime?                      Yes                      No

Position Eligible for Compressed Workweek?                      Yes                      No

Unique Facility Identifier (UFI):

For more information see: [UFI Search Feature](#)

**Cost Center Codes**

CENTER	PCT. (%)	FUND	FUNCTIONAL AREA	COST OBJECT	AFRS PROJECT	AFRS ALLOCATION

HR Designee's Name and Title:

HR Designee's Signature:

Date:

Budget Designee's Name and Title:

Budget Designee's Signature:

Date: