

POSITION REVIEW REQUEST

To Employees: Complete the Position Review Request if you want to request a review of your position to determine whether it should be allocated to a different classification. Be sure to read the Guide to Completing the Department of Personnel Position Review Request. Keep a copy of the form for your records, and give the completed form to your supervisor to review and forward. For additional directions and explanation of this review process, please go to: <http://hr.dop.wa.gov/forms/dopforms.htm#pdf>.

Additional Information: Attach extra pages to provide any other information you believe will be helpful in understanding the job duties assigned to your position.

To Supervisors: Review the employee's statements and complete the "Supervisor Review" section. Send the completed form to your agency or institution human resources office within 15 days of receipt. If you disagree with any of the employee's statements, please discuss the Position Review Request with the employee.

Optional Process: *The employee's supervisor may assist the employee in completing all or part of this form. The employee must then review and sign the form, noting any clarifications.*

Note: *Agencies and institutions of higher education may develop their own forms to use in lieu of this one. Such forms must contain components similar to those on this form.*

Date Received
Supervisor/Department
Human Resources

Employee Name: Last, First		Telephone	E-mail Address		Box #
Position #	Department		Building and Room Number	Work Days and Work Hours if other than Monday through Friday, 8 a.m. to 5 p.m.	
Supervisor Name and Title			Telephone	E-mail Address	Box #
Department Head/Designee/Appointing Authority			Telephone	E-mail Address	Box #
Current Classification Title			Working Title (if different from current classification title)		
FOR HUMAN RESOURCE OFFICE USE ONLY:			Class Title:		
Allocation Decision Made By:			Effective Date:		

1. Position Purpose – Describe in three or four sentences the main reason(s) your position exists.

2. Specify the job classification you think provides the best match for your position and describe why.

Do Not Know (Check this space if you do not have an opinion about the proper classification for your position)

3. Describe any specialized education, training, certification, skills or competencies required to perform your duties.

4. Main Job Duties: Describe your major duties (those which take at least 5% or 2 hours per week to perform.)
Attach additional sheets if necessary

Job Duties	% Time* Total Must Equal 100%	Check if outside job class & specify how long you've had these duties
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

*(Omission of % of time information could result in delay of review.)

5. Decision-making Authority: Provide some examples of decisions you make without consulting with your supervisor.

6. Organizational Structure:

Complete the following information or you may attach an organizational chart as long as it contains this same information.

Your Supervisor:

Name: _____ Title: _____

This is the person who is responsible for establishing your job performance standards, evaluating your job performance, acting upon leave requests and, if necessary, would be responsible for initiating corrective action or hiring your replacement.

Your Supervisor's Manager:

Name: _____ Title: _____

Others Reporting to Your Supervisor:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

*** Lead Definition:** A lead employee has delegated responsibility for training; assigning, organizing or scheduling work; and reviewing completed work assignments. A lead worker does not make hiring decisions.

**** Supervisor Definition:** A supervisor has authority to recommend hiring of staff, establish job performance standards, evaluate job performance, and take corrective action if performance is not acceptable. Supervisors are also responsible for training, assigning and scheduling work, and acting upon leave requests.

If your position trains others such as students, but you do not control their work assignments or work schedule, include your training responsibilities in the "Job Duties" section.

People You Lead or Supervise:

Name: _____ Title: _____

FTE (Full Time Equivalent): _____ Permanent Temporary Seasonal

Your responsibility: Lead* Supervise**

Name: _____ Title: _____

FTE (Full Time Equivalent): _____ Permanent Temporary Seasonal

Your responsibility: Lead* Supervise**

Name: _____ Title: _____
FTE (Full Time Equivalent): _____ Permanent Temporary Seasonal
Your responsibility: Lead* Supervise**

Name: _____ Title: _____
FTE (Full Time Equivalent): _____ Permanent Temporary Seasonal
Your responsibility: Lead* Supervise**

Name: _____ Title: _____
FTE (Full Time Equivalent): _____ Permanent Temporary Seasonal
Your responsibility: Lead* Supervise**

Name: _____ Title: _____
FTE (Full Time Equivalent): _____ Permanent Temporary Seasonal
Your responsibility: Lead* Supervise**

Name: _____ Title: _____
FTE (Full Time Equivalent): _____ Permanent Temporary Seasonal
Your responsibility: Lead* Supervise**

Name: _____ Title: _____
FTE (Full Time Equivalent): _____ Permanent Temporary Seasonal
Your responsibility: Lead* Supervise**

Name: _____ Title: _____
FTE (Full Time Equivalent): _____ Permanent Temporary Seasonal
Your responsibility: Lead* Supervise**

Name: _____ Title: _____
FTE (Full Time Equivalent): _____ Permanent Temporary Seasonal
Your responsibility: Lead* Supervise**

Name: _____ Title: _____
FTE (Full Time Equivalent): _____ Permanent Temporary Seasonal
Your responsibility: Lead* Supervise**

7. Budget Authority: Complete this section only if you have responsibility for (check appropriate box(es))
 maintaining fiscal records and/or controlling or authorizing the expenditure of funds.

Total annual state funds: _____ =

Total annual grant and contract funds: _____ =

Total number of grants and/or contracts: _____ =

Total annual self sustaining funds: _____ =

Total annual budget or funds for which you have responsibility: _____ =

8. Employee Review:

This form was completed by the: Employee
 Supervisor

If completed by the Employee:

The information I have provided is accurate and complete:

Employee Signature **Date**

If completed by the Supervisor:

This form has been prepared by my supervisor and I agree disagree that this is an accurate and complete description of my duties.

If you do not agree with any of the information on this Position Review Request, please explain below or attach a page clarifying the issue(s) of concern.

Employee Signature **Date**

9. Supervisor Review:

The information on the Position Review Request is accurate and complete. Yes No

If you do not agree with any of the information on the Position Review Request, please explain below or attach a page clarifying the issue(s) of concern:

Check the statement that most accurately describes the level of supervision you exercise over this position:

- Close, detailed
- Spot-check basis only
- Little, employee responsible for devising own work methods
- Other, please explain:

Please list examples of decisions that the employee is authorized to make without your prior review.

Add any additional information that you believe should be considered in the review of this position.

Supervisor's Signature **Date**

Unit Head Signature **Date**

Supervisor's Name (type or print)

Name (type or print)

Additional Signatures *(For use per organization policy)*

Signature **Date**

Signature **Date**

Name (type or print)

Name (type or print)