**IT Professional Structure**

**Consultation Request**

Submit completed form to the State Human Resources Enterprise Classification, Compensation & HR Analytics Team at [classandcomp@ofm.wa.gov](mailto:classandcomp@ofm.wa.gov). For more information and resources go to the HR Professional Portal.

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| **Position Information** | |
| Agency/HE Institution, Division, Unit  Enter text | HRMS Position Number (if applicable)  Enter text. |
| Internal Position Number  Enter text | Incumbent’s Name (If filled position)  Enter text |
| Current Job Family, Level and Class Code  Enter text | Proposed Job Family, Level and Class Code  Enter text |
| Supervisor’s/Manager’s Name and Title  Enter text. | Date Submitted  Enter a date. |
| ITPS Coordinator Name  Enter text. | Submitted by (if different name)  Enter text. |
| Email Address  Enter text. | Phone Number  Enter text. |
| Date of Position Description Used for Last Evaluation (if applicable)  **Enter a date.** | |
| **Select Criteria for Review or Re-Review** | |
| **Establishment** | |
| * Upload signed IT position description to the position record in IT Position Evaluation Tool. * Attach an organization chart to the IT PD (do not embed org chart in the IT PD, must be a separate page). * If position record not yet loaded in the tool, attach the signed IT PD and organization chart to this request. | |
| **Reallocation (select one):** | |
| **Employee Initiated  Employer Initiated**   * Upload signed IT position description to the position record in IT Position Evaluation Tool. * Attach an organization chart to the IT PD (do not embed org chart in the IT PD, must be a separate page).   **OR**   * Upload the IT Position Review Request in IT Position Evaluation Tool.   Provide justification and describe in detail the changes made to the IT PD. | |