**IT Professional Structure**

**Consultation Request**

Submit completed form to the State Human Resources Enterprise Classification, Compensation & HR Analytics Team at 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, UnitEnter text | HRMS Position Number (if applicable)Enter text. |
| Internal Position NumberEnter text | Incumbent’s Name (If filled position) Enter text |
| Current Job Family, Level and Class CodeEnter text | Proposed Job Family, Level and Class CodeEnter text  |
| Supervisor’s/Manager’s Name and TitleEnter text. | Date SubmittedEnter a date. |
| ITPS Coordinator NameEnter text. | Submitted by (if different name)Enter text. |
| Email AddressEnter text. | Phone NumberEnter 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. |