

# Classification and Compensation Needs Assessment

The issue(s) described below must link directly to one or more of the qualifying criteria and you must explain how the issue(s) you are trying to resolve meet the criteria. For more information and resources go to [Classification and Compensation Proposal Process](#).

Submit completed form to State Human Resources Classification and Compensation Team at [classandcomp@ofm.wa.gov](mailto:classandcomp@ofm.wa.gov) no later than September 15, 2025.

## Organization Information

Organization:

Organization Business Area Number:

HR Contact Name:

HR Contact Title:

HR Contact Email:

Subject Matter Expert Name (must be non-rep):

Subject Matter Expert Email (must be non-rep):

Budget Contact Name:

Budget Contact Email:

## Select Criteria

Select choice(s) below. Check all that apply.

Class Plan Maintenance

Inequities

Compression

Recruitment

Higher Level Duties

Retention

Inversion

For descriptions and examples go to [Classification and Compensation Proposal Process](#).

## Class Title(s) – Complete a separate assessment for each Class Series

Class Title(s) and Class Code(s):

[EEO Category](#) (if new, list proposed):

Occupational Category (if new, list proposed):

Positions represented by a [Collective Bargaining Agreement](#)?

Yes

No

If **yes**, list Collective Bargaining Agreements here:

### **Describe the Issue(s)**

What is the issue(s) you are trying to resolve or business need(s) you are trying to meet? Be specific, descriptive and include what criteria(s) the issue(s) meets. What services are provided and how they are being adversely affected?

## **What Efforts Have Been Made to Address the Issue(s)?**

Explain what you have tried and the results achieved (e.g. revised organization work processes, organizational structures, or enhanced recruitment efforts). Provide specific examples.

## **What are the Proposed Changes?**

Describe the proposed classification(s) and salary changes. Provide specific examples.

## **How Does the Proposal Resolve the Issue(s)?**

Describe the improvements you expect to see if this proposal is implemented and indicate the number of positions impacted. If you are requesting a new job classification series or level to be created, be sure to include where positions will be moving from and which job class and level they will move to.

## **What are the Impacts on Services?**

Identify immediate and long-term risks and consequences if the issue(s) is not resolved. (e.g., impact on organization priorities, service delivery, or liability).

**Required – Organization Director or Designated Approving Authority Signature**

*Please type your full name in the signature fields. **Do not** use E-sign features or insert signature images.*

Name/Title:

Signature:

Date: