# Exempt Position Description

For assistance completing this form, contact your Human Resource office.

## Position Information

Action:  Establish  Update

If update, indicate change: Enter text

Position Title: Enter text.

Exempt Class Code (e.g., B1234): Enter text. Date Last Reviewed (If existing position): Enter text.

Current Band: Enter text. Proposed Band: Enter text.

Position Number/Object Abbreviation: Enter text. Management Code (P/M/C): Enter text.

Market Segment (e.g., HR, IT): Enter text.

Exempt Citation (RCW) and Heading: Enter text.

Prior Evaluation Points/JVAC: Enter text.

Proposed Evaluation Points/JVAC: Enter text.

Work Schedule:  Full time  Part time

Overtime Eligible:  Yes  No

Incumbent’s Name (if filled position): Enter text.

Address Where Position is Located: Enter text.

Agency/Division/Unit: Enter text.

Supervisor’s Name and Title: Enter text.

Supervisor’s Position Number: Enter text. Supervisor’s Phone Number: Enter text.

## Organizational Structure

Summarize (one or two sentences) the functions of the position’s division/unit and how this position fits into the agency structure (attach an organizational chart):

Enter text.

## Position Objective

Describe the position’s main purpose, include what the position is required to accomplish and major outcomes produced. Summarize the scope of impact, responsibilities, and how the position supports/contributes to the mission of the organization:

Enter text.

## Primary Responsibilities

Describe the position’s primary responsibilities and underline the essential functions. Functions listed in this section are primary duties and are fundamental to why the position exists. For more guidance, see [Essential Functions Guide](https://ofm.wa.gov/state-human-resources/workforce-diversity-equity-and-inclusion/persons-disabilities-state-government/essential-functions-guide):

Enter Text

## Decision Making and Policy Impact

Explain the position’s policy impact (applying, developing or determining how the agency will implement):

Enter text.

Explain the major decision-making responsibilities this position has full authority to make:

Enter text.

Identify those actions this position takes to their manager for a decision:

Enter text.

## Financial Dimensions

Describe the type and annual amount of all monies that the position directly controls. Identify other revenue sources managed by the position and what type of influence/impact it has over those sources.

Operating budget controlled:

Enter text.

Other financial influences/impacts:

Enter text.

## Supervisory Responsibilities

Supervisory Position:  Yes  No

If **yes**, list total full-time equivalents (FTEs) managed and highest position title:

Enter text.

## Qualifications – Knowledge, Skills, and Abilities

List the education, experience, licenses, certifications, and competencies.

Required Education, Experience, and Competencies:

Enter text.

Preferred/Desired Education, Experience, and Competencies:

Enter text.

## Special Requirements/Conditions of Employment

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

Enter text.

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

For more information see: [COOP and Critical Positions](https://ofm.wa.gov/state-human-resources/workforce-data-and-planning/workforce-planning/continuity-operations-plans-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:

Enter text.

## Working Conditions

Work Setting, including hazards:

Enter text.

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

Enter text.

Travel Requirements:

Enter text.

Tools and Equipment:

Enter text.

Customer Relations:

Enter text.

Other:

Enter text.

## Acknowledgement of Position Description

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

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

Supervisor’s Signature (required): Enter text. Date: Enter text.

Appointing Authority’s Name and Title: Enter text.

Signature (required): Enter text. Date: Enter text.

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

Employee’s Signature: Enter text. Date: Enter text.

## Position details and action taken by Human Resources

### For Human Resource/Payroll Office Use Only

Approved Class Title: Enter text.

Class Code: Enter text. Salary Range: Enter text. Effective Date: Enter text.

Pay Scale Type: Enter text. Job Analysis on File?  Yes  No

Position Type (Employee Group): Enter text. Employee Sub-Group: Enter text.

EEO Category: Enter text.

Position Retirement Eligible?  Yes  No

Position is:  Funded  None-Funded

Workers Comp. Code: Enter text. SOC Code: Enter text. County Code: Enter text.

Business Area: Enter text. Personnel Area (FEIN): Enter text.

Position Eligible for Telework?  Yes  No

Position Eligible for Flextime?  Yes  No

Position Eligible for Compressed Workweek?  Yes  No

Unique Facility Identifier (UFI): Enter text.

For more information see: [UFI Search Feature](https://support.hrms.wa.gov/procedures/basics/hrms-search/hrms-search-ufi-matchcode)

### Cost Center Codes

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **COST CENTER** | **PCT. (%)** | **FUND** | **FUNCTIONAL AREA** | **COST OBJECT** | **AFRS PROJECT** | **AFRS ALLOCATION** |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
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*Please type your full name in the signature fields.* ***Do not*** *use E-sign features or insert signature images.*

HR Designee’s Name and Title: Enter text.

HR Designee’s Signature: Enter text. Date: Enter text.

Budget Designee’s Name and Title: Enter text.

Budget Designee’s Signature: Enter text. Date: Enter text.