# **IT Professional Structure Consultation Request**

Submit completed form to the State Human Resources Enterprise Classification, Compensation & HR Analytics Team at <a href="mailto:classandcomp@ofm.wa.gov">classandcomp@ofm.wa.gov</a>. For more information and resources go to the <a href="mailto:HR">HR</a>
<a href="mailto:Professional Portal</a>.

# Position Information Agency/HE Institution, Division, Unit: HRMS Position Number (if applicable): Internal Position Number: Incumbent's Name (If filled): Current Job Family, Level and Class Code: Proposed Job Family, Level and Class Code: Supervisor's/Manager's Name and Title: Date Submitted: ITPS Coordinator Name: Submitted by (if different): Email Address: Phone Number:

## Select Criteria for Review or Re-Review

Date of Position Description Used for Last Evaluation (if applicable):

### **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:

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.