

# ITPS Position Review Request - Supervisor Portion

The Human Resource Office will send this form to the supervisor electronically and include instructions per employer's internal procedure (e.g. due date, HR contact).

This form is completed by the supervisor of the employee who submits an ITPS Position Review Request – Employee Portion. Submit completed form to your HR Office. For additional information, see [the ITPS Position Review Request Guide](#), [Action Verbs](#) and [Glossary of Classification Terms](#).

## 1. Supervisor Review

Employee's Name:

Date of Employee's Request:

Position Number:

Supervisor's Name:

Current Classification or Job Family/Level:

Proposed Job Family/Level:

Is the information on the ITPS Position Review Request – Employee Portion accurate and complete?

**Yes**, I agree completely with the employee's description of the functional competencies. If **yes**, complete the working relationships section, sign form, and submit it to Second-Level Supervisor.

**No**, I disagree with some portions of the employee's description of the functional competencies, or I want to clarify some of the employee's statements. If **no**, complete the entire form, sign, and submit to Second-Level Supervisor.

Do you agree with the employee's description of the **Position Purpose**?

Yes

No

If **no**, list the specific duties and explain in detail with what you disagree:

Do you agree with the employee's description of duties listed in the **Assigned Work Activities and Qualifications**?

Yes

No

If **no**, list the specific duties and explain in detail with what you disagree:

Do you agree the employee's position has been designated lead or supervisory responsibility as listed in **Lead/Supervisory Responsibilities** if applicable?

Yes

No

If **no**, explain:

Do you agree the employee's position leads or supervises the staff listed, if applicable?

Yes

No

If **no**, explain:

Do you agree with the employee's description of **Problem Solving**?

Yes

No

If **no**, explain:

Do you agree with the employee's description of **Decision-Making Authority**?

Yes

No

If **no**, explain:

List examples of decisions the employee's position is authorized to make without your prior review:

List examples of decisions that require your approval:

Do you agree with the employee's description of **Potential Impact of Results**?      Yes      No

If **no**, explain:

List examples of resources that are impacted by this position:

List positions impacted by this position:

Do you agree with the employee's description of assigned **Financial Dimensions** responsibilities, if applicable?

Yes      No

If **no**, explain:

## 2. Continuity of Operations Plans Designation – For Disaster or Emergency Recovery

Is this position designated critical based on agency COOP?      Yes      No

If **yes**, describe how this position supports the agency COOP Critical Functions:

### 3. Working Relationships - Level of Supervision

Review the levels of supervision required and indicate the level that most accurately describes your supervision of the employee's position.

#### **Supervision required is determined by the following:**

- Amount of higher-level oversight the employee receives.
- Latitude the employee has in determining which work methods and priorities to apply.
- Scope of decision-making authority delegated to the employee.
- Extent to which the employee's completed assignments are reviewed.

#### **Direct/Close**

- Employee is assigned duties according to defined procedures.
- Employee performs a variety of routine duties within established policies and procedures or by referring to the written guidelines.
- Work is reviewed for accuracy, completion, and adherence to instructions and established standards, processes and procedures as necessary and upon completion.

#### **General Supervision**

- Employee performs recurring assignments without daily oversight following established guidelines, policies, procedures and work methods.
- Employee prioritizes day-to-day work tasks. Supervisor provides guidance and must approve deviation from established guidelines, policies, procedures and work methods.
- Decision-making is limited in context to the completion of work tasks. Completed work is consistent with established guidelines, policies, procedures and work methods. Supervisory guidance is provided in new or unusual situations.
- May develop procedures for performance of a variety of duties within the scope of the job.
- Perform complex duties within established guidelines.
- Work is periodically reviewed for compliance with guidelines, policies and procedures.

#### **General Direction**

- Employee independently performs all assignments using knowledge of established policies and work objectives with little direct oversight from supervisor.
- Employee plans and organizes their own work and assists in determining priorities and deadlines. May deviate from standard work methods, guidelines or procedures in order to meet work objectives.
- Employee exercises independent decision-making authority and discretion to decide which work methods to use, tasks to perform and procedures to follow to meet work objectives.
- Completed work is reviewed for effectiveness in producing expected results.
- Employee establishes procedures for attaining specific goals and objectives in a broad area of work.

#### **Administrative Direction**

- Employee receives guidance in terms of broad goals and overall objectives and is responsible for establishing the methods to attain them.
- Employee works independently within the scope and context of rules, regulations and employer objectives.
- Employee independently plans, designs and carries out programs, projects and studies in accordance with broad policy statements or legal requirements.

- Employee exercises independent decision-making authority for determining work objectives and goals to be accomplished.
- Employee is in charge of an area of work and formulates policy for this area but does not necessarily have final authority for approving policy.

List additional information related to the employee's position you believe should be considered in the review of this position:

#### 4. Supervisor/Manager Signature

*The information I provided is accurate and complete.*

Supervisor's Signature (required):

Date:

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

#### 5. Additional Signature (For Second-Level Supervisor and Appointing

*I agree with the supervisor's response above. If not, I disagree for the following reasons:*

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

Second-Level Supervisor's Signature (required):

Date:

Additional Signature (e.g. Appointing Authority, if required):

Date:

#### For Human Resource Office Use Only

Allocation Decision made by:

Class Title or Job Family and Level and Code:

Effective Date: