

State HR IT Work Assessment Form

Form and Completion Instructions

Background and Instructions

What is the IT Work Assessment form?

The IT Work Assessment Form was developed due to the implementation of the IT Professional Structure, effective July 1, 2019. This form allows an employee in an IT classification to objectively capture their work history, skills and abilities for work performed not only prior to July 1, 2019, but also afterward. In the event of a layoff, reversion, or other relevant employment action, the IT Work Assessment Form can be submitted along with any other relevant information to determine employee options and/or comparability with the newly established IT Professional Structure. This form can continue to be used, post implementation, as necessary.

When do I complete the form?

Employees may complete the form at any time. The IT Work Assessment form can be found on the State Human Resources Forms Website.

Section-by-Section Instruction Summary

Once you have completed this form, keep a copy for your records and provide the original to your HR office for placement in your personnel file.

Section 1

Complete this section as accurately as possible.

Section 2

List all education including IT related courses.

Section 3

List all relevant licensures and certifications. Indicate active or inactive status and expiration dates.

Section 4

List all IT related training and dates of training.

Section 5

Document your job tasks, knowledge, skills and abilities in the specific job families for which you have work experience. Refer to the [IT Work Assessment Guide](#) document for additional help completing this section.

Other Resources

- [ITPS Resources website](#)
- [Evaluator's Handbook](#)
- [Glossary - Classification](#)

PERSONAL INFORMATION

Last Name: First Name: Middle Initial:
Personnel ID: Agency:
Work Phone: Work Email:
Current Job Position/Title:

EDUCATION

High School Diploma/GED: Some College: # of Years:
Degree: Degree Type:
Related Coursework:

LICENSURES/CERTIFICATIONS

Licensure/Certification: Date(s):
Licensure/Certification: Date(s):
Licensure/Certification: Date(s):

IT TRAINING

IT Training Course: Date(s):
IT Training Course: Date(s):
IT Training Course: Date(s):
IT Training Course: Date(s):
IT Training Course: Date(s):

JOB FAMILIES

APPLICATION DEVELOPMENT

Position Title(s):

From: To:

Job Tasks, Knowledge, Skills & Abilities:

IT Architecture

Position Title(s):

From: To:

Job Tasks, Knowledge, Skills & Abilities:

IT Business Analysis

Position Title(s):

From: To:

Job Tasks, Knowledge, Skills & Abilities:

CUSTOMER SUPPORT

Position Title(s):

From: To:

Job Tasks, Knowledge, Skills & Abilities:

DATA MANAGEMENT

Position Title(s):

From: To:

Job Tasks, Knowledge, Skills & Abilities:

IT Policy and Planning

Position Title(s):

From: To:

Job Tasks, Knowledge, Skills & Abilities:

Network and Communications

Position Title(s):

From: To:

Job Tasks, Knowledge, Skills & Abilities:

IT Project Management

Position Title(s):

From: To:

Job Tasks, Knowledge, Skills & Abilities:

IT Security

Position Title(s):

From: To:

Job Tasks, Knowledge, Skills & Abilities:

Systems Administration

Position Title(s):

From: To:

Job Tasks, Knowledge, Skills & Abilities:

IT Vendor Management

Position Title(s):

From: To:

Job Tasks, Knowledge, Skills & Abilities:

Quality Assurance (QA)

Position Title(s):

From: To:

Job Tasks, Knowledge, Skills & Abilities:

6. Signature

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

Employee Signature:

Date: