# Washington Management Service (WMS) Position Description

For assistance completing this form, contact your WMS Coordinator.

## Position Information

Position Title: Enter text.

Position Number/Object Abbreviation: Enter text.

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

Agency/Division/Unit: Enter text.

Address Where Position is Located: Enter text.

Work Schedule: [ ]  Full time [ ]  Part time

Overtime Eligible: [ ]  Yes [ ]  No

Supervisor’s Name and Title: Enter text.

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

## Organizational Structure

Summarize 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.

## Assigned Work Activities (Duties and Tasks)

Describe the duties and tasks 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

## Accountability – Scope of Control and Influence

Provide examples of the resources and/or policies that are controlled and influenced:

Enter text.

Describe the scope of accountability:

Enter text.

Describe the potential impact of error or consequence of error (impacts unit, division, agency, state):

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.

## Decision Making and Policy Impact

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

Enter text.

Is the position responsible for making significant recommendations due to expertise or knowledge? If yes, provide examples of the types of recommendations made and to whom:

Enter text.

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

Enter text.

Describe whether decisions are of a tactical or strategic nature and how decisions are made. For example, is there known precedent, is it somewhat unfamiliar, or unknown and unexplored?

Enter text.

What are the risks or consequences of the recommendations or decisions?

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.

### For Human Resources to Complete:

Standard Occupational Code (SOC): enter code

**Position details and related actions taken by Human Resources will be reflected on the Position Evaluation Summary form.**