**Washington Management Service (WMS)**

**Position Evaluation Summary**

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| --- | --- |
| Date Received  Enter a date. | Agency/Division/Unit  Enter text. |
| Position Number/Object Abbreviation  Enter text. | Incumbent’s Name (If filled position)  Enter text. |
| Action  Choose an item. | Inclusion Determination  Choose an item.  If **denied**, provide reason. Enter text. |
| Position Type  Choose an item. | |
| If Inclusion Approved, **Primary** Criteria Applicable to This Position  Choose an item. | |
| If Multiple Criteria, Indicate **Secondary** Criteria Applicable to This Position  Choose an item. | |
| **Evaluation and Position Information**  **Explain how the assigned tasks meet the approved rating criteria elements.** | |
| **Scope of Management Accountability and Control – Provide examples of the resources and/or policies that are controlled or influenced that support the position’s rating**.  Enter text. | |
| **Decision-Making Environment and Policy Impact – Provide examples of decision-making authority and the thinking environment that support the position’s rating.**  Enter text. | |
| **Qualifications/Knowledge, Skills and Abilities – Provide examples of how the position utilizes management principles at the level aligning with the rating.**  Enter text. | |
| Former Position Title  Enter text. | Approved Position Title  Enter text. |
| Current JVAC Points (e.g., X2B589)  Choose an item. | Current Band  Choose an item. |
| New JVAC Points (e.g., X2B589)  Choose an item. | New Band  Choose an item. |
| Management Type (P/M/C):  Choose an item. | Date Evaluated: Enter a date.  Effective Date: Enter a date. |
| Market Segment (e.g., HR, IT)  Choose an item. | Salary Range of Consideration (if applicable) Enter text.  Pay Standard (if applicable) Enter text. |

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| **WMS Coordinator Acknowledgement** | |
| WMS Coordinator Name  Enter text. | Date Completed  Enter a date. |
| WMS Committee Members Names (who reviewed and evaluated this position)  Enter text. | |
| Comments  Enter text. | |

**Position details and related action have been taken by Human Resources as reflected below.**

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| **For Human Resource/Payroll Office Use Only** | | | | | | | | |
| Work Period Designation  Choose an item. | | | | Review Period  Choose an item. | | | | |
| Pay Scale Type  Choose an item. | | Job Analysis On File  Yes  No | | Position Type (Employee Group) Choose an item. | | | EEO Category  Choose an item. | |
| Employee Sub-Group  Choose an item. | | Position Retirement Eligible  Yes  No | | Position is  Funded  Non-Funded | | | Workers Comp. Code  Choose an item. | |
| 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)  For more information see: [UFI Search Feature](http://wa-ofm.maps.arcgis.com/home/index.html)  **Enter text.** | | | | |
| **Cost Center Codes** | | | | | | | | |
| **COST CENTER** | **PCT. (%)** | **FUND** | **FUNCTIONAL AREA** | | **COST OBJECT** | **AFRS PROJECT** | | **AFRS ALLOCATION** |
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| Date  Enter a date. | | HR Designee’s Name  Enter text. | | | HR Designee’s Title  Enter text. | | HR Designee’s Signature  Enter text. | |
| Date  Enter a date. | | Budget Designee’s Name  Enter text. | | | Budget Designee’s Title  Enter text. | | Budget Designee’s Signature  Enter text. | |