# Washington General Service (WGS) Position Description

For assistance completing this form, contact your human Resource Office of see the

[WGS Position Description Guide](http://hr.ofm.wa.gov/workforce-data-planning/workforce-planning/washington-general-service-wgs-position-description-guide) and [WGS Sample Position Description](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fofm.wa.gov%2Fsites%2Fdefault%2Ffiles%2Fpublic%2Fshr%2FDiversity%2FPWD%2FSESG_SAMPLE_WGS_POSITION_DESCRIPTION.doc&wdOrigin=BROWSELINK).

## Position Information

Action:  

Date:

HR Approved Class Title:       Effective Date:

Proposed Class Title:

Current Class Title:

HR Approved Overtime Eligible:  

Seasonal/Cyclic:  

Work Schedule:  

Position Number/Object Abbreviation:       Salary Range:

Position Included in a Bargaining Unit:  

If **yes**, indicate union:

Assignment Pay:  

Incumbent’s Name (if filled position):

Address Where Position is Located:

Agency/Division/Unit:

Supervisor’s Name and Title:

Supervisor’s Position Number:       Supervisor’s Phone Number:

## Position Objective

Briefly explain the purpose of the position and how it supports the organization’s mission (**attach an organizational chart – do not embed**).

## Assigned Work Activities (Duties and Tasks)

Describe the duties and tasks and underline the essential functions. Assign a percentage of time to each duty. Task statements should describe the **action** performed, to **whom or what**, using what **tools, equipment, methods, and/or processes**; and the **final product or outcome**.

**List assigned work in order of importance. For essential functions, label them as “Essential.”** For more guidance see the [Essential Functions Guide](https://ofm.wa.gov/state-human-resources/workforce-diversity-equity-and-inclusion/persons-disabilities-state-government/essential-functions-guide) and [Examples of Work Statements](http://hr.wa.gov/SiteCollectionDocuments/Strategic%20HR/Workforce%20Planning/Examples_of_Work_Statements_06.2011.doc).

**Percent of Time** (Must total 100%)**:**

**Major Duty:**

**Tasks include:**

**Percent of Time:**

**Major Duty:**

**Tasks include:**

**Percent of Time:**

**Major Duty:**

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**Tasks include:**

## Lead Work/Supervisory Responsibilities

Lead Position:  

Supervisory Position:   If **yes**, list each direct report below:

Assigns work Instructs Work Checks Others’ Work

Plans Work Evaluates Performance \*Takes Corrective Action

\*Hires \*Terminates

(\*Has the authority to effectively recommend the above actions.)

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| --- | --- | --- |
| **Class Title of Direct Report(s)** | **No. of Positions** | **Work Schedule** |
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Add information that clarifies this position’s lead or supervisory responsibilities:

## Working Relationships

Level of Supervision received:

For more guidance see: [Glossary of Classification Terms](https://ofm.wa.gov/sites/default/files/public/shr/CompensationAndJobClasses/Comp%20Class%20HR%20Pro%20Tools/ClassificationGlossary.doc).









Add information that clarifies this position’s interactions with others to accomplish work:

## 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?  

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

## Working Conditions

Work Setting, including hazards:

Schedule (i.e., hours and days):

Travel Requirements:

Tools and Equipment:

Customer Interactions:

Other:

## Qualifications

List the education, experience, licenses, certifications, and competencies (knowledge, skills, abilities and behaviors).

Required Qualifications:

Preferred/Desired Qualifications:

## Special Requirements/Conditions of Employment

List special requirements or conditions of employment beyond the qualifications above.

## In-Training Plan, if Applicable

## 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.

Supervisor’s Signature (required):       Date:

Appointing Authority’s Name and Title:

Signature (required):       Date:

**As the incumbent in this position, I have received a copy of this position description.**

Employee’s Signature:       Date:

## Position details and action taken by Human Resources:

### For Human Resource/Payroll Office Use Only

Approved Class Title:

Class Code:       Salary Range:       Effective Date:

Pay Scale Type:       Job Analysis on File?  

Position Type (Employee Group):       Employee Sub-Group:

EEO Category:

Position Retirement Eligible?  

Position is:  

Workers Comp. Code:       County Code:       Business Area:

Personnel Area (FEIN):

Position Eligible for Telework?  

Position Eligible for Flextime?  

Position Eligible for Compressed Workweek?  

Unique Facility Identifier (UFI):

For more information see: [UFI Search Feature](https://support.hrms.wa.gov/procedures/basics/hrms-search/hrms-search-ufi-matchcode)

### Cost Center Codes

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| --- | --- | --- | --- | --- | --- | --- |
| **COST CENTER** | **PCT. (%)** | **FUND** | **FUNCTIONAL AREA** | **COST OBJECT** | **AFRS PROJECT** | **AFRS ALLOCATION** |
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HR Designee’s Name and Title:

HR Designee’s Signature:       Date:

Budget Designee’s Name and Title:

Budget Designee’s Signature:       Date: