Classification and Compensation Needs Assessment

The issue described below must link directly to one or more of the qualifying criteria and you must explain how the issue you are trying to resolve meets the criteria. For more information and resources go to Classification and Compensation Proposal Process.

Submit completed form to State Human Resources Classification and Compensation Team at classandcomp@ofm.wa.gov no later than September 15, 2027. Incomplete forms or forms not signed by the proper authority may cause delays or denials due to timeliness.

Organization Information

Organization:

Organization Business Area Number:

HR Contact Name:

HR Contact Title:

HR Contact Email:

Subject Matter Expert Name (must be non-rep):

Subject Matter Expert Email (must be non-rep):

Budget Contact Name:

Budget Contact Email:

Select Criteria

Select choice(s) below. Check all that apply.

☐ Class Plan Maintenance ☐ Compression ☐ Higher-level Duties ☐ Inversion

☐ Inequities ☐ Recruitment ☐ Retention

For descriptions, examples, tools, and additional resources go to Classification and Compensation Proposal Process.

Class Title(s) – Complete a separate assessment for each Class Series

Class Title(s) and Class Code(s):

EEO Category (if new, identify proposed): Choose an Item

Occupational Category (if new, identify proposed): Choose an Item

Positions represented by a Collective Bargaining Agreement? ☐ Yes ☐ No ☐ Both

If **yes or both**, list all Collective Bargaining Agreements here:

Describe the Issue

What issue(s) are you trying to resolve or business need(s) are you trying to meet? Be specific, descriptive and include what criteria is met. What services are provided and how are they being adversely impacted? Has a similar request previously been summitted? If so, when?

Have you submitted a similar needs assessment previously? ◯ Yes ◯ No

If yes, when (indicate which collective bargaining cycle):

What Efforts Have Been Made to Address the Issue?

Describe the efforts that have been made and any results achieved (e.g. revised organization work processes, organizational structures, or enhanced recruitment efforts). Provide specific examples.

What are the Proposed Changes?

Describe the proposed classification and salary changes. Provide specific examples.

How Does the Proposal Resolve the Issue?

Describe the improvements you expect to see if this proposal is implemented and indicate the number of positions impacted. If you are requesting a new job classification series or level to be created, be sure to include where positions will be moving from and which job class and level they will move to.

What are the Impacts on Services?

Identify immediate and long-term risks and consequences if the issue is not resolved. (e.g., impact on organization priorities, service delivery, or liability).

Required – Organization Director or Designated Approving Authority Signature

If not signed by the proper authority, the needs assessment will be sent back for proper signature and therefore create delay in review, which may lead to denial due to timeliness.

Name/Title:

Signature: Date: