# Assessment of Observed Job Performance

Supervisor/manager completes this form when an employee has performed the higher-level duties for at least six months and meets the competencies and other position requirements. You must attach a copy of the WGS Position Description form. For more information see Title 357 WAC chapter 13 (Classification). Submit completed form and required documents to your Human Resources (HR) Office.

## Employee & Position Information

**Name:**

**Personnel Number:** **Position Number:**

**Current Class Title:**

**Proposed Class Title:**

**Number of Months Performing Higher Level Duties:**

**Position Included in a Bargaining Unit:** ◯ **Yes** ◯ **No**

**If yes, indicate union:**

## Supervisor/Manager Authorization

I have supervised this employee performing the higher-level duties as described in the attached Position Description. It is my observation and assessment the employee has performed the duties of a higher-level class, at or above minimum standards, and has the competencies, knowledge, skills, and abilities for the higher-level class.

**Comments:**

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

**Supervisor/Manager's Signature:** **Date:**

## For Human Resource Office Use Only

**Employee has performed the duties of a higher-level class, at or above minimum standards, and has the competencies, knowledge, skills, and abilities for the higher-level class.** ◯ **Yes** ◯ **No** ***If **yes**, attach application.

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

**HR Designee's Signature:** **Date:**