

Request for Director's Review

OFM State Human Resources - Director's Review Program

P.O. Box 40911
Olympia, WA 98504-0911

Phone: 360-407-4101
Fax: 360-586-4694

This form will help you provide necessary information to OFM State Human Resources when you file a request for a Director's Review. Your request must be filed in accordance with [Chapter 357-49 WAC](#). For allocation requests, attach a copy of the employer's determination. Complete form, print, sign and mail or fax to above address or fax number.

For immediate confirmation, file online at the [Director's Review webpage](#). Online filing is preferred.

Requester Information

Last Name: First Name:
Address:
City: State: Zip:
Phone Number: Work Phone:
Email address:
Agency/Institution:
Address:

Representative Information

A requester may authorize a representative to act on his/her behalf. The Director must be notified of any change in representation.

Name of Representative:
Email Address: Phone Number:

Type of Review

NOTE: Salary is not an allocating criterion, therefore cannot be considered for a Director's Review pursuant to *Sorensen v. Depts. of Social and Health Services and Personnel*, PAB Case No. A94-020 (1995).

Allocation – position classification (Complete Allocation)

Remedial action of nonpermanent or temporary appointment rules. (Complete the Remedial Action section)

Performance evaluation process or procedure. (Complete Other Review Request Section)

Removal of name from an applicant or layoff list pursuant to [WAC 357-46-145](#). (Complete Other Review Request Section)

Allocation Reviews

Current Classification:

Which classification better describes your duties?

Date Employer's Human Resources received Position Review Request:

Date of Employer's determination letter (attach copy):

Name of person who completed Employer's determination:

Method of delivery: Hand Delivery US Mail Other

Name of Supervisor:

Describe the duties and responsibilities you perform that you believe are outside of your present classification:

Other review requests

Check type of review:

Removal of name from an applicant layoff list pursuant to [WAC 357-46-145](#).

Performance evaluation process or procedure.

Remedial action of nonpermanent or temporary appointment rules.

Give a brief explanation of your review request:

Signature line

Print Name:

Signature:

Date:

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