Washington General Service (WGS) Position Description

For assistance completing this form, contact your human Resource Office of see the WGS Position Description Guide and WGS Sample Position Description.

Position Information

Action: ◯ Establish ◯ Reallocate ◯ Update ◯ Review/No Change

Date:

HR Approved Class Title: Effective Date:

Proposed Class Title:

Current Class Title:

HR Approved Overtime Eligible: ◯ Yes ◯ No

Seasonal/Cyclic: ◯ Yes ◯ No

Work Schedule: ◯ Full-time ◯ Part-time

Position Number/Object Abbreviation: Salary Range:

Position Included in a Bargaining Unit: ◯ Yes ◯ No

If **yes**, indicate union:

Assignment Pay: ◯ Yes ◯ No

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 and Examples of Work Statements.

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

Major Duty:

Tasks include:

Percent of Time:

Major Duty:

Tasks include:

Percent of Time:

Major Duty:

Tasks include:

Percent of time:

Major Duty:

Tasks include:

Percent of time:

Major Duty:

Tasks include:

Lead Work/Supervisory Responsibilities

Lead Position: ◯ Yes ◯ No

Supervisory Position: ◯ Yes ◯ No 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.)

Class Title of Direct Reports:	Number of Positions:	Work Schedule:
		Select One
		Select One
		Select One
		Select One

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.

◯ Direct/Close Supervision: Most work is reviewed in progress and upon completion.

◯ General Supervision: Completed work is spot checked.

◯ General Direction: Completed work is reviewed for effectiveness and expected results.

◯ Administrative Direction: Completed work is reviewed for compliance with budget, policies, laws and program goals.

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

Continuity of Operations Plans Designation – For Emergency or Disaster Recovery

For more information see: Continuity and Critical Positions.

Is this position critical based on agency/institution Continuity Plans? ◯ Yes ◯ No

If **yes**, describe how the position supports the agency's/institution's Mission Essential 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 signature below indicate that the job duties as defined above are an accurate reflection of the work performed by this position.

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

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: Select One

Job Analysis on File? ◯ Yes ◯ No

Position Type (Employee Group): Select One

EEO Category: Select One

Employee Sub-Group: Select One

Position Retirement Eligible? ◯ Yes ◯ No

Position is: ◯ Funded ◯ Non-Funded

Workers Comp. Code: Select One

County Code: Business Area:

Personnel Area (FEIN):

Position Eligible for Telework? ◯ Yes ◯ No

Position Eligible for Flextime? ◯ Yes ◯ No

Position Eligible for Compressed Workweek? ◯ Yes ◯ No

Unique Facility Identifier (UFI): SOC Code:

For more information see: UFI Search Feature

Cost Center Codes

COST CENTER	PCT. (%)	FUND	FUNCTIONAL AREA	COST OBJECT	AFRS PROJECT	AFRS ALLOCATION

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

HR Designee's Name and Title:

HR Designee's Signature: Date:

Budget Designee's Name and Title:

Budget Designee's Signature: Date: