

Exempt Position Description

For assistance completing this form, contact your Human Resource office.

Position Information

Action: Establish Update

If update, indicate change:

Position Title:

Exempt Class Code (e.g., B1234):

Date Last Reviewed (If existing position):

Current Band:

Proposed Band:

Position Number/Object Abbreviation:

Management Code (P/M/C):

Market Segment (e.g., HR, IT):

Exempt Citation (RCW) and Heading:

Prior Evaluation Points/JVAC:

Proposed Evaluation Points/JVAC:

Work Schedule: Full time Part time

Overtime Eligible: 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:

Organizational Structure

Summarize (one or two sentences) the functions of the position's division/unit and how this position fits into the agency structure (attach an organizational chart):

Position Objective

Describe the position's main purpose, include what the position is required to accomplish and major outcomes produced. Summarize the scope of impact, responsibilities, and how the position supports/contributes to the mission of the organization:

Primary Responsibilities

Describe the position's primary responsibilities and underline the essential functions. Functions listed in this section are primary duties and are fundamental to why the position exists. For more guidance, see [Essential Functions Guide](#):

Decision Making and Policy Impact

Explain the position's policy impact (applying, developing or determining how the agency will implement):

Explain the major decision-making responsibilities this position has full authority to make:

Identify those actions this position takes to their manager for a decision:

Financial Dimensions

Describe the type and annual amount of all monies that the position directly controls. Identify other revenue sources managed by the position and what type of influence/impact it has over those sources.

Operating budget controlled:

Other financial influences/impacts:

Supervisory Responsibilities

Supervisory Position: Yes No

If **yes**, list total full-time equivalents (FTEs) managed and highest position title:

Qualifications – Knowledge, Skills, and Abilities

List the education, experience, licenses, certifications, and competencies.

Required Education, Experience, and Competencies:

Preferred/Desired Education, Experience, and Competencies:

Special Requirements/Conditions of Employment

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

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 Continuity Plans? Yes No

If yes, describe how the position supports the agency's Mission Essential Functions:

Working Conditions

Work Setting, including hazards:

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

Travel Requirements:

Tools and Equipment:

Customer Relations:

Other:

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.

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 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?

Yes

No

Position Type (Employee Group):

Employee Sub-Group:

EEO Category:

Position Retirement Eligible?

Yes

No

Position is:

Funded

None-Funded

Workers Comp. Code:

SOC Code:

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):

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: