Exempt Position Description

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

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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 (COOP) Designation - For Disaster or Emergency Recovery

For more information see: **COOP** and **Critical Positions**.

Is this position based on an agency COOP?

Yes

No

If yes, describe how the position supports the agency COOP Critical Functions:

Working Conditions	
Work Setting, including hazards:	
Schedule (i.e., hours and days):	
Travel Requirements:	
Tools and Equipment:	
Customer Relations:	
Other:	
Acknowledgement of Position D	Description
The signatures below indicate that the job duties work performed by this position.	as defined above are an accurate reflection of the
Please type your full name in the signature fields	s. 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 recei	ved 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 C	lass Title:								
Class Code:	S	Salary Range:			Effective Date:				
Pay Scale Type:			Job Analysis on File?			Yes		No	
Position Typ	Group):	•			Employee Sub-Group:				
EEO Catego	ory:								
Position Ret	irement Eligil	ole?	Yes		No				
Position is:			Funded		None-Funded				
Workers Co	mp. Code:		SOC	C Code:		County Code:			
Business Ar	ea:						Perso	onnel Area (FEIN	l):
Position Elig	jible for Telew	vork?			Yes		No		
Position Elig	jible for Flexti	me?			Yes		No		
Position Elig	jible for Com	oressed W	orkwe	ek?	Yes		No		
•	lity Identifier (formation see	` '	rch Fe	ature					
Cost Cer	nter Codes	3							
COST CENTER	PCT. (%)	FUND		FUNCTIO AREA	NAL	COST OBJECT		AFRS PROJECT	AFRS ALLOCATION
Please type	your full nam	e in the si	ignatui	re fields. L	Do no	t use E-si	gn fea	ntures or insert si	ignature images.
HR Designe	e's Name an	d Title:							
HR Designee's Signature:							Date:		
Budget Desi	ignee's Name	and Title	<u>.</u>						
Budget Designee's Signature:						Date:			