

# Human Resources Management System (HRMS)

## Non-Employee Groups

Complete this form to document groups of non-employees or individuals who receive payment through the state HRMS. Submit the completed form to the Office of the State Human Resources Director (OSHRD) at [StrategicHR@ofm.wa.gov](mailto:StrategicHR@ofm.wa.gov).

Agency:

Contact Name:

Contact Phone:

Contact Email:

Indicate what authority the group is established under (RCW, WAC, Federal Regulations, Grant, other):

Describe why the group is paid/tracked in HRMS:

Group Status:                      Existing Group in HRMS                      Newly Established

Indicate approximate number of employees:

## HRMS Coding Information

New Agency Unique Class Code?                      Yes                      No

If yes, complete the [Job Class Creation/Modification Request form](#).

Agency Job Class Title:                      Agency Unique Class Code:

Employee Group:                      Pay Scale Type:

Pay Scale Area:                      Payroll Area:

Employee Sub-group:

Personnel Subarea:

Work Contract:

Pay Reason:

Contract Type:

Sub Object Code (obtain code from payroll/accounting):

## Agency Director or Designated Approving Authority

Date:

Name/Title:

Signature:

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

Submit completed form to: [StrategicHR@ofm.wa.gov](mailto:StrategicHR@ofm.wa.gov)

Or Mail to:

Office of the State Human Resources Director  
P O Box 47500  
Olympia, WA 98504-7500