

ITPS Position Review Request - Employee Portion

Complete this form to request a review of your position to determine whether it should be allocated to a different job family and/or level within the Information Technology Professional Structure or if your current classification should be allocated to a job family and level within ITPS. Submit the completed form to your supervisor/manager, who will complete the 'Supervisor Acknowledgment' section, attach an organizational chart, and submit it to your Human Resource Office/ITPS Coordinator.

For additional information, see [ITPS Position Review Request Guide](#), [Action Verbs](#) and [Glossary of Classification Terms](#).

1. Employee Information

Name:

Phone:

Email:

Agency/HE Division, Institution, Unit:

Job Location:

Date position description approved:

Current Classification or ITPS Job Family and Level:

Position Number:

Supervisor's Name & Title:

Phone:

Email:

What is your supervisor's position?

Washington General Service (WGS)

Washington Management Service (WMS)

Exempt

Unsure

Second-Level Supervisor's Name & Title:

Phone:

Email:

2. Identify the date your position was last reviewed and the duties that have changed since your position was last reviewed

Date your position was last reviewed:

Changed duties:

List the ITPS Job Family and/or Job Level you think best describes your functional competencies (duties, responsibilities, and knowledge, skills and abilities) and explain why:

Unsure? Check this box if you don't know the best match job family/level:

3. Position Purpose

Describe in 3-4 sentences the main reason(s) your position exists. For examples, see [ITPS Position Review Request Guide](#):

4. Assigned Work Activities (Duties and Tasks)

Describe, in order of importance, your duties and how long you have been performing those duties. For examples, see [ITPS Position Review Request Guide](#).

Description of major duty and supporting tasks. (*Do not use percentages for this section*)

Major Duty:

How long performing this duty?

Tasks include:

Outcome:

Major Duty:

How long performing this duty?

Tasks include:

Outcome:

Major Duty:

How long performing this duty?

Tasks include:

Outcome:

Major Duty:

How long performing this duty?

Tasks include:

Outcome:

Major Duty:

How long performing this duty?

Tasks include:

Outcome:

5. Qualifications (Knowledge, Skills and Abilities)

Required Education, Experience or Certifications	Application (why each qualification exists)

Desirable/Preferred Education, Experience or Certifications	Application (why each qualification exists)

List the knowledge, skills and abilities and describe how they are necessary to perform the work of this position.

Lead Worker/Supervisor Definitions

Lead – An employee who performs the same or similar duties as other employees in the work group and has the designated responsibility to regularly assign, instruct, and check the work of those employees on an ongoing basis.

Supervisor – An employee who is assigned responsibility by management to participate in all the following functions with respect to their subordinate employees: Selecting staff, training and development, planning and assignment of work, evaluating performance, resolving grievances, taking corrective action. Participation in these functions is not routine and requires the exercise of individual judgment. A supervisor must supervise a minimum of one full-time employee or equivalent (total of part-time FTEs).

6. Lead/Supervisory Responsibilities

Does your position have designated Lead or Supervisory responsibility?

Lead Supervise None

List the Name, Position Number, and Class Title of staff you lead or supervise	Work Schedule	Appointment Type	Hours Per Week

7. Problem Solving

Complex/Challenging Issue	How Resolved	Frequency

8. Decision Making Authority

List examples of decisions you are authorized to make without consulting your supervisor. Indicate which of these decisions are the most difficult or complex:

List examples of decisions that require supervisor approval:

9. Potential Impact of Results

List examples of how your position impacts others and/or resources. How would the impact affect them?

Who would be impacted and to what degree would the impact be?

What resources are impacted and to what degree of impact?

10. Financial Dimensions

Does your position have responsibility for maintaining fiscal records? Yes No

Does your position have responsibility for controlling or authorizing the expenditure of funds?
Yes No

If yes, explain how your position controls or authorizes funds and complete the information below:

Total Annual State Funds: \$

Total Annual Grant and Contract Funds: \$

Total Number of Grants and/or Contracts: \$

Total Annual Self-Sustaining Funds: \$

Total Funds for which your position has responsibility: \$

11. Employee Review

This form was completed by: Employee only Employee in consultation with Supervisor

The information I provided is accurate and complete.

Employee Signature (required):

Date:

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

(Keep a copy of this request for your records.)

12. Supervisor's Acknowledgment – Attach an organizational chart.

As the supervisor, I acknowledge the above employee is submitting this request to have their position's allocation reviewed. I will forward this request to the Human Resource Office. I understand the HR Office will date stamp the request and provide instructions for completing the ITPS Position Review Request - Supervisor Portion.

I will note my agreement or disagreement with the employee's description of the functional competencies on the ITPS Position Review Request - Supervisor Portion.

Organizational chart attached? Yes No

Supervisor Signature:

Date:

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

(Keep a copy of this request for your records. You will need it to complete the Supervisor Portion.)