

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 classification. Submit completed form to your supervisor/manager, who will complete the 'Supervisor Acknowledgment' section, attach an organizational chart, and submit it to your Human Resource (HR) Office.

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

1. Employee Information

Name:

Phone:

Email:

Agency/Division/Institution:

Current Class Title:

Position Number:

Working Title (If different from current class title):

Supervisor's Name & Class Title:

Phone:

Email:

What is your supervisor's position?

Washington General Service (WGS)

Washington Management Service (WMS)

Exempt

Unsure

Second-Level Supervisor's Name & Class Title:

Phone:

Email:

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

Date your position was last reviewed:

Changed duties:

List the class title you think better describes your duties and responsibilities and explain why:

Unsure? Check this box if you don't know the best match class title:

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

3. Assigned Work Activities (Duties and Tasks)

Describe, in order of importance, your major duties (those which take at least 2 hours per week or 5% of your time to perform). For examples, see [Position Review Request Guide](#).

Percent of Time (Must total 100%):

Major Duty:

How long performing this duty?

Tasks include:

Percent of Time:

Major Duty:

How long performing this duty?

Tasks include:

Percent of Time:

Major Duty:

How long performing this duty?

Tasks include:

Percent of Time:

Major Duty:

How long performing this duty?

Tasks include:

Percent of Time:

Major Duty:

How long performing this duty?

Tasks include:

Lead Worker/Supervisor Definitions

Lead – An employee who performs the same or similar duties as other employees in his/her 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 of 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.

4. 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	Work Hours	Hours Per Week

5. 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:

6. Fiscal Responsibilities

Do you have responsibility for maintaining fiscal records? Yes No

Do you have responsibility for controlling or authorizing the expenditure of funds? Yes No

If **yes**, explain how you control or authorize 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 you have responsibility: \$

7. 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.)

8. Supervisor's Acknowledgment – Attach an organizational chart

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

I will note my agreement or disagreement with the employee's description of duties on the 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.)