Washington Management Service (WMS) Review Request This form is to be completed by position's supervisor/manager and submitted to the Appointing

Authority or designee.

Position Information

Agency/Division/Unit:	
Position Number/Object Abbreviation:	
Current Class Title:	
Proposed Class Title:	
Action (check one):	
Establish	
Inclusion of Existing WGS Position	
PDF Update	
Re-evaluation of Existing WMS Position	
Position is Currently:	
Vacant Filled Incumbent's Nam	e (if filled position):
How does this position meet the definition of managapply:	er state in WAC 357-58-035? Check all that
Formulates statewide policy or directs the wo	rk of an agency or agency subdivision.
Administers one or more statewide policies of	r programs of an agency or agency subdivision
Manages, administers, and controls a local b	ranch office of an agency or an agency
subdivision, including the physical, financial,	or personnel resources.
Has substantial responsibility in personnel ad	lministration, legislative relations, public
information, or the preparation and administr	ation of budgets.
Functions above the first level of supervision	•
routine or clerical in nature and requires the	consistent use of independent judgment.
Explain how this position meets the above definition	(s) you checked. Provide examples:
Submitted by:	Date:

Attachment Checklist:

Completed WMS Position Description

Current organizational chart reflecting the position

Appointing Authority Acknowledgement

Approved for review by the WMS Committee

Not approved for review by the WMS Committee

Comments:

If not approved, send a copy of this request to your WMS Coordinator.

Name and Title:

Signature: Date:

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

Yes, a copy of this request was sent to WMS Coordinator.