

Washington General Service (WGS) Position Description

For assistance completing this form, contact your human Resource Office of see the [WGS Position Description Guide](#) and [WGS Sample Position Description](#).

Position Information

Action: Establish Reallocate Update Review/No Change

Date:

HR Approved Class Title:

Effective Date:

Proposed Class Title:

Current Class Title:

HR Approved Overtime Eligible: Yes No

Seasonal/Cyclic: Yes No

Work Schedule: Full-time Part-time

Position Number/Object Abbreviation: Salary Range:

Position Included in a Bargaining Unit: Yes No

If **yes**, indicate union:

Assignment Pay: 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:

Position Objective

Briefly explain the purpose of the position and how it supports the organization's mission (**attach an organizational chart – do not embed**).

Assigned Work Activities (Duties and Tasks)

Describe the duties and tasks and underline the essential functions. Assign a percentage of time to each duty. Task statements should describe the **action** performed, to **whom or what**, using what **tools, equipment, methods, and/or processes**; and the **final product or outcome**.

List assigned work in order of importance. For essential functions, label them as “Essential.” For more guidance see the [Essential Functions Guide](#) and [Examples of Work Statements](#).

Percent of Time (Must total 100%):

Major Duty:

Tasks include:

Percent of Time:

Major Duty:

Tasks include:

Percent of Time:

Major Duty:

Tasks include:

Percent of time:

Major Duty:

Tasks include:

Percent of time:

Major Duty:

Tasks include:

Lead Work/Supervisory Responsibilities

Lead Position: Yes No

Supervisory Position: Yes No If **yes**, list each direct report below:

Assigns work Instructs Work Checks Others' Work

Plans Work Evaluates Performance *Takes Corrective Action

*Hires *Terminates

(*Has the authority to effectively recommend the above actions.)

Class Title of Direct Reports: Number of Positions: Work Schedule:

Add information that clarifies this position's lead or supervisory responsibilities:

Working Relationships

Level of Supervision received:

For more guidance see: [Glossary of Classification Terms](#).

Direct/Close Supervision: Most work is reviewed in progress and upon completion.

General Supervision: Completed work is spot checked.

General Direction: Completed work is reviewed for effectiveness and expected results.

Administrative Direction: Completed work is reviewed for compliance with budget, policies, laws and program goals.

Add information that clarifies this position's interactions with others to accomplish work:

Continuity of Operations Plans (COOP) Designation – For Disaster or Emergency Recovery

For more information see: [COOP and Critical Positions](#).

Is this position critical based on 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 Interactions:

Other:

Qualifications

List the education, experience, licenses, certifications, and competencies (knowledge, skills, abilities and behaviors).

Required Qualifications:

Preferred/Desired Qualifications:

Special Requirements/Conditions of Employment

List special requirements or conditions of employment beyond the qualifications above.

In-Training Plan, if Applicable

Acknowledgement of Position Description

The signature below indicate that the job duties as defined above are an accurate reflection of the work performed by this position.

Please type your full name in the signature fields. 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 received a copy of this position description.

Employee's Signature:

Date:

Position details and action taken by Human Resources:

For Human Resource/Payroll Office Use Only

Approved Class Title:

Class Code:

Salary Range:

Effective Date:

Pay Scale Type:

Job Analysis on File? Yes No

Position Type (Employee Group):

EEO Category:

Employee Sub-Group:

Position Retirement Eligible? Yes No

Position is: Funded Non-Funded

Workers Comp. Code:

County Code: Business Area:

Personnel Area (FEIN):

Position Eligible for Telework? Yes No

Position Eligible for Flextime? Yes No

Position Eligible for Compressed Workweek? Yes No

Unique Facility Identifier (UFI): SOC Code:

For more information see: [UFI Search Feature](#)

Cost Center Codes

COST CENTER	PCT. (%)	FUND	FUNCTIONAL AREA	COST OBJECT	AFRS PROJECT	AFRS ALLOCATION

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

HR Designee's Name and Title:

HR Designee's Signature: Date:

Budget Designee's Name and Title:

Budget Designee's Signature: Date: