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.

Positio	n intormat	ion				
Action:	Establish	Reallo	cate	Updat	e Review/N	lo Change
Date:						
HR Approved Class Title:			Effective Date:			
Proposed	Class Title:					
Current C	lass Title:					
HR Approved Overtime Eligible: Yes				No		
Seasonal/	Cyclic:		Yes	No		
Work Sch	edule:	Full-time		Part-time		
Position Number/Object Abbreviation: Salary Range:						
Position Included in a Bargaining Unit:			Yes	No		
If yes , ind	icate union:					
Assignme	nt Pay:	Dual Langua	ge	Other		
Incumben	t's Name (if fille	ed position):				
Address Where Position is Located:						
Agency/D	ivision/Unit:					
Superviso	r's Name and T	ītle:				
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 <u>Essential Functions Guide</u> and <u>Examples of Work Statements</u>.

Percent of Time (Me	ust 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: No. 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.

Marking Canditions

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, certific and behaviors).	ations, and competencies (knowledge, skills, abilities
Required Qualifications:	
Preferred/Desired Qualifications:	
Special Requirements/Conditions	of Employment
List special requirements or conditions of emplo	byment beyond the qualifications above.
In-Training Plan, if Applicable	
Acknowledgement of Position De	scription
The signature below indicate that the job duties the work performed by this position.	as defined above are an accurate reflection of
Please type your full name in the signature fields. Do not	t 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 receive	ed a copy of this position description. Employee's
Signature:	Date:

Position details and action taken by Human Resources:

Approved (rce/Payro	oll Office Use	Only		
Class Code	e:					
Salary Range:				ffective Date:		
Pay Scale	Туре:					
Job Analys	is on File?		Yes N	0		
Position Ty	pe (Employ	ee Group):				
EEO Cateo	gory:					
Employee	Sub-Group:					
Position Retirement Eligible? Yes			Yes	No		
Position is:	Fu	ınded	Non-Fun	Non-Funded		
Workers C	omp. Code:					
County Co	de:		Business	s Area:		
Personnel	Area (FEIN)):			·	
Position El	igible for Tel	ework?	Yes	No		
Position Eligible for Flextime? Yes			Yes	No		
Position El	igible for Co	mpressed \	Workweek?	Yes	No	
Unique Fac	cility Identifie	er (UFI):		SO	C Code:	
For more in	nformation s	ee: <u>UFI Se</u>	arch Feature			
Cost Cer	nter Code	S				
COST CENTER	PCT. (%)	FUND	FUNCTIONA AREA	L COST OBJECT	AFRS PROJECT	AFRS ALLOCATION
CLITTLE			ANLA	OBOLOT	1 KOOLO1	
Please type v	 our full name	 in the signatu	re fields. Do not us	se E-sian feature	es or insert signature	images.
		_	ro morae. De mer av	oo = o.g., roataro	o or moore orginature	agos.
HR Designee's Name and Title: HR Designee's Signature: Date:						
J	· ·					
Budget De	signee's Na	me and Title	e:			
Budget Designee's Signature: Date:						