

# Classification and Compensation Needs Assessment

The issue(s) described below must link directly to one or more of the criteria and you must explain how the issue(s) you are trying to resolve meet the criteria. For more information and resources go to [Classification and Compensation Proposal Process](#).

Submit completed form to State Human Resources Enterprise Classification and Compensation Team at [classandcomp@ofm.wa.gov](mailto:classandcomp@ofm.wa.gov).

## Agency/Higher Education Institution Information

Name:

Role	Name	Email
HR Contact		
Subject Matter Expert (Must be non-Rep)		
Budget Contact		

## Select Criteria

Select choice(s) below.

Class Plan Maintenance

Inequities

Compression

Recruitment

Higher Level Duties

Retention

Inversion

For descriptions and examples go to [Classification and Compensation Proposal Process](#).

## **Class Title(s) – Complete a separate assessment for each Class Series**

Class Title(s) and Class Code(s):

Positions represented by a [Collective Bargaining Agreement](#)?

Yes

No

If **yes**, list Collective Bargaining Agreements here:

## **Describe the Issue(s)**

What is the issue(s) you are trying to resolve or business need(s) you are trying to meet? Be specific, descriptive and include what criteria(s) the issue(s) meets. What services are provided and how they are being adversely affected?

## **What Efforts Have Been Made to Address the Issue(s)?**

Explain what you have tried and the results achieved (e.g. revised agency/Higher Education work processes, organizational structures, or enhanced recruitment efforts). Provide specific examples.

## **What are the Proposed Changes?**

Describe the proposed classification(s) and salary changes. Provide specific examples.

## **How Does the Proposal Resolve the Issue(s)?**

Describe the improvements you expect to see if this proposal is implemented and indicate the number of positions impacted.

## **What are the Impacts on Services?**

Identify immediate and long-term risks and consequences if the issue(s) is not resolved. (e.g., impact on agency/Higher Education priorities, service delivery, or liability).

## **Required – Agency/Higher Education Director or Designated Approving Authority Signature**

Date

Name/Title

Signature