



# POSITION DESCRIPTION WASHINGTON MANAGEMENT SERVICE (WMS)

For assistance completing this form, contact your human resources office or click here for [Tips and Examples](#).

1. Action: <b>Select one</b> If <i>Update</i> , indicate change:		<b>HRCU/WMS Coordinator Only</b>	
		Date evaluated:	
2. Date	3. Position is currently <input type="checkbox"/> Vacant <input type="checkbox"/> Filled	Approved position title (if different)	
4. Proposed position title	5. Proposed band	New rating	New band   Effective date
6. Current position title		Inclusion criteria (2 max.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
7. Current band/points	8. Position number	JVAC tool <input type="checkbox"/> TM <input type="checkbox"/> IC	FLSA <input type="checkbox"/> Exempt <input type="checkbox"/> OT eligible
9. Work schedule <input type="checkbox"/> Part time <input type="checkbox"/> Full time	10. Overtime eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Market segment	Management type

11. Work location/address

12. Division / Unit /	13. Supervisor name / Title /
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14. Incumbent's name (if filled position)	15. Supervisor pos. #	16. Supervisor phone
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**17. Position Flexibility (Modern Work Environment)**

Check PE for Position Eligible or NE for Not Eligible <sup>1</sup>(reference last page for clarification on the following, if needed)

Flex schedule:    PE or    NE      Compressed schedule:    PE or    NE      Telework:    PE or    NE

Are any of the above a change from prior set eligibility?    Yes    No

If yes, check all that apply:    Flex       Compressed       Telework

**18. Organizational Structure**

Summarize the functions of the position's division and/or unit and how this position fits into the Department's structure.  
**Attach an organizational chart.**

**19. Position Objective**

Describe the position's main purpose including what the position is required to accomplish and the major outcomes and how the position contributes to the Department's mission *to improve public safety by positively changing lives*. Review the [Position Objective Fact Sheet](#) for tips.

**20. Primary Responsibilities (Duties and Tasks)**

- In the spaces marked "*Duty*", describe the primary duties or responsibilities of the position using [clear action verbs](#).
- For each Duty, list the key *Tasks* to be performed to accomplish the duty. It is OK if there are more or fewer tasks for each duty. If needed, you may add or delete rows by [unprotecting this form](#). This will disable the dropdowns and checkboxes.
- In the "*Importance*" column, rate how important the task is to the position's existence.
- Check the box in the "*Essential Function*" column if the work activity meets at least one of the following criteria:
  - ✓ Activity is fundamental, not marginal, and is the primary reason for which the job was established.
  - ✓ Activity is so critical that it cannot be eliminated without significantly changing the position's classification and role in the agency.
  - ✓ Activity must be accomplished regardless of the frequency, but cannot be assumed by another employee.

For more guidance, see the [Essential Functions Fact Sheet](#) and [Examples of Duty and Task Statements](#).

	Description of Duties and Tasks	Importance	Essential Function
<b>Duty</b>		Rate 1 through 4	✗ if Yes
Task 1		Select one	<input type="checkbox"/>
Task 2		Select one	<input type="checkbox"/>
Task 3		Select one	<input type="checkbox"/>
Task 4		Select one	<input type="checkbox"/>
Task 5		Select one	<input type="checkbox"/>
<b>Duty</b>		Rate 1 through 4	✗ if Yes

Task 6		Select one	<input type="checkbox"/>
Task 7		Select one	<input type="checkbox"/>
Task 8		Select one	<input type="checkbox"/>
Task 9		Select one	<input type="checkbox"/>
Task 10		Select one	<input type="checkbox"/>
<b>Duty</b>		Rate 1 through 4	<b>×</b> if Yes
Task 11		Select one	<input type="checkbox"/>
Task 12		Select one	<input type="checkbox"/>
Task 13		Select one	<input type="checkbox"/>
Task 14		Select one	<input type="checkbox"/>
Task 15		Select one	<input type="checkbox"/>
<b>Duty</b>		Rate 1 through 4	<b>×</b> if Yes
Task 16		Select one	<input type="checkbox"/>
Task 17		Select one	<input type="checkbox"/>
Task 18		Select one	<input type="checkbox"/>
Task 19		Select one	<input type="checkbox"/>
Task 20		Select one	<input type="checkbox"/>
<b>Duty</b>		Rate 1 through 4	<b>×</b> if Yes
Task 21		Select one	<input type="checkbox"/>
Task 22		Select one	<input type="checkbox"/>
Task 23		Select one	<input type="checkbox"/>
Task 24		Select one	<input type="checkbox"/>
Task 25		Select one	<input type="checkbox"/>

**21. Accountability – Scope of Control and Influence**

21a. Provide *examples* of the resources and/or policies that are controlled and influenced.

21b. Describe the scope of accountability.

21c. Describe the potential impact of error or consequence of error (impacts to unit, division, agency, state).

**22. Financial Dimensions**

Describe the type and annual amount of all monies that the position directly controls. Identify other revenue sources managed by the position and what type of influence/impact it has over those sources.

22a. **Operating budget controlled**

22b. **Other financial influences/impacts**

**23. Position Responsibilities**

23a. **Supervisory Position:**

Yes     No

If **yes**, list the total full time equivalents managed (FTEs) and the title of the highest position managed:  
 FTEs:                      Highest position title:

23b. **Individual Contributor** (The primary reason for the position's existence is to utilize a particular specialty or area of expertise. Managing people or programs is incidental or non-existent):

Yes     No

If **yes**, what is the area of specialty or expertise?

**24. Decision Making and Policy Impact**

24a. **Explain the position's policy impact (applying, developing, or determining how the agency will implement).**

24b. **Is the position responsible for making significant recommendations due to expertise or knowledge? If yes, provide examples of the types of recommendations made and to whom.**

24c. **Explain the major decision-making responsibilities this position has full authority to make.**

The incumbent in this position takes the following decisions to the manager:

24d. **Describe whether decisions are of a tactical or strategic nature and how decisions are made. For example, is there known precedent, is it somewhat unfamiliar, or unknown and unexplored?**

24e. **What are the risks or consequences of the recommendations or decisions?**

**25. Qualifications – Knowledge, Skills, Abilities and Competencies**

Identify the education, experience, licenses, certifications, and competencies required and desired to perform the tasks listed in [Section 20](#). Describe below. Complete the remaining columns as follows:

- **Importance** - Rate how important the qualification or competency is to the position.
- **Distinguish** - Choose “Yes” if the qualification is valuable for distinguishing between superior and acceptable performance. Choose “No” if not.
- **Needed at entry** - Choose “Yes” if the qualification is **required** at the time of hire. Choose “No” if the qualification or competency is **desired** and can or will be learned on the job.
- **Relevant task number** - For each qualification below, enter the corresponding task number(s). Effective performance of a task may require more than one qualification. Every qualification must be linked to at least one important work activity.

25a. Description of Education, Experience, and Job-Specific Competencies	Importance (1 – 4)	Distinguish (Y/N)	Needed at entry (Y/N)	Relevant Task No.
	Select one			
	Select one			
	Select one			
	Select one			
	Select one			
	Select one			
	Select one			
	Select one			

**25b. Justification of Stated Qualifications**

Briefly describe the basis for requiring specific qualifications (other than legal requirements). Explanations should include supportable reasons such as:

- Cost, timeframe, and feasibility of training someone who lacks the qualifications.
- Cost to the agency of previous errors made by non-credentialed employees.
- How the required qualifications provide assurance of a minimum level of competency to perform the job.

**25c. Agency Values for All Employees**

All staff entering into employment with the Department of Corrections must possess the following values at the time of hire:

- **Cultivate an environment of integrity and trust:** Corrections values partnership and trust. We foster openness and support courageous conversations. We are committed to doing what we say we are going to do by being accountable and taking personal ownership in our actions.
- **Respectful and inclusive interactions:** Corrections appreciates and values individuals by promoting an inclusive and diverse environment, which encourages safety. We respect, value, and listen to the thoughts, feelings, and perspectives of our stakeholders and consider the impact on those we serve as well as each other.
- **People's safety:** Corrections believes in creating an environment that values physical, mental, and emotional security and well-being. We honor those who advance safety for all.
- **Positivity in words and actions:** At Corrections, we assume positive intentions and believe there is a shared desire for the best outcome. We consistently demonstrate positive behavior and always put forth our best effort.
- **Supporting people's success:** Corrections is committed to our community – understanding individuals, instilling hope, embracing change, and providing opportunities.

**26. Conditions of Employment**

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

Maintain regular and reliable attendance.  
 Complete a felony disclosure form prior to employment and submit to a criminal background check.  
 Successfully complete, within mandated timeframes, employee orientation and all other mandatory annual, in-service and other required training.  
 Provide physical residential address and home telephone number to the Department of Corrections.  
 Become familiar and comply with all Department policies and procedures and Collective Bargaining Agreements as applicable.

**27. Working Conditions**

Describe the working environment (e.g., indoor/outdoor, safety requirements, use of equipment, exposure to weather, noise, health risks) and schedule (e.g., work hours, travel requirements) of the position.

Work setting, including hazards	
Schedule (i.e., hours and days)	Assigned hours of work: Hours                      Days off
Travel requirements	
Tools and equipment	
Customer relations	Serve as a professional representative of the Department to the public.
Other	Must dress appropriately for the managerial level of the position and the work setting. Department facilities and vehicles are smoke and tobacco free.

**28. 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:

**Acknowledgement of Position Description**

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

Date	Supervisor name and title (required)	Supervisor signature (required)
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**As the incumbent in this position, I have received a copy of this position description.**

Date	Employee signature
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**Appointing Authority Acknowledgement**

<input type="checkbox"/> Approved for review by the WMS Committee Comments: If approved, send original request to the WMS Coordinator. <input type="checkbox"/> Yes, the original request was sent to WMS Coordinator.	<input type="checkbox"/> Not approved for review by the WMS Committee Indicate reason(s): If <b>not</b> approved, send a <i>copy</i> of this request to the WMS Coordinator. <input type="checkbox"/> Yes, a copy of this request was sent to WMS Coordinator.
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Date	Appointing Authority name and title	Signature (required)
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**Human Resources Acknowledgement – For updates only**

Date	HR designee name	HR designee title	HR designee signature
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**WMS Committee Acknowledgement**

Date	WMS Coordinator name	WMS Coordinator title
Date	Committee member name	Committee member title

<sup>1</sup> Reference for Page 1, Section 17

**Flexible workweek:** Allows some flexibility in starting and ending times outside the agency’s normal work hrs.

PE=Position eligible NE=Not eligible

**Compressed workweek:** An alternative schedule that allows full-time employees in the position to eliminate at least one work day every two weeks by working longer hours during the remaining days, resulting in less commute trips.

PE=Position eligible NE=Not eligible

**Telework:** The practice of working from home or other alternative locations closer to home through the use of technology which allows the employee to access normal work material (email, telephone, electronic documents, etc.). Telework may be scheduled or done on an ad hoc basis.

PE=Position eligible NE=Not eligible

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.