

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

1. Action: Select one If <i>Update</i> , indicate change:		HRCU/WMS Coordinator Only		
		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
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 /		
14. Incumbent's name (if filled position)		15. Supervisor pos. #	16. Supervisor phone	
17. Position Flexibility (Modern Work Environment)				
Check PE for Position Eligible or NE for Not Eligible ¹ (reference last page for clarification on the following, if needed)				
Flex schedule: <input type="checkbox"/> PE or <input type="checkbox"/> NE Compressed schedule: <input type="checkbox"/> PE or <input type="checkbox"/> NE Telework: <input type="checkbox"/> PE or <input type="checkbox"/> NE				
Are any of the above a change from prior set eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, check all that apply: <input type="checkbox"/> Flex <input type="checkbox"/> Compressed <input type="checkbox"/> 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 <i>to improve public safety by positively changing lives</i> . Review the Position Objective Fact Sheet for tips.				
20. Primary Responsibilities (Assigned Work Duties and Tasks)				
<ul style="list-style-type: none"> • Describe the primary duties or responsibilities of the position using clear action verbs. • Underline the Essential Functions. A duty or task meets the definition of an essential function if the work activity meets at least one of the following criteria: <ul style="list-style-type: none"> ✓ 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 .				
Duty:				
Duty:				
Duty:				
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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , list the total full time equivalents (FTEs) managed and the title of the highest position managed: FTEs: Highest position title:
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. Decisions taken to supervisor:
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
25a. Required Education, Experience, and Competencies: Preferred/Desired Education, Experience, and Competencies:
25b. 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: <ul style="list-style-type: none"> • 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

Approved for review by the WMS Committee
 Comments:

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

¹ 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.