

For assistance completing this form, contact your supervisor/manager or Human Resources (HR) Office or click for [Position Description Help](#). Complete form, obtain all signatures, scan and save using the following naming convention: [Agency/Institution]_IT_[Position Number]_[Date: YYYYMMDD]. Example: DSHS_IT_0480_20150621.

Position Information	
Agency/institution, division, unit Enter text	Action Select one
If Update, indicate change(s):	
Class code and title Enter text	Current salary range Enter text
Proposed class code and title Enter text	Proposed Salary range Enter text
Agency position number Enter text	HRMS position number (if applicable) Enter text
Project title (if applicable) Enter text	Assignment pay Dual Language <input type="checkbox"/> Other <input type="checkbox"/> Enter text
Incumbent name (If filled position) Enter text	Address where position is located (Duty Station) Enter text
Work schedule Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>	HR approved overtime eligible Yes <input type="checkbox"/> No <input type="checkbox"/>
Position represented by a Master Agreement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, choose Master Agreement: Select one	Position has an approved In-Training Plan: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach Position Description for each In-Training Level
Supervisor/manager name / Title /	Supervisor/manager phone Enter text
Date completed Enter date	Date previous Position Description approved Enter date
Primary job family Select one	Secondary job family Select one, if applicable
Position Flexibility (Modern Work Environment)	
<p>Check PE for Position Eligible or NE for Not Eligible ¹(Reference last page for explanation of the following, if needed)</p> <p>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</p> <p>Are any of the above a change from prior set eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If yes to changes, Appointing Authority signature is required on signature page)</p> <p>If yes, check all that apply: Flex <input type="checkbox"/> Compressed <input type="checkbox"/> Telework <input type="checkbox"/></p>	
Organizational Structure (Attach an organizational chart)	
Summarize the functions of the position's division/unit and how this position fits into the organizational structure.	
Enter text	
Position Objective	
Describe the main purpose of the position and the type and nature of the work performed.	
Enter text	
Assigned Work Activities (Duties and Tasks)	
Describe the duties and tasks, and underline the essential functions. 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 .	
For more guidance, see Essential Functions Guide and Examples of Work Statements List the assigned work in order of importance including the final product or outcome for each, with essential functions underlined.	
Enter text	
Problem Solving	
Enter text	

What are the most complex and/or challenging issues addressed by this position? Give 3 to 4 examples and how each is resolved.

Complex/Challenging Issue	How Resolved	Frequency

Decision Making

What duties are performed that require the position to make choices, determinations, or judgments?

Which decisions are sent to the next level of supervisor/manager or technical authority for recommendation/decision?

Potential Impact of Results

Describe the potential impact of error. (What potentially could happen in the event that the individual were to fail to perform his/her job correctly?)

List who (citizens, other department/unit personnel, statewide personnel, etc.) would be impacted and the degree of impact.

List what (dollars, larger systems, processes, other resources, etc.) would be impacted and the degree of impact.

Financial Dimensions (if applicable)

Describe the type and annual amount of all monies that the position directly controls, administers or manages (excluding employee salary and benefits) for example: delegated signature authority amount, invoice approval for contract expenditures.

Lead Work/Supervisory Responsibilities

Does this position:

Lead other staff: Yes No

Supervise other staff: Yes No

If **yes**, list each direct report below.

Assigns work

Plans work

Hires*

Instructs work

Evaluates performance

Terminates*

Checks others' work

Takes corrective

action*

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

List Class Title and Working Title of Position(s) Supervised

**If Part Time,
what %**

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

Working Relationships

Level of Supervision received (*check one*). 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 designated critical based on agency COOP? Yes No

If **yes**, describe how this position supports the agency COOP Critical Functions:

Qualification – Knowledge, Skills, and Abilities	
Required Education, Experience, or Certifications	Application (why each qualification exists)
Desirable/Preferred Education, Experience, or Certifications	Application (why each qualification exists)
List the competencies (knowledge, skills, abilities, and behaviors) and a description of each that are necessary to successfully perform the work of the position.	
CORE COMPETENCIES FOR ALL EMPLOYEES	
All staff entering into employment with the Department of Corrections must possess the following competencies at the time of hire: Safety, Treats Others with Respect and Courtesy, Dependability, Accountability, Judgment and Problem Solving, Leadership, Communication, Relationship Building, Ethics and Integrity, and Embracing Diversity and Cultural Differences. All supervisors and managers must also possess the following: People Management and Managing for Results. Competency descriptions may be found on the iDOC website and on the Performance Development Plan expectations.	
Special Requirements and Conditions of Employment	
Examples: Must possess valid driver license and good driving record. Must successfully pass a criminal background check.	
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 DOC policies and procedures and Collective Bargaining Agreements as applicable.	
Submit to drug testing in accordance with CBA and agency policy.	
Enter text	
Working Conditions	
Work Setting, including hazards	Enter text
Schedule (i.e., hours and days)	Assigned hours of work: Shift/Hours: <u>Enter text</u> Days off: <u>Enter text</u>
Travel Requirements	Enter text
Tools and Equipment	Enter text
Customer Relations	Serve as a professional representative of DOC to the public. Dress appropriately for the position. Enter text
Other	Enter text
Acknowledgement of Position Description	
The signatures below indicate that the job duties as defined above are an accurate reflection of the work performed by this position.	
Date	Supervisor/manager signature (required)
Enter a date	
Date	Appointing Authority name and title
Enter a date	Enter text Signature (required)
As the incumbent in this position, I have received a copy of this position description.	

Date Enter a date	Employee Signature
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Position details and related action have been taken by Human Resources as reflected below.

For Human Resource/Payroll Office Use Only			
Action: <input type="checkbox"/> Establish* <input type="checkbox"/> Reallocate* <input type="checkbox"/> Update <input type="checkbox"/> Review/No Change		<i>*All reallocations and establishments must be reviewed and approved by the Human Resources Classification Unit (HRCU).</i>	
Class title:	Class code:	Salary range:	Overtime eligibility: Select
Bona Fide Occupational Qualification Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , list qualifications: Enter text			
Date:	HRCU designee name:	HRCU designee title:	HRCU designee signature:

Reallocations and Establishments – *HRCU review and signature required*

For Human Resources Classification Unit Use Only			
Approved class title:	Class code:	Salary range:	Overtime eligibility: Select
Bona Fide Occupational Qualification Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , list qualifications: Enter text			
Date:	HRCU designee name:	HRCU designee title:	HRCU designee signature:

¹ Reference for Page 1, Position Flexibility

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. Upon completion, the data classification category may change.