## **Human Resources Management System (HRMS)**

## **Non-Employee Groups**

Complete this form to document groups of non-employees or individuals who receive payment through the state HRMS. Submit the completed form to the Office of the State Human Resources Director (OSHRD) at <a href="mailto:StrategicHR@ofm.wa.gov">StrategicHR@ofm.wa.gov</a>.

Agency:						
Contact Name:						
Contact Phone:						
Contact Email:						
Indicate what authority the other):	e group is esta	blished under (F	RCW, WAC, Fede	eral Regulations, Gra	ınt,	
Describe why the group is	s paid/tracked i	n HRMS:				
Group Status:	Existing Grou	up in HRMS	Newly Established			
Indicate approximate num	nber of employe	ees:				
HRMS Coding Info	ormation					
New Agency Unique Class Code?		Yes	No			
If yes, complete the Job C	Class Creation/	Modification Red	quest form.			
Agency Job Class Title:		Agency (	Agency Unique Class Code:			
Employee Group:		Pay Sca	Pay Scale Type:			
Pay Scale Area:		Payroll A	Payroll Area:			
Employee Subgroup:						
Personnel Subarea:						
Work Contract:						
Pay Reason:						
Contract Type:						
Sub Object Code (obtain	code from pay	roll/accounting):				

## **Agency Director or Designated Approving Authority**

Date:
Name/Title:
Signature:
Submit completed form to: <u>StrategicHR@ofm.wa.gov</u>
Or Mail to:
Office of the State Human Resources Director
P O Box 47500
Olympia, WA 98504-7500