**Washington Management Service (WMS)**

**Review Request**

This form is to be completed by position’s supervisor/manager and submitted to the Appointing Authority or designee.

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| Agency/Division/UnitEnter text. | Position Number/Object AbbreviationEnter text. |
| Current Class TitleEnter text. | Proposed Class TitleEnter text. |
| Action (check one)[ ]  Establish [ ]  Inclusion Of Existing WGS Position[ ]  Re-evaluation Of Existing WMS Position[ ]  PDF Update | Position Is Currently[ ]  Vacant [ ]  FilledIncumbent’s Name (If Filled Position)Enter text. |
| How does this position meet the definition of manager stated in WAC 357-58-035? Check all that apply:[ ]  Formulates statewide policy or directs the work of an agency or agency subdivision.[ ]  Administers one or more statewide policies or programs of an agency or agency subdivision.[ ]  Manages, administers, and controls a local branch office of an agency or an agency subdivision, including the physical, financial, or personnel resources.[ ]  Has substantial responsibility in personnel administration, legislative relations, public information, or the preparation and administration of budgets.[ ]  Functions above the first level of supervision and exercises authority that is not merely routine or clerical in nature and requires the consistent use of independent judgment.Explain how this position meets the above definitions(s) you checked. Provide examples. Enter text. |
| DateEnter a date. | Submitted byEnter text. |
| Attachment Checklist[ ]  Completed WMS Position Description[ ]  Current organizational chart reflecting the position |
| **Appointing Authority Acknowledgement** |
| [ ]  Approved for review by the WMS Committee.Comments: Enter text.[ ]  Not approved for review by the WMS Committee.Indicate reason(s): Enter text.If **not** approved, send a copy of this request to your WMS coordinator. |
| DateEnter a date. | Name and Title: Enter text.Signature (required): Enter text.[ ]  Yes, copy of this request was sent to WMS Coordinator. |