**Information Technology**

**Position Description**

For assistance completing this form, contact your supervisor/manager or your Human Resources (HR) Office. 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.

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| **Position Information** | | | | | | |
| Agency/HE Institution, Division, Unit  Enter text | | | | Action  **Choose an item.** | | |
| Class Code and Title  **Enter text.** | | | | Current Salary Range  **Enter text.** | | |
| Proposed Class Code and Title  **Enter text.** | | | | Proposed Salary Range  **Enter text.** | | |
| Agency/HE Institution Position Number  Enter text. | | | | HRMS Position Number (if applicable)  **Enter text.** | | |
| Project Title (if applicable)  **Enter text.** | | | | Assignment Pay  Dual Language Other **Enter text.** | | |
| Incumbent’s Name (If filled position)  Enter text | | | | Address Where Position Is Located (Duty Station)  **Enter text.** | | |
| Work Schedule  Part Time  Full Time | | | | HR Approved Overtime Eligible  Yes  No | | |
| Position represented by a Master Agreement:  Yes  No  If **yes**, list Master Agreement: Choose Agreement. | | | | Position has an approved In-Training Plan: Yes  No  If **yes**, attach Position Description for each In-Training Level | | |
| Supervisor’s/Manager’s Name and Title  **Enter text.** | | | | Supervisor’s/Manager’s Phone  **Enter text.** | | |
| Date Completed  **Enter a date.** | | | | Date Previous Position Description Approved  **Enter a date.** | | |
| Primary Job Family (select one)  **Choose an item.** | | | | Secondary Job Family (select one, if applicable)  **Choose an item.** | | |
| **Organizational Structure (Attach an organizational chart.)**  Summarize the functions of the position’s division/unit and how this position fits into the organizational structure. | | | | | | |
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| **Position Objective**  Describe the main purpose of the position and the type and nature of the work performed. | | | | | | |
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| **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](http://hr.ofm.wa.gov/diversity/equal-employment-opportunity/essential-functions-guide) and [Examples of Work Statements](http://hr.ofm.wa.gov/sites/default/files/documents/Strategic%20HR/Workforce%20Planning/Examples_of_Work_Statements_06.2011.doc) | | | | | | |
| **List the assigned work in order of importance including the final product or outcome for each, with essential functions underlined.** | | | | | | |
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| **Problem Solving**  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** | |
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| **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 their 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. | | | | | | |
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| **Lead Work/Supervisory Responsibilities** | | | | | | |
| Lead Position: Yes  No  Supervisory Position: Yes  No | | Assigns Work  Instructs Work  Checks Others’ Work  Plans work  Evaluates Performance **\***Takes Corrective Action **\***Hires **\***Terminates  (**\***Has the authority to effectively recommend these actions.) | | | | |
| **List Class Title and Working Title of Position(s) Supervised** | | | | | | **If Part Time, What %** |
|  | | | | | | **Part Time %.** |
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| *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](https://ofm.wa.gov/sites/default/files/public/shr/CompensationAndJobClasses/Comp%20Class%20HR%20Pro%20Tools/ClassificationGlossary.doc). | | | | | | |
| 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](http://hr.ofm.wa.gov/workforce-data-planning/workforce-planning/continuity-operations-plans-coop-and-critical-positions). For higher education, refer to your list of essential personnel. | | | | | | |
| 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)** | | | |
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| ***Desirable/Preferred* Education, Experience or Certifications** | | | **Application (why each qualification exists)** | | | |
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| *List the competencies (knowledge, skills, abilities and behaviors) and a description of each that are necessary to successfully perform the work of the position.* | | | | | | |
| **Special Requests and Conditions of Employment**  Examples: Must possess valid drivers’ license and good driving record. Must successfully pass a criminal background check. | | | | | | |
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| **Working Conditions** | | | | | | |
| Work Setting, including hazards |  | | | | | |
| Schedule (i.e., hours and days) |  | | | | | |
| Travel Requirements |  | | | | | |
| Tools and Equipment |  | | | | | |
| Customer Relations |  | | | | | |
| Other |  | | | | | |
| **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  Enter a date. | Supervisor’s/Manager’s Signature (required)  **Enter text.** | | | | | |
| Date  Enter a date. | Appointing Authority’s Name and Title  **Enter text.**    Signature (required)  **Enter text.** | | | | | |
| **As the incumbent in this position, I have received a copy of this position description.** | | | | | | |
| Date  Enter a date. | Employee’s Signature  **Enter text.** | | | | | |

**Position details and related action have been taken by Human Resources as reflected below.**

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| **For Human Resource/Payroll Office Use Only** | | | | | | | | |
| Approved Class Title:  **Enter text.** | | Class Code:  **Enter text.** | | Salary Range:  **Enter text.** | | | Effective Date:  Enter a date. | |
| Pay Scale Type:  **Enter text.** | | Job Analysis On File?  Yes  No | | Position Type (Employee Group): **Enter text.** | | | EEO Category:  **Enter text.** | |
| Employee Sub-Group:  **Enter text.** | | Position Retirement Eligible:  Yes  No | | Position is:  Funded  Non-Funded | | | Workers Comp. Code:  **Enter text.** | |
| County Code:  **Enter text.** | | Business Area:  **Enter text.** | | Personnel Area (FEIN):  **Enter text.** | | | | |
| Position Eligible for Telework  Yes  No | | | | Positon Eligible for Flextime  Yes  No | | | | |
| Position Eligible for Compressed Workweek  Yes  No | | | | Unique Facility Identifier (UFI)  For more information see: [UFI Search Feature](http://wa-ofm.maps.arcgis.com/home/index.html)  **Enter text.** | | | | |
| Bona Fide Occupational Qualification Yes  No  If **yes**, list qualifications: **Enter text.** | | | | | | | | |
| **Cost Center Codes** | | | | | | | | |
| **COST CENTER** | **PCT. (%)** | **FUND** | **FUNCTIONAL AREA** | | **COST OBJECT** | **AFRS PROJECT** | | **AFRS ALLOCATION** |
| **Enter text.** | **Enter text.** | **Enter text.** | **Enter text.** | | **Enter text.** | **Enter text.** | | **Enter text.** |
| **Enter text.** | **Enter text.** | **Enter text.** | **Enter text.** | | **Enter text.** | **Enter text.** | | **Enter text.** |
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| Date:  Enter a date. | | HR Designee’s Name:  **Enter text.** | | | HR Designee’s Title:  **Enter text.** | | HR Designee’s Signature:  **Enter text.** | |
| Date:  Enter a date. | | Budget Designee’s Name:  **Enter text.** | | | Budget Designee’s Title:  **Enter text.** | | Budget Designee’s Signature:  **Enter text.** | |