**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, UnitEnter 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 NumberEnter text. | HRMS Position Number (if applicable)**Enter text.** |
| Project Title (if applicable)**Enter text.** | Assignment PayDual Language [ ] Other[ ]  **Enter text.** |
| Incumbent’s Name (If filled position) Enter text | Address Where Position Is Located (Duty Station)**Enter text.** |
| Work SchedulePart Time [ ]  Full Time [ ]  | HR Approved Overtime EligibleYes [ ]  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 %.** |
|  | **Part Time %.** |
|  | **Part Time %.** |
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|  | **Part Time %.** |
|  | **Part Time %.** |
| *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](http://hr.ofm.wa.gov/sites/default/files/documents/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. |
| DateEnter a date. | Supervisor’s/Manager’s Signature (required)**Enter text.**  |
| DateEnter 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.** |
| DateEnter 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 FlextimeYes [ ]  No [ ]  |
| Position Eligible for Compressed WorkweekYes [ ]  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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| **Enter text.** | **Enter text.** | **Enter text.** | **Enter text.** | **Enter text.** | **Enter text.** | **Enter text.** |
| 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.** |