**Position Review Request**

**Supervisor Portion**

**To Supervisor/Department Head:** Carefully review the employee's statements on the Position Review Request and complete the appropriate section and the internal routing. Send the original form with appropriate signatures to the human resources office within **15** days of receipt. For an explanation of the review process, please go to: classified classification/reallocation review procedure [1540.130](http://commons.wvc.edu/hr/pp/500/Classified%20Classification-Reallocation%20Review.aspx). For additional information, see the [Position Review Request Guide](http://commons.wvc.edu/hr/Shared%20Documents/HR%20Forms/Position%20Review%20Request%20Guide.docx) and [Glossary of Classification Terms](http://hr.wa.gov/SiteCollectionDocuments/CompensationAndJobClasses/Comp%20Class%20HR%20Pro%20Tools/ClassificationGlossary.doc).

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| **Supervisor Review** |
| Employee’s Name:      | Date of Employee’s Request:      |
| Is the information on the Position Review Request – Employee Portion accurate and complete? Yes [ ]  I agree completely with the employee’s description of duties and responsibilities. If **yes**, check level of supervision, sign form, and submit.No [ ]  I disagree with some portion of the employee’s description of duties and responsibilities, or I want to clarify some of the employee’s statements. If **no**, complete the entire form, sign, and submit. |
| Do you agree with the employee’s description of the **Position Purpose**? Yes [ ]  No [ ] If **no**, list the specific duties and explain in detail what you disagree with.      |
| Do you agree with the employee’s description of duties listed in **Work Activities**? Yes [ ]  No [ ] If **no**, list the specific duties and explain in detail what you disagree with.      |
| Do you agree the employee has been assigned lead or supervisory responsibility, if applicable, as listed in **Lead/Supervisory Responsibilities**? Yes [ ]  No [ ] If **no**, explain.       |
| Do you agree the employee leads or supervises the staff listed, if applicable? Yes [ ]  No [ ] If **no**, explain.       |
| Do you agree with the employee’s description of **Decision Making Authority**? Yes [ ]  No [ ] If **no**, explain.      List examples of decisions the employee is authorized to make without your prior review.     List examples of decisions that require your approval.      |
| Do you agree the employee has been assigned **Fiscal Responsibilities**, if applicable? Yes [ ]  No [ ] If **no**, explain.       |
| **Level of Supervision** – Review the levels of supervision required and indicate the level that most accurately describes your supervision of the employee’s position. |
| Supervision required is determined by the following:* Amount of higher-level oversight the employee receives.
* Latitude the employee has in determining which work methods and priorities to apply.
* Scope of decision-making authority delegated to the employee.
* Extent to which the employee’s completed assignments are reviewed.

[ ]  Direct/Close * Supervisor or lead provides daily oversight of work activities.
* Employee is given specific instructions regarding duties to perform, assignments to complete, and sequence of work steps and processes to follow.
* Employee follows clearly defined work procedures, processes, formats, and priorities.
* Work is frequently reviewed for accuracy, completion, and adherence to instructions and established standards, processes and procedures.

[ ]  General Supervision * Employee performs recurring assignments without daily oversight by applying established guidelines, policies, procedures, and work methods.
* Employee prioritizes day-to-day work tasks. Supervisor provides guidance and must approve deviation from established guidelines, policies, procedures, and work methods.
* Decision-making is limited in context to the completion of work tasks. Completed work is consistent with established guidelines, policies, procedures, and work methods. Supervisory guidance is provided in new or unusual situations.
* Work is periodically reviewed for compliance with guidelines, policies, and procedures.

[ ]  General Direction * Employee independently performs all assignments using knowledge of established policies and work objectives.
* Employee plans and organizes the work and assists in determining priorities and deadlines. May deviate from standard work methods, guidelines or procedures in order to meet work objectives.
* Employee exercises independent decision-making authority and discretion to decide which work methods to use, tasks to perform, and procedures to follow to meet work objectives.
* Completed work is reviewed for effectiveness in producing expected results.

[ ]  Administrative Direction * Employee works independently within the scope and context of rules, regulations, and employer objectives.
* Employee independently plans, designs and carries out programs, projects, and studies in accordance with broad policy statements or legal requirements.
* Employee exercises independent decision-making authority for determining work objectives and goals to be accomplished.
* Completed work is reviewed for compliance with laws and regulations and adherence to program goals, objectives, budgetary limitations, and general employer policies.
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| List additional information you believe should be considered in the review of this position.      |
| **Supervisor/Manager Signature** |
| *The information I provided is accurate and complete.*Supervisor’s Signature (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*I agree with the supervisor’s response above. If not, I disagree for the following reasons:*     Second-Level Supervisor’s Signature (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Additional Signature (e.g. Appointing Authority per employer’s policy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **For Human Resource Office Use Only**  |
| Allocation Decision Made By:       | Class Title and Code:      Effective Date:       |