**Washington General Service (WGS)**

**Position Description**

For assistance completing this form, contact your Human Resource Office or see the [WGS Position Description Guide](http://hr.ofm.wa.gov/workforce-data-planning/workforce-planning/washington-general-service-wgs-position-description-guide) and [WGS Sample Position Description](http://hr.ofm.wa.gov/sites/default/files/documents/Forms%20and%20Publications/DOP%20Forms/WGSSamplePositionDescription.doc).

|  |
| --- |
| **Position Information** |
| Action:  Date:      Proposed Class Title:       | HR Approved Class Title:      | Effective Date:      |
| Current Class Title:      | HR Approved Overtime Eligible:Yes **[ ]**  No **[ ]**  | Seasonal/Cyclic:Yes **[ ]**  No **[ ]**  |
| Work Schedule:Full Time **[ ]**  Part Time **[ ]**  | Position Number/Object Abbreviation:      | Salary Range:      |
| Position Included in a Bargaining Unit: Yes **[ ]**  No **[ ]** If **yes**, indicate union:       | Assignment Pay:Dual Language **[ ]**  Other **[ ]**       |
| Incumbent’s Name (If filled position):      | Address Where Position Is Located:      |
| Agency/Division/Unit:      | Supervisor’s Name and Title:      |
| Supervisor’s Position Number:      | Supervisor’s Phone:      |
| **Position Objective**Briefly explain the purpose of the position and how it supports the organization’s mission **(attach an organizational chart)**. |
|       |
| **Assigned Work Activities (Duties and Tasks)**Describe the duties and tasks, and underline the essential functions. Assign a percentage of time to each duty. 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 the [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). |
| **% of time**(Must total 100%) | **List the assigned work in order of importance, with essential functions underlined.** |
|       | **Duty:**      **Tasks include:**       |
|       | **Duty:**      **Tasks include:**       |
|       | **Duty:**      **Tasks include:**       |
|       | **Duty:**      **Tasks include:**       |
|       | **Duty:**      **Tasks include:**       |
| **Lead Work/Supervisory Responsibilities** |
| Lead Position: Yes **[ ]**  No **[ ]**  Supervisory Position: Yes **[ ]**  No **[ ]** If **yes**, list each direct report below. | **[ ]**  Assigns Work **[ ]**  Instructs Work **[ ]**  Checks Others’ Work **[ ]**  Plans work **[ ]**  Evaluates Performance **[ ] \***Takes Corrective Action **[ ] \***Hires **[ ] \***Terminates(**\***Has the authority to effectively recommend these actions.)  |
| **Class Title of Direct Report(s)** | **No. of Positions** | **Work Schedule** |
|       |       |   |
|       |       |   |
|       |       |   |
|       |       |   |
|       |       |   |
|       |       |   |
| 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:      |
| **Working Conditions** |
| Work Setting, including hazards:  |       |
| Schedule (i.e., hours and days):  |       |
| Travel Requirements:  |       |
| Tools and Equipment:  |       |
| Customer Interactions:  |       |
| Other:  |       |
| **Qualifications**List the education, experience, licenses, certifications, and competencies (knowledge, skills, abilities, and behaviors). |
| Required Qualifications:       |
| Preferred/Desired Qualifications:      |
| **Special Requirements/Conditions of Employment**List special requirements or conditions of employment beyond the qualifications above. |
|       |
| **In-Training Plan, If Applicable** |
|       |
| **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:      | Supervisor’s Signature (required):      |
| **As the incumbent in this position, I have received a copy of this position description.** |
| Date:      | Employee’s Signature:       |
|

|  |
| --- |
| **Human Resources to Complete** |

 |
| Date:      | Human Resources Reviewed:       |

Rev 2/23 tm