**Washington General Service (WGS)**

**WWCC Classified Position Description**

For assistance completing this form, contact your Human Resource Office or see the [WGS Position Description Guide](https://ofm.wa.gov/state-human-resources/workforce-data-planning/workforce-planning/washington-general-service-wgs-position-description-guide) and [WGS Sample Position Description.](https://ofm.wa.gov/sites/default/files/public/shr/Forms%20and%20Publications/DOP%20Forms/WashingtonGeneralServicePositionDescriptionSample.pdf)

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| **Position Information** |
| Action: Choose an item. 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:Multilingual [ ]  Shift Differential [ ]  |
| Incumbent’s Name (If filled position):      | Address Where Position Is Located:      |
| Department:      | Supervisor’s Name and Title:      |

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| **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](https://ofm.wa.gov/state-human-resources/workforce-diversity-equity-and-inclusion/persons-disabilities-state-government/essential-functions-guide) and [Examples of Work Statements](http://hr.wa.gov/SiteCollectionDocuments/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:**       |
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|       | **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** |
|       |       |   |
|       |       |   |
|       |       |   |
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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:      |
| **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:      |
| Competencies:      |
| **Special Requirements/Conditions of Employment**List special requirements or conditions of employment beyond the qualifications above. |
|       |
| **In-Training Plan, If Applicable** |
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| **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:       |

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| **For Human Resource Use Only** |
| Approved Class Title: | Class Code: | Salary Range: | Effective Date: |
| **Position Type:** Choose an item. | **Position Retirement Eligible:**[ ] Yes [ ] No | **Employee Sub-Group**Choose an item. | **EEO Category:**Choose an item. |
| Date:  | HR Approver Name:  | HR Approver Title:  | HR Designee’s Signature: |