**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)**. | | | | | |
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| **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:** | | | | |
|  | **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. | | | | | |
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| **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: |