**IT Professional Structure (ITPS) Position Review Request**

**Supervisor Portion**

The Human Resource Office will send this form to the supervisor electronically and include instructions per employer’s internal procedure (e.g. due date, HR contact).

This form is completed by the supervisor of the employee who submits an ITPS Position Review Request – Employee Portion. Submit completed form to your HR Office. For additional information, see the [ITPS Position Review Request Guide](https://ofm.wa.gov/sites/default/files/public/shr/Forms%20and%20Publications/DOP%20Forms/ITPS%20PRR%20Guide.doc), [Action Verbs](https://www.ofm.wa.gov/sites/default/files/public/shr/CompensationAndJobClasses/1RoundtableClassCompMeetingMaterials/091208CLEAR%20ACTION%20VERBSLP.doc%20) and [Glossary of Classification Terms](http://www.dop.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: |
| Position Number: | | Supervisor’s Name: | |
| Current Classification or Job Family/Level | | Proposed Job Family/Level | |
| Is the information on the ITPS Position Review Request – Employee Portion accurate and complete?  Yes  I agree completely with the employee’s description of the functional competencies. If **yes**, complete the working relationships section, sign form, and submit to Second-Level Supervisor.  No  I disagree with some portion of the employee’s description of the functional competencies, or I want to clarify some of the employee’s statements. If **no**, complete the entire form, sign, and submit to Second-Level Supervisor. | | | |
| Do you agree with the employee’s description of the **Position Purpose**? Yes  No  If **no**, list the specific duties and explain in detail with what you disagree. | | | |
| Do you agree with the employee’s description of duties listed in the Assigned **Work Activities and Qualifications**? Yes  No  If **no**, list the specific duties and explain in detail with what you disagree. | | | |
| Do you agree the employee’s position has been designated lead or supervisory responsibility as listed in **Lead/Supervisory Responsibilities**? if applicable, Yes  No  If **no**, explain. | | | |
| Do you agree the employee’s position leads or supervises the staff listed, if applicable? Yes  No  If **no**, explain. | | | |
| Do you agree with the employee’s description of **Problem Solving**? 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’s position is authorized to make without your prior review.    List examples of decisions that require your approval. | | | |
| Do you agree with the employee’s description of **Potential Impact of Results**? Yes  No  If no, explain.  List examples of resources that are impacted by this position?    List who are impacted by this position? | | | |
| Do you agree with the employee’s description of assigned **Financial Dimensions** responsibilities, if applicable?  Yes  No  If **no**, explain. | | | |
| **Continuity of Operations Plans Designation** – For Disaster or Emergency Recovery | | | |
| Is this position designated critical based on agency COOP? Yes  No  If yes, describe how this position supports the agency COOP Critical Functions: | | | |
| **Working Relationships - 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. | | | |
| List additional information related to the employee’s position 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(For Second-Level Supervisor and Appointing Authority use only)*  **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 or Job Family and Level and Code:  Effective Date: | | |