**Western Washington University**

**Employee-Requested Position Review Form**

**Employee Portion**

**INSTRUCTIONS**

This form should be utilized by any non-IT classified employee seeking a position review.

Please review the following information as well as the [Frequently Asked Questions](http://www.wwu.edu/hrdocs/lr/FAQReClassification.pdf) regarding position reviews.

**Required Documents**

For an employee’s position review request to be fully submitted, the following documents must be submitted to Human Resources:

1. Updated PageUp position description form
   * Additional guidance on creating/editing a position description is provided on HR’s Classified Classification & Compensation website
2. Employee-Requested Position Review Form, Employee Portion
3. Updated Organizational Chart
4. Supplemental materials (not required)

Once the employee has submitted these materials, HR will contact the employee’s supervisor to fill out the Employee-Requested Position Review Form, Supervisor Portion.

**Notification to Employee**

A position review is a review of the position, not of the employee, so the employee’s individual performance and longevity are not factored into the review. An employee-requested position review is a “look back” over the past six months only; work performed outside of the six-month window is not taken into consideration in the position review. Lastly, the allocation or misallocation of a similar position at Western is also not a determining factor in the appropriate allocation for a position.

A position review may result in either no change in classification or a change of classification that results in an increase, decrease or no change to the employee’s salary. HR urges all employees to consult their union’s bargaining agreement regarding the allocation process and discuss union-specific questions with their union representative. (e.g. PSE-CBA, Article 29; WFSE-CBA, Article 42).

An employee may withdrawal a position review request until the time that HR publishes its allocation decision via email. An employee must notify the Classification/Compensation Manager in writing that they wish to withdrawal their request.

**Position Review Process**

Once HR has received the employee’s documents, HR will send an intake email out to the employee, the supervisor, and the employee’s union representative to provide notice that the information has been received and to provide an overview of the process. HR will then schedule an interview with the employee and an interview with the supervisor to discuss the employee’s position. The employee is more than welcome to bring their union representative with them to their interview.

The interview will be an opportunity for the employee to discuss their position, so they should come prepared to discuss their position and the reason for their requested position review. It is a chance for them to tell HR anything that may not be included, or may be unclear, in the position review request, as well as to emphasize key duties/issues/changes in their position, to draw HR’s attention to specific points, and to present whatever information they may want HR to know about their position.

HR will also meet with the employee’s supervisor to discuss the employee’s position. The supervisor should be prepared to discuss any issues or questions about the employee’s position that they have as well as be prepared to discuss the Supervisor and Employee Portions of the position review form.

After HR meets with the employee and the supervisor to discuss the position, HR will prepare written summaries of each interview and provide them to the employee/supervisor for their review. Once the employee/supervisor have reviewed their summary, provided any necessary edits, and returned their summary to HR, HR will begin its review.

HR follows the State’s [allocation process](http://www.hr.wa.gov/CompClass/Allocation/Pages/default.aspx). In making an allocation determination, HR reviews the Employee and Supervisor Portions of the Position Review Request form, the employee’s updated position description, the org chart, any supplemental materials the employee has submitted to HR, and the interview summaries.

An employee may withdraw a position review prior to HR’s final written allocation determination. Other than those stated in HR’s final written allocation determination, no discussions or statements by HR regarding the position review are binding.

For non-IT positions, HR then determines the appropriate allocation:

1. A position is allocated based upon the majority of the position’s duties. If there is no majority of duties, a position is allocated based upon the “best fit,” which has been defined by the State Personnel Resource Board.

Every position is reviewed *de novo*. A position is reviewed as if it had no classification. A position’s current or previous classification is not determinative or relevant to the outcome of a position review. Western is required to reallocate a position to the correct classification even if it was historically allocated to another classification for justifiable reasons.

In many cases, HR also reviews relevant [Director’s Reviews](http://www.hr.wa.gov/more/DirectorsReviewsAppeals/DirectorsReviews/Pages/DirectorsReviewDecisions.aspx), [Personnel Resources Board decisions](https://fortress.wa.gov/dop/prb/) and [additional guidance](http://www.hr.wa.gov/CompClass/Pages/default.aspx) available on State HR’s website.

Pursuant to [State HR’s instruction](http://www.hr.wa.gov/CompClass/Allocation/Pages/DetermineAppropriateAllocation.aspx), Western HR does not consider:

* Volume of work
* Performance of work
* Desired salary
* Comparisons of other employees’ positions (except in terms of determining level of authority of incumbent’s position, supervisory/lead responsibility, etc.)
* Expertise & training (unless a required qualification)
* Seniority

1. HR reviews the category concept (if one exists) for a class series. This is often referred to as a “class series concept” in a specification. It is found in the specification for the first level of a class series. Many of the class series concepts utilize words that are specifically defined by State HR in its [Glossary of Classification Terms](http://www.wwu.edu/hrdocs/lr/ClassificationGlossary.pdf). The State’s intent behind the class series concepts are also further described in [State Director’s Reviews](http://www.hr.wa.gov/more/DirectorsReviewsAppeals/DirectorsReviews/Pages/DirectorsReviewDecisions.aspx) and [Personnel Resource Board decisions](https://ofm.wa.gov/state-human-resources/reviews-appeals/personnel-resources-board-appeals).

If the position does not fit into the class series concept, HR reviews additional class series concepts until the appropriate class series is identified. Once the appropriate class series is identified, HR moves to Step 2.

1. HR reviews the definitions of the various specifications of a class series to determine which specification is most appropriate for the position. Again, the [Glossary of Classification Terms](http://www.wwu.edu/hrdocs/lr/ClassificationGlossary.pdf) can be useful to determine if any of State HR’s words in the definition have a specific or intended meaning. The position must meet the entirety of the definition.

If none of the class definitions fit, HR will look back to the class series concept and may review additional class series concepts to determine if there is a more appropriate class series for the position.

1. Once HR finds the most appropriate definition, HR reviews the distinguishing characteristics, again utilizing the [Glossary of Classification Terms](http://www.wwu.edu/hrdocs/lr/ClassificationGlossary.pdf). The position must meet all of the distinguishing characteristics. If the distinguishing characteristics are not met, HR I may review additional specifications within the class or may review additional class series concepts. For positions without distinguishing characteristics, the classification determination is made based upon the definition.
2. Although “typical work” is not allocating criteria, it is useful to review to determine typical duties performed by positions within the classification.
3. Once the appropriate classification is determined for the position, HR will issue a written decision. If an employee disagrees with the decision, the employee may request a [Director's Review](http://www.hr.wa.gov/more/DirectorsReviewsAppeals/DirectorsReviews/Pages/Howshouldexhibitsbepreparedforthereview.aspx) of the decision from the Director of the Office of Human Resources within thirty (30) calendar days of being provided the results of the position review via email.

Appeal Process

If an employee disagrees with HR’s decision, the employee may request a State [Director's Review](http://www.hr.wa.gov/more/DirectorsReviewsAppeals/DirectorsReviews/Pages/Howshouldexhibitsbepreparedforthereview.aspx) of the decision from the Director of the State’s Office of Human Resources within thirty (30) calendar days of being provided the results of the position review via email. The procedural information for a Director’s Review is provided at the end of the allocation decision. Please note, if an employee wishes to appeal the decision and submits additional materials to the State in support of their request, the additional materials must have confidential and/or protected information redacted. This includes information protected by FERPA and HIPPA.

**HR suggests that all employees review the Frequently Asked Questions Regarding the Classification Process and discuss any concerns they may have with their union representative prior to submitting a request to have their position reviewed by HR.**

**Western Washington University**

**Employee-Requested Position Review Form**

**Employee Portion**

**Employee Information**

|  |  |
| --- | --- |
| **Name** |  |
| **Email and Phone** |  |
| **Current Classification** |  |
| **Current Salary Grade and Step** |  |
| **Current Bargaining Unit** |  |
| **Position Number** |  |
| **Department/College** |  |
| **Division** |  |
| **Supervisor’s Name, Title and Position Number** |  |

|  |
| --- |
| **PREVIOUS POSITION REVIEW**  Have you had a previous position review completed for this position? If so, please provide, to the best of your recollection, the previous classification of your position and the date the review was completed. |
|  |
| **POSITION PURPOSE**  In one paragraph, explain the purpose of your position and the main reason(s) your position exists. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **WORK ACTIVITIES (Duties and Tasks)**  Describe, in order of importance, your major duties (those which take at least 2 hours per week or 5% of your time to perform). The Washington State HR’s website has additional resources to assist with this portion of your position description:  [Essential Functions Guide](http://www.dop.wa.gov/WorkforceDataAndPlanning/WorkforcePlanning/Pages/EssentialFunctionsGuidance.aspx) and [Examples of Work Statements](http://www.dop.wa.gov/SiteCollectionDocuments/Strategic%20HR/Workforce%20Planning/Examples_of_Work_Statements_06.2011.doc) | | | |
| **% of time**  **(Must total 100%)** | **Description of Major Duty and Supporting Tasks** | | |
|  | **Major Duty:**  **How Long Have You Been Performing This Duty?**  **Tasks include:** | | |
|  | **Major Duty:**  **How Long Have You Been Performing This Duty?**  **Tasks include:** | | |
|  | **Major Duty:**  **How Long Have You Been Performing This Duty?**  **Tasks include:** | | |
|  | **Major Duty:**  **How Long Have You Been Performing This Duty?**  **Tasks include:** | | |
|  | **Major Duty:**  **How Long Have You Been Performing This Duty?**  **Tasks include:** | | |
|  | **Major Duty:**  **How Long Have You Been Performing This Duty?**  **Tasks include:** | | |
|  | **Major Duty:**  **How Long Have You Been Performing This Duty?**  **Tasks include:** | | |
| **DUTIES THAT HAVE CHANGED**  Identify the duties that have changed since your position was last reviewed. If you have never had a position review completed for your current position, please identify the duties that have changed since you started in your position. | | | |
|  | | | |
| **NEW CLASSIFICATION**  List the classification that you think better describes your duties and responsibilities and explain why. | | | |
|  | | | |
| **LEAD WORK/SUPERVISORY RESPONSIBILITIES** | | | |
| **Lead:** An employee who performs the same or similar duties as other employees in his/her work group and has the designated responsibility to regularly assign, instruct, and check the work of those employees on an ongoing basis.  **Supervisor:** An employee who is assigned responsibility by management to participate in all of the following functions with respect to their subordinate employees: selecting staff, training & development, planning & assignment of work, evaluating performance, resolving grievances, taking corrective action. Participation in these functions is not routine and requires the exercise of individual judgment. | | | |
| Is this a Lead or Supervisory Position? | Lead Supervisory Neither Lead nor Supervisory | | |
| For each student or staff employee that you lead or supervise, please provide the following information: | | | |
| **Name, Position Number and Title of Employee** | | **Student or Staff Employee?** | **Hours Per Week** |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| **DECISION MAKING AUTHORITY** | | | |
| List examples of decisions you are authorized to make without consulting your supervisor. Indicate which of these decisions are the most difficult or complex. | | | |
| List examples of decisions that require your supervisor’s approval. | | | |
| **FISCAL RESPONSIBILITIES** | | | |
| Do you have responsibility for maintaining fiscal records? Yes No  Do you have responsibility for controlling or authorizing the expenditure of funds? Yes No  If **yes**, explain how you control or authorize funds:  If you control or authorize funds, please complete the following information regarding the funds that you control and/or authorize:   * Total Funds for which you have responsibility: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   + Total Annual State Funds: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   + Total Annual Grant and Contract Funds: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   + Total Number of Grants and/or Contracts: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   + Total Annual Self-Sustaining Funds: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

|  |
| --- |
| **ACKNOWLEDGEMENT OF POSITION REVIEW REQUEST**  A position review may result in a change of classification that results in an increase or decrease of an employee’s current salary range. A position review also may result in no change of allocation and/or no change in an employee’s current salary range. An employee may withdraw a position review prior to HR’s final written allocation determination. HR urges all employees to consult their union’s bargaining agreement regarding the allocation process. (e.g. PSE CBA, Article 29; WFSE-CBA, Article 42).  The signatures below indicate that the employee and supervisor have read and acknowledge the “Required Documents,” “Position Review Process,” and “Notification to Employee” sections at the beginning of this Position Review Form and the information contained herein.  By signing this form, the employee is acknowledging that the information provided herein is true and correct. |
| **EMPLOYEE ACKNOWLEDGMENT**  This form was completed by: Employee Only Employee in consultation with Supervisor  Employee’s Signature (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee is responsible for submitting this form to HR. This form must be submitted in hard copy with original signatures. A digital copy of this form must also be submitted. |
| **SUPERVISOR ACKNOWLEDGMENT**  As the Supervisor, I acknowledge that the above employee is submitting this request to have his/her position’s allocation reviewed. I understand that I am required to complete the “Employee-Requested Position Review Form, Supervisor’s Portion” and return a hard copy and digital copy of the form to Human Resources in a timely manner. I understand that the Supervisor’s Portion is where I will note my agreement or disagreement with the Employee’s Portion of the Position Review Request Form.    Supervisor’s Signature (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

///dpc110218