**Western Washington University**

**Employee-Requested Position Review Form**

**Supervisor Portion**

**INSTRUCTIONS**

This form must be filled out and submitted by a supervisor in a timely manner when an employee is seeking an Employee-Requested Position Review. Signatures from the supervisor and the second-level supervisor are required.

This form must be submitted in hard copy to Human Resources with original signatures (no digital signatures accepted). Please also submit the completed digital copies of the Supervisor Portion of the Position Review Forms via email to the HR Classification/Compensation Manager.

**Position Review Process**

Upon HR’s receipt of a fully-submitted employee-requested position review, HR will contact the employee to set up an interview to discuss the employee’s position. Once the employee’s interview is completed, HR will contact and interview the employee’s supervisor. After the interviews are completed, HR will make its allocation determination and issue a written allocation decision to the employee. 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 more information regarding the position review process, please see the [Employee-Requested Position Review Form- Employee Portion](http://www.wwu.edu/hrdocs/lr/EmployeePortionPosnRevwReqst.docx) and [Frequently Asked Questions](http://www.wwu.edu/hrdocs/lr/FAQReClassification.pdf) regarding the position review process. Both documents can be found on the Classified Staff Classification & Compensation [website](http://wp.wwu.edu/hr/2015/08/11/classified-staff-classification-and-compensation/).

**Western Washington University**

**Employee-Requested Position Review Form**

**Supervisor Portion**

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| **Employee’s Name** |  |
| **Employee’s Current Classification** |  |
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| **Supervisor’s Name** |  |
| **Supervisor’s Current Classification or Job Title** |  |
| **Supervisor’s Position Number** |  |
| **Department/College** |  |
| **Division** |  |
| **Second-Level Supervisor’s Name and Current Classification or Job Title** |  |

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| **EMPLOYEE-REQUESTED POSITION REVIEW FORM, EMPLOYEE PORTION** |
| Do you agree with the information provided by the employee in the “Employee-Requested Position Review Form, Employee Portion”?  **Yes, I agree completely that all of the information the employee provided is accurate and correct.**  If you check **Yes**, please review and fill out the “Level of Supervision” and “Supervisor’s Comments” sections of this form, then sign and submit the form in both hard and digital copy to Human Resources.  **No, I disagree with some or all of the information provided by the employee, or I want to clarify some of the employee’s statements.**  If you checked **no**, please complete all sections of this form, then sign and submit the form in both hard and digital copy to Human Resources. |
| **POSITION PURPOSE** |
| Do you agree with the employee’s description of the position’s purpose? Yes No  If **no**, please explain in detail what you disagree with: |
| **WORK ACTIVITIES (Duties and Tasks)** |
| Do you agree with the employee’s description of their Work Activities? Yes No  If **no**, please explain in detail what you disagree with: |
| **LEAD WORK/SUPERVISORY RESPONSIBILITIES** |
| Do you agree that the employee has been assigned lead or supervisory responsibility as listed in the “Lead Work/Supervisory Responsibilities”? Yes No  If **no**, please explain in detail what you disagree with:  Do you agree that the employee leads or supervises the staff listed, if applicable? Yes No  If **no**, please explain in detail what you disagree with: |
| **DECISION MAKING AUTHORITY** |
| Please list examples of decisions the employee is authorized to make without your prior review:  Please list examples of decisions that require your approval:  Do you agree with the employee’s description of their Decision Making Authority? Yes No  If **no**, please explain in detail what you disagree with: |
| **FISCAL RESPONSIBILITIES** |
| Do you agree with the employee’s description of their Fiscal responsibilities? Yes No  If **no**, please explain in detail what you disagree with: |
| **LEVEL OF SUPERVISION**  Review the levels of supervision and indicate the level that most accurately describes your supervision of the employee’s position. If you feel more than one level is applicable, please circle the bullets next to the applicable statements at each level. |
| 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. |
| **SUPERVISOR’S COMMENTS**  Please provide any additional comments or information regarding the employee’s position that is relevant for this review. |
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| **SUPERVISOR/SECOND-LEVEL SUPERVISOR’S SIGNATURE** |
| **SUPERVISOR’S ACKNOWLEDGMENT**  *The information I provided in this form is accurate and complete.*  Supervisor’s Signature (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor 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, without signatures, must also be submitted. |
| **SECOND-LEVEL SUPERVISOR’S SIGNATURE**  Second Level Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Second Level Supervisor’s Signature (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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