**Washington Management Service (WMS)**

**Position Evaluation Summary**

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| Date ReceivedEnter a date. | Agency/Division/UnitEnter text. |
| Position Number/Object AbbreviationEnter text. | Incumbent’s Name (If filled position)Enter text. |
| ActionChoose an item. | Inclusion DeterminationChoose an item.If **denied**, provide reason. Enter text. |
| Position Type Choose an item. |
| If Inclusion Approved, **Primary** Criteria Applicable to This Position Choose an item. |
| If Multiple Criteria, Indicate **Secondary** Criteria Applicable to This PositionChoose an item. |
| **Evaluation and Position Information****Explain how the assigned tasks meet the approved rating criteria elements.** |
| **Scope of Management Accountability and Control – Provide examples of the resources and/or policies that are controlled or influenced that support the position’s rating**. Enter text. |
| **Decision-Making Environment and Policy Impact – Provide examples of decision-making authority and the thinking environment that support the position’s rating.**Enter text. |
| **Qualifications/Knowledge, Skills and Abilities – Provide examples of how the position utilizes management principles at the level aligning with the rating.**Enter text. |
| Former Position TitleEnter text. | Approved Position TitleEnter text. |
| Current JVAC Points (e.g., X2B589)Choose an item. | Current BandChoose an item. |
| New JVAC Points (e.g., X2B589)Choose an item. | New BandChoose an item. |
| Management Type (P/M/C):Choose an item. | Date Evaluated: Enter a date.Effective Date: Enter a date. |
| Market Segment (e.g., HR, IT)Choose an item. | Salary Range of Consideration (if applicable) Enter text.Pay Standard (if applicable) Enter text. |

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| **WMS Coordinator Acknowledgement** |
| WMS Coordinator NameEnter text. | Date CompletedEnter a date. |
| WMS Committee Members Names (who reviewed and evaluated this position)Enter text. |
| CommentsEnter text. |

**Position details and related action have been taken by Human Resources as reflected below.**

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| **For Human Resource/Payroll Office Use Only** |
| Work Period DesignationChoose an item. | Review PeriodChoose an item. |
| Pay Scale TypeChoose an item. | Job Analysis On FileYes [ ]  No [ ]  | Position Type (Employee Group) Choose an item. | EEO CategoryChoose an item. |
| Employee Sub-GroupChoose an item. | Position Retirement EligibleYes [ ]  No [ ]  | Position isFunded [ ]  Non-Funded [ ]  | Workers Comp. CodeChoose an item. |
| County CodeEnter text. | Business AreaEnter text. | Personnel Area (FEIN)Enter text. |
| Position Eligible for Telework Yes [ ]  No [ ]  | Position Eligible for FlextimeYes [ ]  No [ ]  |
| Position Eligible for Compressed WorkweekYes [ ]  No [ ]  | Unique Facility Identifier (UFI)For more information see: [UFI Search Feature](http://wa-ofm.maps.arcgis.com/home/index.html)**Enter text.** |
| **Cost Center Codes** |
| **COST CENTER** | **PCT. (%)** | **FUND** | **FUNCTIONAL AREA** | **COST OBJECT** | **AFRS PROJECT** | **AFRS ALLOCATION** |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. | Enter text. |
| DateEnter a date. | HR Designee’s NameEnter text. | HR Designee’s TitleEnter text. | HR Designee’s SignatureEnter text. |
| DateEnter a date. | Budget Designee’s NameEnter text. | Budget Designee’s TitleEnter text. | Budget Designee’s SignatureEnter text. |