**Public School Employees Employee Position Review Request**

Complete this form, “Employee’s Section,” to request a review of your position. Submit the completed form to your supervisor, who will complete the “Supervisor’s Section” and submit it to Human Resources (314 SHW). Human Resources will review your request, and will contact you for any additional information needed. Following review of your position, Human Resources will determine if position should be allocated to a different classification based on your duties, and will notify you and the Public School Employees of Washington of the results in writing.

**Employee’s Section**

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| **Name:**  | **Phone:**  | **Email:**  |
| **Dept./Program:**  | **Your Current Title:**  | **Date of Your Last Position Review:** ⬜ Before 9/1/2014 ⬜ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Supervisor’s Name:**  | **Phone:**  | **Email:**  |
| **What reason(s) are most applicable for why you are requesting a position review at this time? (Check all that apply)**⬜ My job duties have changed. ⬜ My job is similar to another position - please identify: ⬜ Other – please describe: |

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| **Section A. For this Employee section, list your major responsibilities and estimate the percentage of your time that you spend on the responsibility in a year’s time.** The first responsibility listed should be the *most important*; in other words, it is the function or primary reason for why your position exists. The “percents” for the responsibilities must add up to 100%. Under each responsibility, list the tasks you perform. Also, check “Yes” or “No” for each task to indicate if it is an **essential** task. Finally, check the applicable box to indicate the frequency for each task.  |
| **For Employee Completion:****Frequency for Tasks Performed** | **Responsibility #1** (Summary or phrase): | **Percent of Time: %** | **For Supervisor Completion:****Are these tasks Essential?** |
| #1:  |
|  Daily/Wkly Mnthly/Qrtrly Annually | **Responsibility #1 Tasks:** | Yes No |
|  ⬜ ⬜ ⬜ |  | ⬜ ⬜ |
|  ⬜ ⬜ ⬜ |  | ⬜ ⬜ |
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***See next page for additional space for describing your responsibilities and tasks.***

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| **For Employee Completion:****Frequency for Tasks Performed** | **Responsibility #2** (Summary or phrase): | **Percent of Time: %** | **For Supervisor Completion:****Are these tasks Essential?** |
| #2:  |
|  Daily/Wkly Mnthly/Qrtrly Annually | **Responsibility #2 Tasks:** | Yes No |
|  ⬜ ⬜ ⬜ |  | ⬜ ⬜ |
|  ⬜ ⬜ ⬜ |  | ⬜ ⬜ |
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| **For Employee Completion:****Frequency for Tasks Performed** | **Responsibility #3** (Summary or phrase): | **Percent of Time: %** | **For Supervisor Completion:****Are these tasks Essential?** |
| #3:  |
|  Daily/Wkly Mnthly/Qrtrly Annually | **Responsibility #3 Tasks:** | Yes No |
|  ⬜ ⬜ ⬜ |  | ⬜ ⬜ |
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***Make a copy of this page if your job consists of more than 3 major responsibilities***

**Employee’s Section - Continued**

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| **Section B. Does your position supervise others? (Check all that apply)**  ⬜ No ⬜ Yes--students and/or non-student hourly ⬜ Yes--classified staff ⬜ Yes--Public School Employee co-workers ⬜ Yes--administrative exempt | **List last name(s) of persons supervised (do not include students/NSH):** |
| **Check the supervisory tasks you perform:** ⬜ Develop Job Descriptions, ⬜ Train, ⬜ Direct Work, ⬜ Supervise Work, ⬜ Evaluate, ⬜ Schedule, ⬜ Approve Leave, ⬜ Recommend Hire, ⬜ Recommend Discipline, ⬜ Other  |
| **Section C. Describe the level of *independent decision-making*** **that you regularly exercise.** Independent decision-making does \*not\* include these kinds of activities: how to perform your position’s tasks, approach to take when advising students, prioritizing, decisions where you choose from options, independent decisions made only when your supervisor is absent, and any decision where you are expected to “clear” it with your supervisor or where the supervisor’s signature is required. |
| ⬜ See attached ⬜ Described below:  |

**Employee’s Signature:** **Date:**

**Supervisor’s Section**

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| **Supervisor – Your Name:**  | **Phone:**  | **Email:**  |
| **Regarding Employee’s Section A (description of responsibilities and tasks):** Do you agree with the employee’s description of his/her responsibilities, the estimated percentage of time, and the tasks associated with the responsibilities?⬜ Yes – I agree completely with the employee’s description including the list of responsibilities (and which one is listed first), percent of time indicated, list of duties associated with his/her responsibilities, and the designation of tasks as essential.⬜ No or Not Completely – Please explain what you disagree with: ⬜ See attached ⬜ Described below: |
| **Regarding Employee’s Section B (supervision):** Do you agree with the list of employees (if any) the employee states he/she supervises, and the supervisory tasks performed? ⬜ Yes ⬜ No or Not Completely – ⬜ See attached ⬜ Described below: |
| **Regarding Employee’s Section C (decision making authority):** Do you agree with the employee’s description? ⬜ Yes – provide examples where employee exercises independent decision-making:⬜ No or Not Completely – please explain: ⬜ See attached ⬜ Described below: |

**Supervisor’s Signature:** **Date:**