

**Position Action Form (PAF)**

***Complete this form in consultation with your assigned*** [***HR Business Partner***](file:///C:\Users\caseyk179\Downloads\1%20Julie%20Schaffroth%20Resume%202023.docx)***. Send completed PPDS to*** [***SAA@des.wa.gov***](mailto:saa@des.wa.gov) ***for processing.*** [***PAF INSTRUCTIONS***](https://des.wa.gov/sites/default/files/2023-09/HR-Form-PAF-instructions.docx)

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| 1. **ACTION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agency Name:**  or | | | | | | | | | | | **Action Type:** | | | | | | | **Effective Date:** | | | | | | | | |
| 1. **POSITION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Job Class Title:** | | | | | | | | | | | | **Working Title:** | | | | | | | | | | | | | | |
| **8-Digit Position #:** | | | | **4-Digit Position #:** | | | | | | **Job Class Code:** | | | | | | **Band/Range:** | | | | | **Union Representation:**  NO YES | | | | | |
| **Position Information (Select all that apply):** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Board/Commission | | | | Classified | | | | | | Exempt | | | | | | Non-Employee | | | | | | | | | Non-Perm Limited | |
| Non-Perm On Call | | | | Permanent | | | | | | Project | | | | | | Seasonal | | | | | | | | | WMS | |
| **Position Risk Code:** | | | | 4902 | | | | | | 5300 | | | | | | 5307 | | | | | | | |  | | |
| **MyPortal:** | | **Agency Uses MyPortal:**  YES NO | | | | | **Does this position approve leave?**  YES NO | | | | | | | | **Supervisor Name:** | | | | | | | | **Supervisor Position Number:** | | | |
| **WMS/EMS Position ONLY:** | **Management Type:** | | | | | | | | | | | | **Market Segment:** | | | | | | | | | | | | | |
| **Primary Inclusion:** | | | | | | | | | | | | **Secondary Inclusion:** | | | | | | | | | | | | | |
| **JVAC:** | | | | | | | | | | | | **Position Evaluation Date:** | | | | | | | | | | | | | |
| 1. **WORK SCHEDULE  No Change** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Time (100%)  Part Time     **%** | | | | | | | | Salary  Hourly | | | | | | | | | [**Overtime Eligibility**](https://ofm.wa.gov/sites/default/files/public/shr/Forms%20and%20Publications/DOP%20Forms/OvertimeEligibilityReviewRecommendation%206-23-11.doc)**:** | | | | | | | | | |
| 1. **RETIREMENT ELIGIBILITY  No Change** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **New Position:** *(Is this position expected to require at least 5 months of at least 70 hours for two consecutive years?)* | | | | | | | | | | | | | | | | | | | | | | | | | YES NO N/A | |
| **Established Position:** *(Will this position require at least 5 months of 70 or more hours of compensated service at least every other year?)* | | | | | | | | | | | | | | | | | | | | | | | | | YES NO N/A | |
| 1. **ELIGIBLITY FOR FLEXTIME/TELEWORK  No Change** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Telework:** *(Does position allow for working from home or other alternative location closer to home?)* | | | | | | | | | | | | | | | | | | | | | | | | | | YES NO |
| **Flextime:** *(Does position allow for a flexible start and end time that are outside the agency’s normal work hours?)* | | | | | | | | | | | | | | | | | | | | | | | | | | YES NO |
| **Compressed Workweek:** *(Does position allow full-time employees to eliminate at least 1 work day every 2 weeks by working longer hours the remaining days*?) | | | | | | | | | | | | | | | | | | | | | | | | | | YES NO |
| 1. **DUTY STATION  No Change** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Duty Station Address:** | | | | | | | | | **City:** | | | | | | | | | | **County:** | | | | | | | |
| 1. **BUDGET  No Change** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Percentage:** | | | **Fund:** | | **Appropriation Index:** | | | | | | | | | | **Program Index:** | | | | | | | **Project:** | | | | |
| **Percentage:** | | | **Fund:** | | **Appropriation Index:** | | | | | | | | | | **Program Index:** | | | | | | | **Project:** | | | | |
| **Percentage:** | | | **Fund:** | | **Appropriation Index:** | | | | | | | | | | **Program Index:** | | | | | | | **Project:** | | | | |
| 1. **ADDITIONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **AUTHORIZATION & COMMENTS/NOTES \*required\*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Prepared By:** | | | | | | **Date:** | | | | | | | | **Approved By:** | | | | | | **Date:** | | | | | | |

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| **HR USE ONLY** | | | |
| **HRMS Processor:** |  | **Date Received:** | **Date Processed:** |