

**Position Action Form (PAF)**

***Complete this form in consultation with your assigned*** [***HR Business Partner***](file:///C%3A%5CUsers%5Ccaseyk179%5CDownloads%5C1%20Julie%20Schaffroth%20Resume%202023.docx)***. Send completed PPDS to*** ***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**
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| **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**
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| **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**
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| **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:**       |
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| 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:** |