

## Request for Director's Review

OFM State Human Resources - Director's Review Program  
 PO Box 40911  
 Olympia, WA 98504-0911  
 Phone: 360-407-4101 Fax: 360-586-4694

This form will help you provide necessary information to OFM State Human Resources when you file a request for a Director's Review. Your request must be filed in accordance with Chapter [357-49](#) WAC. For allocation requests, attach a copy of the employer's determination. Fill out form, print, sign and mail or fax to above address or fax number.

For immediate confirmation of filing, use the online form at <https://ofm.wa.gov/directors-reviews>

I. Requestor Information			
Last Name	First Name		
Address	City	State	ZIP
Phone (Include Area Code)	Work Phone (Include Area Code)	Email	
Employer (Agency or Institution)	Employer Address		
II. Representative Information			
<b>A requestor may authorize a representative to act on his/her behalf. The Director must be notified of any change in representation.</b>			
Position Included in a Bargaining Unit: Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>yes</b> , indicate union:	Name of Representative		
Organization and Address	Email Address	Phone (Include Area Code)	
III. Type of Review			
Check one of the following to indicate the type of review you are requesting. <ul style="list-style-type: none"> <li><input type="checkbox"/> Allocation – position classification (Complete Part IV of this form).</li> <li><input type="checkbox"/> Reallocation due to the new <b>IT Professional Structure</b> (Complete Part V of this form).</li> <li><input type="checkbox"/> Removal of name from an applicant or layoff list pursuant to WAC <a href="#">357-46-145</a>.</li> <li><input type="checkbox"/> Performance evaluation process or procedure.</li> <li><input type="checkbox"/> Remedial action of nonpermanent or temporary appointment rules.</li> </ul>			

**NOTE: Salary is not an allocating criterion, therefore cannot be considered for a Director's Review pursuant to *Sorensen v Depts. of Social and Health Services and Personnel, PAB Case No. A94-020 (1995)*.**

**IV. Allocation Reviews – NOT due to the new IT Professional Structure**

Current classification:

Which classification better describes your duties?

Date of employer's determination (attach a copy of employer's determination):

Date Human Resources received Position Review Request:

Name of person who completed allocation determination:

Method of delivery: Hand Delivery  US Mail  Email  Other

Name of supervisor:

Describe the duties and responsibilities you perform that you believe are outside of your present classification:

**V. Reallocations due to the new IT Professional Structure**

Was the allocation determination a result of the new *IT Professional Structure*? If YES, Tell us what you are appealing.

Check all that apply:

Job Level

Job Family

Inclusion into the *IT Professional Structure*

Exclusion from the new *IT Professional Structure* (chose one of the following):

I am NOT appealing my new classification, just exclusion from IT

I am appealing my new classification in addition to exclusion from IT

New classification:

Classification I am requesting:

Date of employer's notification letter. (attach a copy of employer's letter):

Name of person who signed notification letter:

Method of delivery: Hand Delivery  US Mail  Email  Other

Name of supervisor:

Describe what you are appealing and why:

Print Name

Signature

Date