**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

Email: [directorreview@ofm.wa.gov](mailto:directorreview@ofm.wa.gov)

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](http://app.leg.wa.gov/WAC/default.aspx?cite=357-49) WAC. If you need additional space you may attach additional pages.

Print this form, sign, and mail, fax or email to [directorreview@ofm.wa.gov](mailto:directorreview@ofm.wa.gov).

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| **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**  **A requestor may authorize a representative to act on his/her behalf. The Director must be notified of any change in representation.** | | | | |
| Position Included in a Bargaining Unit: Yes  No  If **yes**, 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.  Allocation – position classification (Complete Part IV of this form).  Removal of name from an applicant or layoff list pursuant to WAC [357-46-145](http://apps.leg.wa.gov/WAC/default.aspx?cite=357-46-145).  Performance evaluation process or procedure.  Remedial action of nonpermanent or temporary appointment rules. | | | | |

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| **IV. Allocation Reviews** | | |
| Current classification:  Which classification do you believe 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. Requestor/Representative Signature** | | |
| Print Name | Signature | Date |