**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

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.

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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      |