



**CITY AND COUNTY OF SAN FRANCISCO**  
 DEPARTMENT OF HUMAN RESOURCES

**Instructions:** Complete and attach this form to the Request to Fill (RTF) Electronic Service Request (ESR). When saving this form, please use the following naming convention: RTF\_JAQM\_Department Code (3 digit alpha code)\_Job Code\_Position Number (PeopleSoft Position Number)\_Date (MMDDYY).

*Example:* RTF\_JAQM\_DHR\_1234\_12345678\_072712

Date of Request: \_\_\_\_\_

**SECTION I: BACKGROUND INFORMATION**

Name (Last, First, Middle Initial): \_\_\_\_\_

Work Address: \_\_\_\_\_ Email: \_\_\_\_\_

Department Code: \_\_\_\_\_ Division: \_\_\_\_\_ Section: \_\_\_\_\_

Position Number(s): \_\_\_\_\_

Current Classification Code: \_\_\_\_\_ Current Classification Title: \_\_\_\_\_

Working Title: \_\_\_\_\_ Start date in this classification: \_\_\_\_\_

Previous Classification(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Dates of Previous Classifications: 1. \_\_\_\_\_ Years: \_\_\_\_\_ 2. \_\_\_\_\_ Years: \_\_\_\_\_ 3. \_\_\_\_\_ Years: \_\_\_\_\_

Scheduled Work Hours: From: \_\_\_\_\_ To: \_\_\_\_\_ Full/Part Time: \_\_\_\_\_

Work Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title of Supervisor: \_\_\_\_\_

Supervisor's Email: \_\_\_\_\_ Supervisor's Telephone Number: \_\_\_\_\_

**SECTION II: SUMMARY OF MAJOR FUNCTIONS**

Briefly outline, describe or summarize the major functions of your position:

(Supervisor Only Comments):

Section II Supervisor Review Initial: \_\_\_\_\_

**SECTION III: MAJOR, IMPORTANT, AND ESSENTIAL DUTIES**

Please list the major, important and essential duties you perform. For each duty listed, indicate in the Important, Frequency, and Time Spent columns the number which best describes each duty of your job.

<u>Importance</u>	<u>Frequency</u>	<u>Time Spent</u>	<u>Supervisor Only</u>
1 = Minor Importance	1= Yearly	List the percentage of the time spent performing each day. Percentages must total 100 percent (100%)	E= Essential (a major focus of job/position) NE= Non-Essential ( a minor focus of the position- Can be easily assigned to another position).
2 = Important	2= Monthly		
3 = Very Important	3= Weekly		
4 = Critical	4= Daily		
	5= Hourly		

**MAJOR, IMPORTANT AND ESSENTIAL DUTIES (list below):**

	<u>Importance</u>	<u>Frequency</u>	<u>Time Spent</u>	<u>Supervisor Only</u>
1. _____			_____	
2. _____			_____	
3. _____			_____	
4. _____			_____	
5. _____			_____	
6. _____			_____	

(Supervisor Only Comments):

**SECTION IV: IMPORTANT AND ESSENTIAL KNOWLEDGE, SKILLS, AND ABILITIES (KSA's)**

Please list the important and essential knowledge, skills and abilities required to perform your job. **Please indicate which KSA's are required at entry into your job for successful performance of the assigned duties by circling the item number, and identify the duties to which they are linked.** (Example: comprehensive knowledge of federal, state and local legislation governing storage and disposal of hazardous materials.).

<u>Importance</u>	<u>Effects of Performance</u>	<u>Level of Knowledge</u>	<u>Link to Duty Statement</u>
1 = Minor Importance 2 = Important 3 = Very Important 4 = Critical	Y = Yes - Higher levels of ability / skill produce higher levels of overall job performance  N = No - Higher levels of this ability are not likely to produce better job performance	1 = General familiarity- aware of 2 = Working knowledge - applies principles in typically encountered situations 3 = Full recall- applies principles specific details in a wide variety of situations from memory	Enter the number of each duty listed in Section III which requires the KSA for successful performance. If there are multiple duties which require the KSA, list them all.

**IMPORTANT AND ESSENTIAL KNOWLEDGE, SKILLS, AND ABILITIES (list below):**

<u>Importance</u>	<u>Effects on Performance</u>	<u>Level of Knowledge</u>	<u>Duty Link</u>
1. _____			_____
2. _____			_____
3. _____			_____
4. _____			_____
5. _____			_____

(Supervisor Only Comments):

Section IV Supervisor Review Initial: \_\_\_\_\_

**SECTION V: LICENSES, CERTIFICATIONS, OR REGISTRATIONS**

Please list all licenses, certificates, or registrations required for your position and identify an issuing agency.

<u>License/Certificate/Registration</u>	<u>Issuing Agency:</u>	<u>Is this required under legal or professional standards?</u>
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

(Supervisor Only Comments):

Section V Supervisor Review Initial: \_\_\_\_\_

**SECTION VI: WORKING RELATIONSHIPS**

If you are required to foster, establish and maintain harmonious and positive contacts in the performance of your duties, indicate the types of contacts by completing the purpose, frequency, and time spent columns using the codes provided below:

<u>Purpose of contacts</u>	<u>Frequency</u>	<u>Time Spent</u>	<u>Supervisor Only</u>
1 = Provide information/service 2 = Focus of Coordinate services, projects, and/or activities 3 = Solve problems for services, projects, and/or activities 4 = Supervise and direct others 5 = Negotiate within policy 6 = Negotiate within poly changes 7 = Other (Specify)	D = Daily W = Weekly M = Monthly A = As Needed	List the percentage of the time spent performing each day. Percentages must total 100 percent (100%)	E= Essential (a major job/position) NE= Non-Essential (a minor focus of the job- can be easily assigned to another position)

<b>Types of Contact:</b>	<u>Purpose of Contacts</u> (Use Codes from list):	<u>Frequency</u>	<u>Time Spent</u>	<u>Supervisor Only</u>
1. Co-workers	_____			
2. Supervisor/Manager	_____			
3. General public/customers	_____			
4. Contractors, developers, engineers, vendors	_____			
5. Board(s): _____	_____			
6. Commission(s): _____	_____			
7. Committee(s): _____	_____			
8. Council(s): _____	_____			
9. Other (please specify): _____	_____			

(Supervisor Only Comments):

**SECTION VII: DECISION MAKING**

Provide three examples of the types of decisions required in your work which are likely to have the most impact on the work of your unit, department, and/or organization. Indicate the degree of supervision or guidance you receive in making these decisions and how often you make them.

Degree of Supervision

- 1 = Immediate - work is performed in accordance with established procedures with few deviations
- 2 = General - some judgment exercised in selecting guidelines; deviations require approval
- 3 = Direction - requires frequent interpretation of policies and guidelines; may develop recommendations consistent with directives/policies
- 4 = General Directions - exercises creativity/ resourcefulness; judgment required to interpret policies, goals, objectives; may deviate from traditional methods
- 5 = Administrative Direction - requires discretion in applying policy and resolving organizational and service delivery problems
- 6 = General Administrative Direction - assumes sole authority and responsibility for a functional area; works within broad frameworks
- 7 = Policy - fulfills responsibilities within broad policy guidelines provided by governing body

Frequency

D = Daily      W = Weekly      M = Monthly      Y = Yearly

Examples:

Degree

Frequency

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

(Supervisor Only Comments):

Section VII Supervisor Initial: \_\_\_\_\_

**SECTION VIII: PLANNING AND SCHEDULING**

Give examples of planning/scheduling activities typical in your work; indicate which time frame is involved in each example.

Time Frame

- |               |                            |                         |
|---------------|----------------------------|-------------------------|
| 1 = One Day   | 4 = Two to three months    | 7 = One to two years    |
| 2 = One Week  | 5 = Four to six months     | 8 = Three to five years |
| 3 = One Month | 6 = Seven to twelve months | 9 = Over five years     |

Examples:

Time frame

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

(Supervisor Only Comments):

Section VIII Supervisor Initial: \_\_\_\_\_

**SECTION IX: SUPERVISION**

Do you exercise supervision over other employees?  Yes  No How many employees are you responsible for? Number: \_\_\_\_\_

Number of Full time: \_\_\_\_\_ Number of Part time: \_\_\_\_\_ Number of Temporary/Seasonal: \_\_\_\_\_ Number of Other: \_\_\_\_\_

Please check the type of supervision you exercise and list the names and titles of the employees for whom you are responsible for on a permanent and daily basis. Do not include supervision provided on a temporary basis.

Direct Supervisor

Please list the individuals that you organize schedule and direct; to whom you assign work and delegate responsibility; and whose quality and quantity of work you evaluate:

<u>Name</u>	<u>Class code</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Lead Workers

Please list the individuals to whom you assign work, delegate responsibility and provide lead supervision:

<u>Name</u>	<u>Class Code</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Supervisor Only Comments):

Section IX Supervisor Review Initial: \_\_\_\_\_



**SECTION X: CONTRACT MANAGEMENT**

Indicate the scope of contract management responsibilities, including types of projects, dollar amounts, and timeframes.

Contracts

Dollar Amount

Project Timeframe

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(Supervisor Only Comments):

Section X Review Initial: \_\_\_\_\_

**SECTION XI: BUDGET**

Are you required to have any budget responsibility?  Yes  No  
 If yes, please complete the following section:

Budget Function:

Select Appropriate Responsibility:

Provide Dollar Amount

Develop  
 To develop a budget means to make recommendations that affect policy and allocation of resources.

Department  
 Division  
 Section  
 Other: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Administer  
 To administer a budget means to make expenditure decisions once the budget has been approved.

Department  
 Division  
 Section  
 Other: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Monitor  
 To monitor a budget means to track or check the budget once it has been adopted.

Department  
 Division  
 Section  
 Other: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Coordinate  
 To coordinate a budget means to participate in the data collection and organization of budget material.

Department  
 Division  
 Section  
 Other: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Supervisor Only Comments):

Section XI Supervisor Review Initial: \_\_\_\_\_

**SECTION XII: EQUIPMENT AND MACHINE OPERATION/COMPUTER SOFTWARE**

In the performance of your duties, are you required to operate any equipment and/or machines? If yes, please list the equipment and/or machines that you operate in the space provided below. In addition, please provide the following ratings for frequency and time spent.

<u>Time Spent</u>	<u>Frequency</u>	<u>Supervisor Only</u> (For managers and supervisors only)
S = Significant (10% or more)	D = Daily	E = Essential ( a major focus of the job/position)
M = Moderate ( 5%- 9%)	W = Weekly	NE = Non- Essential ( a minor focus of the job/position- Can be easily assigned to another position)
O = Occasional ( less than 5%)	M = Monthly	
	A = As-needed	

**Equipment/ Machine/ Software (list below):**

Time Spent

Frequency

Supervisor Only

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

(Supervisor Only Comments):

**SECTION XIII: PHYSICAL ACTIVITY REQUIREMENTS AND WORKING ENVIRONMENT**

Are you required to perform any of the physical activities listed and/or required to be exposed to any of the working environments listed below? If yes, link the duties from Section IV with the Physical Activity and Working Environment by listing the duty number in the appropriate columns below. Rate frequency and time spent of each physical activity and working environment by using the codes provided below.

<u>Time Spent</u>	<u>Frequency</u>	<u>Supervisor Only</u> (For managers and supervisors only)
S = Significant (10% or more) M = Moderate (5%- 9%) O = Occasional (less than 5%)	D = Daily W = Weekly M = Monthly A = As-needed	E = Essential ( a major focus of the job/position) NE = Non- Essential ( a minor focus of the job/position- Can be easily assigned to another position)

<b>Physical Activity:</b>	<u>Duty # from Section IV</u>	<u>Frequency</u>	<u>Time Spent</u>	<u>Supervisor Only</u>
Sitting	_____			
Standing	_____			
Walking	_____			
Running	_____			
Kneeling	_____			
Crouching/Stooping/ Squatting	_____			
Crawling	_____			
Twisting Upper Body	_____			
Climbing	_____			
Lifting (Average _____ lbs.)	_____			
Other	_____			

# JOB ANALYSIS QUESTIONNAIRE MANAGER

<b>Working Environment:</b>	<u>Duty # from Section IV</u>	<u>Frequency</u>	<u>Time Spent</u>	<u>Supervisor Only</u>
Extreme Cold	_____			
Extreme Heat	_____			
Extreme Noise	_____			
Working Outdoors	_____			
Vibration	_____			
Confining Work Space	_____			
Chemicals	_____			
Explosive Materials	_____			
Mechanical Hazards	_____			
Electrical Hazards	_____			
Other	_____			

(Supervisor Only Comments):

**SECTION XIV: EMPLOYEE COMMENTS:**

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Employee Signature

Date

**SECTION XV: SUPERVISOR/MANAGER/DEPARTMENT HEAD REVIEW**

Do not edit, modify, or change the questionnaire. Make sure the appropriate Supervisor Review columns in Section IV, VI, VIII, and IX are filled out & that you have reviewed and initialed all sections. Since this is not a performance appraisal review, please do not make comments about performance of the employee. Please review the content of the questionnaire and make sure nothing important /critical concerning the job is missing or needs to be raised. If you have any addition to or disagreement with content, please provide this information in the appropriate comment area of each section and use the space below if necessary.

**Immediate Supervisor Comments:**

In addition to the comments you provided above, please describe the qualifications which you believe should be required in filling future vacancies in this position. Consider the qualifications for the position itself rather than the qualifications which the present incumbent may or may not have.

Education and special training- Years and kind: \_\_\_\_\_

Practical experience- Years and kind: \_\_\_\_\_

Licenses or certificates required: \_\_\_\_\_

Other desirable qualifications and requirements: \_\_\_\_\_

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Supervisor Signature

Title

Date

Manager/DPO/Authorized Management Designee Comments:

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Manager/DPO/Authorized Management Designee Signature	Title	Date
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**SECTION XIV: DEPARTMENT OF HUMAN RESOURCES MANAGER REVIEW**

Do not edit, modify, or change the questionnaire. Review the entire questionnaire for completeness and make sure the appropriate signatures are included and that all required documents, such as organization chart and transmittal form, are attached.

Ensure all authorized signatures      PCN: \_\_\_\_\_      MCCP #: \_\_\_\_\_

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Assigned DHR Analyst (Name)	Date Received
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DHR Comments: