



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_JAQR_Department Code (3 digit alpha code)_Job Code_Position Number (PeopleSoft Position Number)_Date (MMDDYY).

Example: RTF_JAQR_DHR_1234_12345678_072712

Date of Request: _____

SECTION I: BACKGROUND INFORMATION

Name (Last, First, Middle Initial): _____

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: REVIEW OF CLASS SPECIFICATION FOR CURRENT CLASS

Please carefully read the Class Specification and attach to the RTF/Modify form. Review and edit the specification by crossing out (~~strike through~~) all outdated information & underline any additions. You may also attach other relevant documents (e.g., internal position description, etc.)

(Supervisor Only Comments):

Section III Supervisor Review Initial: _____

SECTION IV: MAJOR, IMPORTANT, AND ESSENTIAL DUTIES

Section IV and Section V are important. Please list the major, important and essential duties you perform. Please transfer any duty statements from the class specifications that apply to your position onto this section. In addition, list any additional duties that you perform which are not reflected in the class specification. 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	

MAJOR, IMPORTANT AND ESSENTIAL DUTIES (list below):

Time Spent

Frequency

Supervisor Only

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

(Supervisor Only Comments):

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

Please transfer any KSA's from the class specification that applies to your position into this section. In addition, list any additional KSA's which are not reflected in the class specification. Please indicate which KSA's are required for entry into your job.

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

Required at Entry?

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____

(Supervisor Only Comments):

Section V Supervisor Review Initial: _____

SECTION VI: EQUIPMENT AND MACHINE OPERATION

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 (list below):

Time Spent

Frequency

Supervisor Only

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

(Supervisor Only Comments)

SECTION VII: 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 VII supervisor review initial: _____

SECTION VIII: 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)

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

JOB ANALYSIS QUESTIONNAIRE REGULAR

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

(Supervisor Only Comments):

SECTION IX: WORKING RELATIONSHIPS

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

<u>Purpose of contacts</u>		<u>Supervisor Only</u> (For managers and supervisors only)
1.	Provide information/service	E = Essential (a major focus of the job/ position) NE = Non-Essential (a minor focus of the position- can be easily assigned to another position)
2.	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 involving policy changes	
7.	Other (specify).	

Types of Contact:	Purpose of Contacts (Use Codes from list):	Frequency	Time Spent	Supervisor Only
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 X: 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 X Supervisor 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: EMPLOYEE COMMENTS:

Employee Signature

Date

SECTION XIII: 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: _____

Supervisor Signature

Title

Date

