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City and County of San Francisco
DEPARTMENT OF HUMAN RESOURCES

EXPRESS CLASSIFICATION FORM
(Non-MCCP Classes Only)

Department:	Dept. #:	Division:	Section/Unit:
Departmental HR Contact:			Phone No.:

Has a requisition been issued for this position? No If yes, DHR Req #:

Proposed Position Information

Job Code and Title:

Working Title (if applicable):

Reports to (Job Code and Title):

Supervises (Job Codes and Titles):

Position Description

Position Summary (Provide a concise statement of the focus and level of the position; you may extract and amend language from the Class Specification):

Duties and Responsibilities (You may extract and amend language from the Class Specification):

Special Requirements (Special conditions, qualifications or areas of expertise; you must explain why the special qualification is necessary to perform the duties or responsibilities listed above; Special conditions which are new to the use of this class in the department require the submission of a Special Condition Request Form):

Budget Information

ASO Program:	ASO Subfund:	Index Code:	Non-ASO: ☐	# of Position(s):

Budgeted Class and Rate:	Proposed/Recommended Class and Rate:

Department Certification (see Instructions)

The authorized departmental representative named below hereby certifies that the position description provided in this document accurately reflects the duties and responsibilities of the proposed position and is consistent with the classification.

Authorized Representative: Date:

Approvals and Notifications (DHR Only)

DPO:

Dept. Analyst:

Union.:

DHR-CS Rep: APPROVAL TO POST: ☐ Date:

DHR-CS Manager: APPROVAL TO POST: ☐ Date:

HOLD FOR BUDGET ACTION: ☐

(Revised 03/2006)

Instructions for Submission to DHR

1. Department Certification must be provided by an individual authorized to submit position classification documents. An appropriately completed Signature Authorization Card must be on file with DHR for this purpose.

2. The Express Classification Form should be submitted as an email attachment. If the Form is submitted by someone other than the individual providing the Department Certification, the authorized representative providing the Department Certification must be copied on the transmitting email.

3. Submit the Form to the DHR Client Services Representative assigned to your department. If additional information is required, a Client Services Representative will contact the Departmental HR Contact named at the top of the Form.