CITY AND COUNTY OF SAN FRANCISCO
JOB ANALYSIS QUESTIONNAIRE

SECTION I – BACKGROUND INFORMATION

A. Name _____ _____ _____
(Last) (First) (Middle Initial)

B. Department: _____ **Division:** _____ **Section:** _____

C. Current Classification Code and Title: _____ **Working Title, if applicable:** _____

D. Time Within Classification: _____ **(Years):** _____

E. Previous Classification(s): **1.** _____ **2.** _____

F. Time Within Previous Classification(s): **1.** _____ **(Years):** **2.** _____ **(Years)** _____

G.. Scheduled Work Hours: **From:** _____ **To:** _____

H. Total Scheduled Hours Per Week: _____ **Full Time:** ☐ **Part Time** ☐ **Temporary** ☐ **Seasonal** ☐

I. Work Address: _____ **Telephone Number:** _____

J. Name of Supervisor: _____ **Title of Supervisor:** _____

SECTION II – SUMMARY OF MAJOR FUNCTIONS:

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

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SECTION III – MAJOR, IMPORTANT, AND ESSENTIAL DUTIES

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

IMPORTANCE	FREQUENCY COLUMN	TIME SPENT COLUMN	SUPERVISOR REVIEW COLUMN (To be completed by Supervisor of position)
1 = Minor Importance 2 = Important 3 = Very Important 4 = Critical	1 = Yearly 4 = Daily 2 = Monthly 5 = Hourly 3 = Weekly	List the percentage of time spent performing each duty. 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).

MAJOR, IMPORTANT, AND ESSENTIAL DUTIES:	Importance	Frequency	Time Spent	Supervisor Review
1.				
2.				
3.				
4.				
5.				
6.				

REMARKS:

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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.)

IMPORTANCE	EFFECTS ON PERFORMANCE	LEVEL OF KNOWLEDGE	LINK TO DUTY STATEMENTS (To be completed by Supervisor of position.)
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 general principles and resources. 2 = Working knowledge – applies principles in typically encountered situations. 3 = Full recall – applies principles and 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:	Importance	Effects on Performance	Level of Knowledge	Duty Link
1.				
2.				
3.				
4.				
5.				

REMARKS:

SECTION V– LICENSES, CERTIFICATIONS, REGISTRATIONS, AND FORMAL EDUCATION:

Please provide a listing of licenses, certificates, or registrations required for your position and the issuing agency. Space is also provided for additional desirable licenses, certificates, registration or education.

Required	Issuing Agency	Desirable	Issuing Agency

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SECTION VI – WORKING RELATIONSHIPS/HUMAN INTERACTION

If you are required to foster, establish and maintain harmonious and position 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:

PURPOSE OF CONTACTS	FREQUENCY	TIME SPENT	SUPERVISOR REVIEW
1 = Provide information/service **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).**	**D = Daily** **W = Weekly** **M = Monthly** **A = As Needed**	**S – Significant = 10% or more** **M – Moderate = 5% - 9%** **O – Occasional = less than 5%**	**E = Essential (a major focus of the position).** **NE = Non-Essential (a minor focus of the job – can be easily assigned to another position).**

Types of Contact	Purpose	Frequency	Time Spent	Supervisor Review
1. Co-workers				
2. Supervisor/Manager				
3. General public/clients/customers				
4. Contractors, developers, engineers, vendors				
5. Board of Supervisors, including Committees of the Board				
6. Commission(s):				
7. Committee(s):				
8. Other federal, state, local or non-profit agencies:				
9. Other: (please specify):				

REMARKS:

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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 Direction – 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 Administration 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.		

REMARKS:

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SECTION VIII – PLANNING AND SCHEDULING

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

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:	**Timeframe**
1.	
2.	
3.	
4.	
5.	

REMARKS:

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SECTION IX – SUPERVISION:

How many do you supervise/manager directly?# _____ **Through others? #**_____

 # Full time: **# Part Time:** **#Temporary/Seasonal:** **# Other:**

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SECTION X – CONTRACT MANAGEMENT

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

Contracts	Dollar Amount	Project Timeframe

Remarks:

SECTION XI – BUDGET

Are you required to have any budget responsibility? If yes, please complete the following section:

BUDGET FUNCTIONS:	CHECK APPROPRIATE RESPONSIBILITY:	PROVIDE THE DOLLAR AMOUNT(S):
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**	

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SECTION XII– EQUIPMENT AND MACHINE OPERATION/COMPUTER SOFTWARE:

In the performance of your duties, are you required to operate any equipment, machines and/or software? If yes, please list the equipment, machines and/or software programs that you use and the purpose for which you use them. In addition, please provide the following ratings for frequency and time spent.

FREQUENCY COLUMN	TIME SPENT COLUMN	SUPERVISOR REVIEW COLUMN (for Managers and Supervisors only)
D = Daily W = Weekly M = Monthly A = As Needed	S = Significant = 10% or more M = Moderate = 5% - 9% O = Occasional = less than 5%	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).

Equipment/Machine/Software	Frequency	Time Spent	Supervisor Review
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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SECTION XIII – PHYSICAL ACTIVITY REQUIREMENTS AND WORKING ENVIRONMENT

List all physical activities and hazardous or undesirable working conditions to which you are exposed. Link the duty numbers from Section III in the appropriate column below. Rate each physical activity and working environment using the codes provided below.

FREQUENCY	TIME SPENT	SUPERVISOR REVIEW COLUMN (for Managers and Supervisors only)
D = Daily W = Weekly M = Monthly A = As Needed	S = Significant = 10% or more M = Moderate = 5% - 9% O = Occasional = less than 5%	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)

Physical Activities

Physical Activity	Duty # from Section III	Frequency	Time Spent	Supervisor Review

Working Environment

Working Environment	Duty # from Section III	Frequency	Time Spent	Supervisor Review

SECTION XIV – EMPLOYEE COMMENTS (OPTIONAL):

EMPLOYEE SIGNATURE: _____ **Date:** _____

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SECTION XV – SUPERVISOR/MANAGER/DEPARTMENT HEAD REVIEW

Do not edit, modify, or change the questionnaire. Make sure the appropriate Supervisor Review columns in Sections III, IV, VI, XII, and XIII are filled out. 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 revised. If you have any addition to or disagreement with content, please provide this information in the appropriate section below.

Immediate Supervisor Review:

Immediate Supervisor, 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.

(a) Education and special training: Years and kind

(b) Practical experience: Years and kind

(c) Licenses or Certificates required:

(d) Other desirable qualifications and requirements:

Signature: **Title:** **Date:**

****

Manager(s) Review:

Signature: **Title:** **Date:**

****

Department Head Review:

Signature: **Title:** **Date:**

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