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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(s): _____ **(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 – REVIEW OF SPECIFICATIONS FOR CURRENT CLASS:

Please carefully read the class specification. Please edit (cross out) or review all outdated information. The remaining information and any changes or additions must be copied onto this questionnaire. Attach the edited class specification to this questionnaire. You may also attach other relevant documents (e.g., internal job description, etc.).

SECTION IV– MAJOR, IMPORTANT, AND ESSENTIAL DUTIES

This section and Section V of the questionnaire are very important. Please list the major, important and essential duties you perform. Please transfer any duty statements from the class specification 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. For each duty listed indicate in the time spent and frequency columns the letter which best describes each duty of your job.

TIME SPENT COLUMN	FREQUENCY COLUMN	SUPERVISOR REVIEW COLUMN (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 position – Can be easily assigned to another position)

MAJOR, IMPORTANT AND ESSENTIAL DUTIES:	Time Spent	Frequency	Supervisor Review
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

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

Please transfer any KSA's from the class specification that apply 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 at entry into your job for successful performance of the assigned duties by circling the item number.

IMPORTANT AND ESSENTIAL KNOWLEDGE, SKILLS, AND ABILITIES:

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

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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.

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

SECTION VII – LICENSES, CERTIFICATIONS, OR REGISTRATIONS:

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, or registrations.

Required	Issuing Agency	Desirable	Issuing Agency

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SECTION VIII – PHYSICAL ACTIVITY REQUIREMENTS AND WORKING ENVIRONMENT

In the performance of important and essential duties, are you required to perform any of the physical activities listed below? Are you required to be exposed to any of the working environments listed? Link the duty numbers from Section IV 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 M = Monthly W = Weekly 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 IV	Frequency	Time Spent	Supervisor Review
Sitting				
Standing				
Walking				
Running				
Kneeling				
Crouching/Stooping/ Squatting				
Crawling				
Twisting Upper Body				
Climbing				
Lifting (Average _____ lbs.)				
Other				

Working Environment

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

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SECTION IX – 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:

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 (Use Codes)	Frequency	Time Spent	Supervisor Review
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):				

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SECTION X – SUPERVISION:

Do you exercise supervision over other employees? Yes ☐ No ☐ How many employees are you responsible for? # _____

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

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

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

NAME	CLASS CODE / TITLE

☐ **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:**

NAME	CLASS CODE / TITLE

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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** _____	_____ _____ _____ _____

SECTION XII – EMPLOYEE COMMENTS (OPTIONAL):

_____

_____

_____

_____

EMPLOYEE SIGNATURE: _____ **Date:** _____

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SECTION XIII – SUPERVISOR/MANAGER/DEPARTMENT HEAD REVIEW

Do not edit, modify, or change the questionnaire. Make sure the appropriate Supervisor Review columns in Sections IV, VI, VIII and IX 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 raised. 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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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.

Comments (Optional):

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

(This document will not be processed without the appropriate signatures.)

SECTION XV: CHECK FOR AUTHORIZED SIGNATURE

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