

HILLSBOROUGH CIVIL SERVICE BOARD
CLASSIFICATION & COMPENSATION DIVISION



REQUEST FOR POSITION CLASSIFICATION ACTION

DATE PREPARED: _____

JOB CONTENT QUESTIONNAIRE

Requested Action

<input type="checkbox"/> ESTABLISH _____ NUMBER OF NEW POSITIONS	<input type="checkbox"/> ESTABLISH NEW CLASSIFICATION
<input type="checkbox"/> RECLASSIFY _____ NUMBER OF POSITIONS	<input type="checkbox"/> CLASSIFICATION STUDY

Administrative Data

	CURRENT (if applicable)	REQUESTED (if new or different)
AGENCY/DEPARTMENT NAME:		
HRIS "DEPT" CODE: (EXAMPLE "PGDS". THIS IS NOT THE PAYROLL CODE.)		
POSITION NUMBER(S):		
CLASSIFICATION JOB TITLE:		
CLASS CODE / PAY GRADE:		
INCUMBENT (S) NAME:		
SUPV. NAME / POSITION #:		
INDEX CODE (S):		
FUND CODE (S):		

Reason for Request

Please state why you are requesting this action. If this is a reclassification, please state what has changed about the position duties and responsibilities since the last classification action. Also tell us if any of the duties are being transferred from another position, what the position number is, who the incumbent is/was, and why the duties are being transferred. _____

Required Additional Information

1. Effective Date. The effective date of the action will generally be the approval date by the Civil Service Board as appropriate. However, if special circumstances exist and another date is required, please indicate below, along with your rationale. Refer to CS Rule 5.7b. for additional guidance.

Effective date: _____

Reason: _____

2. Limited Duration. If a position is to be of limited duration, please specify the date when the position is expected to expire.

Expiration date: _____

NOTE:

THIS DOCUMENT HAS POP-UP INSTRUCTIONS AND INSTRUCTIONS IN THE RULE BAR AT THE BOTTOM OF THE SCREEN TO ASSIST YOU IN COMPLETING THIS DOCUMENT. PLACE THE POINTER ON THE FIELDS THAT HAVE RED BRACKETS TO SEE THE INSTRUCTIONS.)

3. **Overtime Category.** The determination of the FLSA exemption status for individual positions is the responsibility of the owning agency. You should visit the U.S Department of Labor Web Site (www.dol.gov/esa) for information on determining FLSA exemption status. The code listed in the pay plan is a guide only. If, after you have determined the proper overtime (OT) code for the position differs from the one assigned in the Pay Plan, please indicate the code below and provide the justification in the space provided. Please select the exemption category that applies to this position:

Published OT Code: _____ Requested position OT Code: _____ Justification: _____

4. **Organizational Chart.** Include a current and proposed organizational chart showing lines of authority, incumbent's name, position number and classification code. Lines of authority show who reports to whom or the supervisory relationship.

NOTE: Please have the position incumbent go to the Hillsborough County Web Site at www.hccsb.org, click on Job Opportunities, follow the links to employment opportunities, scroll down and click on "Application-on-File" and follow the directions to complete or update your application. This is needed to qualify the incumbent for the job they are being reclassified to. If this is not done the classification process will be halted until the application is completed.

INTRODUCTION

This Job Content Questionnaire is designed to collect information, regarding the position duties and responsibilities, knowledge (specific/general), skills, abilities, other characteristics and minimum qualifications needed to evaluate and properly classify the position. The questionnaire is structured as follows:

Section I - Job Duties & Responsibilities

- a. Supervision
- b. Position Purpose
- c. Essential Duties
- d. Knowledge, Skills, Abilities and Other Characteristics
- e. Tools and Equipment Usage, and/or Repair
- f. Typical Work Assignments
- g. Working Relationships
- h. Physical Requirements
- i. Educational/Vocational Preparation
- j. Required Work Experience

Section II – Resource Control

- a. Financial Authority
- b. Facilities and/or Materials Controlled

Section III - Certifications

- a. Position Incumbent Certification
- b. Immediate Supervisor Certification and Comments
- c. Department Head Certification and Comments
- d. Agency Head/Designated Representative Certification and Comments

SECTION I - JOB DUTIES AND RESPONSIBILITIES

SECTION I – A

SUPERVISION

- ***Direct supervision** is the management or supervision of employees for whom you assign and review work , provide training and evaluate their performance. **Please do not include subcontractors.**
- ****Indirect supervision** is the management or oversight of employees who report to you through another supervisor who reports directly to you. **Please do not include subcontractors.**

Number of full-time, part-time and temporary employees supervised.

- a) Directly*: full-time _____; part-time, reduced hours, and temporary
- b) Indirectly**: full-time _____; part-time, reduced hours, and temporary

SECTION I – B

POSITION PURPOSE

In the space provided, please give a brief, general description of the position purpose. This description does not have to be the same as your formal job description, but it can be if you choose. _____

SECTION I – C

JOB DUTIES

In the space provided below, please list the essential job duties for the position and the estimated percent of your time that you spend performing each one (% should add up to 100%). Write your duties in sufficient detail (define acronyms) that someone who is not familiar with your job will be able to understand what your job duties are. State your duties distinctly and concisely, using the listed examples as a guide. If you have more than 14 duties, add an additional page to this document and identify the section that the additional information pertains to. In the column titled "Order of Importance", please number your duties, from most important to least important, with 1 being the most important duty.

JOB DUTIES	ORDER OF IMPORTANCE	% OF TIME SPENT FOR EACH DUTY
Example Duty 1 – Answer phone calls, determine what caller is seeking, direct call to appropriate person or provide information within delegated authority to provide courteous, stellar customer service.	2	20
Example Duty 2 – Type correspondence to include memorandums, letters, reports, tables, agendas and statistical data, using proper formats, to assist in accomplishing unit activities.	1	15
Example Duty 3 – Schedule meetings for the manager and staff by locating and securing an appropriate meeting facility, coordinating a mutual time for attendees, informing attendees of purpose of meeting and providing back up documentation as appropriate.	4	10
Example Duty 4 – Reviews and verifies time entry for 33 personnel using the Human Resources Information System Self –Evident Application (HRIS SEA) application and submits for final processing to payroll to ensure time accounting is accurate and employees are being properly paid.	3	5
1.		
2.		
3.		
4.		
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8.		
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10.		
11.		
12.		
13.		

SECTION I – D

KNOWLEDGE, SKILLS, ABILITIES AND OTHER CHARACTERISTICS (KSAOs)

List the knowledge, skills, abilities and other characteristics (KASO) needed to successfully perform the job duties listed in the previous section. In the right column, identify the duty number that the KASO applies to. If additional space is needed, please add another page to this document and identify the section that it pertains to.

KNOWLEDGE, SKILLS, ABILITIES AND OTHER CHARACTERISTICS	Related Job Duty
Example 1: Working knowledge of MS Word, Excel and Access.	2
Example 2: Skill in using a computer keyboard.	2,3
Example 3: Ability to accurately evaluate financial data.	1,5,6
Example 4: Ability and willingness to work nights, weekends and holidays outdoors in a subtropical climate under adverse weather conditions.	All
1.	
2.	
3.	
4.	
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18.	

SECTION I - E

TOOLS AND EQUIPMENT USAGE AND/OR REPAIR

Please list the tools and/or equipment you use to perform your job. Specify if you repair any of the items you list and include a duty in the job duties (Section 1-c) that details the level of repairs you perform. Also include any specific training you must obtain to use or repair the tools and equipment.

TYPE OF TOOLS & EQUIPMENT	Related Job Duty
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

SECTION I – F

TYPICAL WORK ASSIGNMENTS

Describe 3 work assignments or projects in terms of what is done, how it is done, why it is done, and what knowledge, skills and/or abilities are required. Use simple, non-technical language where possible and define acronyms.

WORK ASSIGNMENT 1

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WORK ASSIGNMENT #2

--

WORK ASSIGNMENT #3

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DESCRIBE THE MOST FREQUENT PROBLEM THAT OCCURS IN THIS JOB AND HOW IT IS RESOLVED. IF THIS IS A NEW POSITION, PLEASE INDICATE WHAT YOU THINK MAY BE A TYPICAL PROBLEM AND HOW IT MAY BE RESOLVED.

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SECTION I - G.

WORKING RELATIONSHIPS

Who do you contact /coordinate with to do your job and the reason to do so? Be very specific as to the reason for the interaction.

AGENCY/DEPARTMENT/SECTION CONTACTED	REASON FOR CONTACT

SECTION I - H.

PHYSICAL REQUIREMENTS

This section relates to the amount of physical ability your job requires. Please check each factor that is required to complete an essential job function (which you identified in (Section1 c) - Essential Duties).

- None/Not Applicable
- Lift up to 20 lbs
- Lift up to 40 lbs.
- Lift up to 60 lbs.
- Kneel for extended periods
- Climb steps/ladders
- Stand for extended periods
- Any other physical requirement for essential job duties: _____

SECTION I - I

EDUCATIONAL/ VOCATIONAL PREPARATION

(1) Position Educational Level

- Completion of high school/GED
- Completion of associate's degree
- Completion of bachelor's degree
- Completion of master's degree
- Completion of doctorate degree
- Up to and including some high school
- Some college; number of hours (Semester/Quarter)
- Some graduate courses; number of hours (Semester/Quarter)
- Vocational; Specify type
- Other ; Specify

- (2) If a degree is required, indicate major or area of concentration.
- (3) What courses besides degree related courses are required to perform your job?
- (4) What certifications, licenses, or professional designations are required for your position?
- (5) What certifications, licenses, or professional designations are preferred for your position?

SECTION I - J

REQUIRED WORK EXPERIENCE

(1) How much experience is required for your position?

- No experience required
- Six Months
- 1 Year
- 2 Years
- 3 Years
- 4 Years
- 5 Years
- 6 Years
- 7 Years
- 8 Years
- 9 Years
- 10 Years or More

(2) If experience is required, please specify the type (s) of experience required.

(3) Can education be substituted for experience?

Yes No

(4) Can experience be substituted for education?

Yes No

SECTION II- RESOURCE CONTROL

SECTION II -A

FINANCIAL AUTHORITY

Please complete the following statements as appropriate. Do not include payroll dollars.

I have the authority to obligate funds up to

I manage programs or projects with budget allocations up to

SECTION II- B

FACILITIES AND/OR MATERIALS CONTROLLED

Please explain what authority you have related to controlling facilities and/or materials.

SECTION III - CERTIFICATIONS

SECTION III - A

POSITION INCUMBENT CERTIFICATION

I certify that I completed the above Job Content Questionnaire and the information provided is an accurate account of my duties and responsibilities.

Incumbent's Name _____

Date _____ Phone # _____

PLEASE FORWARD TO NEXT REVIEW LEVEL VIA E-MAIL ATTACHMENT.

SECTION III - B

IMMEDIATE SUPERVISOR'S CERTIFICATION AND COMMENTS

Please review the questionnaire carefully and check if you agree or disagree with the information the employee has provided. Please provide any additional information that you feel is important to understanding the work assigned to this position. If you disagree with any of the information contained in this questionnaire, please provide your comments to correct or clarify the information. If you need additional room, please add a page (s) to this document. Each section must be reviewed. Failure to review each section thoroughly and to complete this section of the questionnaire will result in a delay in the analysis and evaluation process. **IF YOU COMPLETED THIS DOCUMENT PLEASE COMPLETE THE CERTIFICATION STATEMENTS BELOW AS APPROPRIATE, ENTER YOUR NAME, PHONE NUMBER AND THE DATE. PLEASE FORWARD TO NEXT REVIEW LEVEL VIA E-MAIL ATTACHMENT.**

AGREE	DISAGREE	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	

I certify that I have read this questionnaire and that I have noted any additional information or areas of disagreement to the best of my ability. I completed this document. I certify that the incumbent of this position completed this document. the incumbent of this position has reviewed and agrees with the information herein. this position is vacant.

Additional Comments

Supervisor's Name _____

Date _____ Phone # _____

SECTION III - C

DEPARTMENT DIRECTOR CERTIFICATION AND COMMENTS

Please review the questionnaire carefully and check if you agree or disagree with the information the employee has provided. Please provide any additional information that you feel is important to understanding the work assigned to this position. If you disagree with any of the information contained in this questionnaire, please provide your comments to correct or clarify the information. If you need additional room, please add a page (s) to this document. Each section must be reviewed. Failure to review each section thoroughly and to complete this section of the questionnaire will result in a delay in the analysis and evaluation process. **PLEASE FORWARD TO NEXT REVIEW LEVEL VIA E-MAIL ATTACHMENT.**

AGREE	DISAGREE	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	

I certify that I have read and reviewed this questionnaire and that I have noted any additional information or areas of disagreement to the best of my ability. I further certify that the incumbent of this position completed this document. the incumbent of this position has reviewed and agrees with the information herein. this position is vacant.

Additional Comments

Name _____

Date _____

Phone # _____

SECTION III - D

AGENCY HEAD, APPOINTING AUTHORITY OR DESIGNATED REPRESENTATIVE CERTIFICATION AND COMMENTS

Please review the questionnaire carefully and check if you agree or disagree with the information the employee has provided. Please provide any additional information that you feel is important to understanding the work assigned to this position. If you disagree with any of the information contained in this questionnaire, please provide your comments to correct or clarify the information. If you need additional room, please add a page (s) to this document. Each section must be reviewed. Failure to review each section thoroughly and to complete this section of the questionnaire will result in a delay in the analysis and evaluation process. **PLEASE FORWARD TO CIVIL SERVICE VIA E-MAIL ATTACHMENT.**

AGREE	DISAGREE	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	

I certify that I have read and reviewed this questionnaire and that I have noted any additional information or areas of disagreement to the best of my ability.

Additional Comments

Name _____

Date _____

Phone # _____