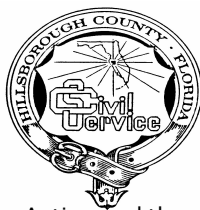


# HILLSBOROUGH COUNTY CIVIL SERVICE BOARD

## Classification and Compensation Division



The purpose of a Request for Position/Classification Action and the completion of a Job Content Questionnaire (JCQ) are to obtain accurate information about the major job duties currently assigned to a position. The information provided is used to appropriately classify positions, assign pay grades and help determine minimum qualifications. It can be used to document job data for existing positions, create new positions, or reclassify positions that have undergone significant changes in responsibilities.

### REQUEST FOR POSITION / CLASSIFICATION ACTION

(MANAGEMENT completes REQUEST for POSITION/CLASSIFICATION ACTION through APPROVALS).

<b>DATE</b>	
<b>REQUEST TYPE</b>	<input type="checkbox"/> RECLASSIFICATION <input type="checkbox"/> NEW POSITION(s) # _____ <input type="checkbox"/> UPDATE CLASSIFIED JCQ <input type="checkbox"/> NEW CLASSIFICATION <input type="checkbox"/> JOB CLASSIFICATION STUDY <input type="checkbox"/> UNCLASSIFIED UPDATE
<b>REQUEST REASON(s)</b>	<input type="checkbox"/> NEW PROGRAM(s) <input type="checkbox"/> ADDED / MODIFIED DUTIES <input type="checkbox"/> REORGANIZATION <input type="checkbox"/> OTHER (Please explain):

### POSITION / INCUMBENT INFORMATION

<b>AGENCY / DEPARTMENT</b>		
<b>POSITION NUMBER(s)</b> (N/A if establishing new)		
<b>INCUMBENT's NAME(s)</b> (N/A if vacant or new)		
<b>INCUMBENT's EMPLOYEE ID#(s)</b> (N/A if vacant or new)		
	<b>CURRENT</b>	<b>PROPOSED</b>
<b>JOB CLASSIFICATION TITLE</b>		
<b>POSITION WORKING TITLE</b> (Optional)		
<b>JOB CODE</b>		
<b>PAY GRADE</b>		

### EFFECTIVE DATE

The effective date of an approved classified position action is generally the date of the Civil Service approval letter. The appointing authority may request a retroactive exception for a period not to exceed 60-days from the date of the Civil Service approval letter, please see (CSR 5.7b). If a an exception is requested please enter the date and justification reason below:

**REQUESTED EFFECTIVE DATE:**

**REASON:**

### LIMITED DURATION

**IS THIS A LIMITED DURATION POSITION?**  
(i.e. grant, temporary funding, etc).

**IF YES, PLEASE INDICATE THE SCHEDULED EXPIRATION DATE:**

## EDUCATIONAL / VOCATIONAL MINIMUM REQUIREMENTS

WHAT LEVEL OF EDUCATION OR VOCATIONAL TRAINING IS REQUIRED FOR THIS POSITION?	CURRENT INCUMBENT'S EDUCATION (If available / applicable)
	MINIMUM      PREFERRED
Less than HS/GED	
High School/GED	
Some college, vocational or Associate's Degree	
Four-year college degree	
Master's Degree	
Ph.D.	

IF A COLLEGE DEGREE IS REQUIRED, LIST THE DESIRED DEGREE MAJOR:

WHAT TYPE OF EXPERIENCE and/or TRAINING MAY SUBSTITUTE FOR FORMAL EDUCATION?

LIST ANY SPECIAL COURSES (other than degree related) THAT ARE REQUIRED TO PERFORM THIS JOB:

LIST ANY CERTIFICATIONS, LICENSES, AND PROFESSIONAL DESIGNATIONS THAT ARE REQUIRED TO PERFORM THIS JOB, AND IDENTIFY THE FEDERAL, STATE, OR COUNTY AGENCY THAT ESTABLISHED THIS MANDATORY JOB REQUIREMENT:

### ORGANIZATIONAL CHARTS

An integral part of the review process for a position/ reclassification action request is the relationship that the position has to other positions within your organization. Current and Proposed Organization Charts must be attached. The omission of these charts may result in the request being returned as incomplete. The inaccuracy of these charts may result in a delay in the completion of the request.

**CURRENT AND PROPOSED ORGANIZATION CHARTS SHOULD REFLECT THE FOLLOWING:**

- **Direct Lines of Authority** (what position(s) reports to &/or supervises what position)
- **Incumbent's Name** (or list Vacant)
- **Employee ID#** (or list N/A)
- **Position#** (or list TBD)
- **Job Title** (and working title, if applicable)
- **Job Code** (per CSB Pay Plan) <http://www.hccsb.org>
- **Pay Grade** (per CSB Pay Plan) <http://www.hccsb.org>

CURRENT ORGANIZATION CHART ATTACHED: \_\_\_\_\_ PROPOSED ORGANIZATION CHART ATTACHED: \_\_\_\_\_

### DEPARTMENT / AGENCY HR REPRESENTATIVE (or designated Point of Contact)

HR REP/ POC'S NAME:	E-MAIL ADDRESS:	TELEPHONE#:
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## APPROVALS

(Management staff may "electronically" sign by typing name in both the TYPED NAME & SIGNATURE block).

### SUPERVISOR / MANAGER

I CONCUR WITH JOB CONTENT QUESTIONNAIRE

I DO NOT CONCUR WITH JOB CONTENT QUESTIONNAIRE (Please comment)

COMMENTS:

TYPED NAME:

EMAIL ADDRESS:

TELEPHONE #:

SIGNATURE (or E-Signature):

DATE:

### DIVISION HEAD / DEPARTMENT DIRECTOR

I CONCUR WITH JOB CONTENT QUESTIONNAIRE

I DO NOT CONCUR WITH JOB CONTENT QUESTIONNAIRE (Please comment)

COMMENTS:

TYPED NAME:

EMAIL ADDRESS:

TELEPHONE #:

SIGNATURE (or E-Signature):

DATE:

### AGENCY HEAD / APPOINTING AUTHORITY / ACA

I CONCUR WITH JOB CONTENT QUESTIONNAIRE

I DO NOT CONCUR WITH JOB CONTENT QUESTIONNAIRE (Please comment)

COMMENTS:

TYPED NAME:

EMAIL ADDRESS:

TELEPHONE#:

SIGNATURE (or E-Signature):

DATE:

## JOB CONTENT QUESTIONNAIRE (JCQ)

(INCUMBENT completes JOB CONTENT QUESTIONNAIRE through INCUMBENT ACKNOWLEDGEMENT-  
If position is VACANT or NEW, then MANAGEMENT completes).

### PRIMARY PURPOSE OF JOB

PLEASE BRIEFLY DESCRIBE THIS JOB'S PRIMARY PURPOSE OR CONTRIBUTION TO THE DEPARTMENT/AGENCY:

### ESSENTIAL FUNCTIONS

(Please list the position's specific job functions/duties, and avoid using the generalized duties listed on each Civil Service Classification Description found on-line. The omission of the position's specific job functions/duties stops the reclassification review process).

% of TIME	DUTIES Please list duties by <u>most critical first</u> and continue in order to least critical.	IS THIS JOB DUTY <u>NEW</u> TO THIS POSITION?
%	<i><b>EXAMPLE: Research, trouble shoot and identify the cause of user's problems, manage problem tickets, and assure corrective measures are completed in a timely manner.</b></i>	<u>(If YES, please specify reason for change):</u> <i>This duty was previously completed by IT/Help Desk before re-org of duties.</i>
%		<u>(If YES, please specify reason for change):</u>
%		<u>(If YES, please specify reason for change):</u>
%		<u>If YES, please specify reason for change):</u>
%		<u>(If YES, please specify reason for change):</u>
%		<u>(If YES, please specify reason for change):</u>
%		<u>(If YES, please specify reason for change):</u>
%		<u>(If YES, please specify reason for change):</u>
%		<u>(If YES, please specify reason for change):</u>
%		<u>(If YES, please specify reason for change):</u>
%		<u>(If YES, please specify reason for change):</u>
%		<u>(If YES, please specify reason for change):</u>
%		<u>(If YES, please specify reason for change):</u>
%		<u>(If YES, please specify reason for change):</u>
%	<i>TAB through "% of Time" column to correctly add up to 100%.</i>	<i>For additional duties or information: Attach Word or other document to (JCQ).</i>

## KNOWLEDGE, SKILLS & ABILITIES

*EXAMPLE: Knowledge of computer databases and spreadsheet systems. Skill in interviewing job incumbents to accurately identify entirety of work performed and relationship with other jobs. Ability to plan, organize and supervise work of others.*

KNOWLEDGE:

SKILLS:

ABILITIES:

## SUPERVISORY RESPONSIBILITIES

(Supervision of employees is defined as directly overseeing and reviewing another employee's job performance).

CHECK EACH BOX BELOW THAT DESCRIBES THE KIND OF DIRECT SUPERVISION YOU PROVIDE FOR THE LEVEL OF EMPLOYEES LISTED AND THE NUMBER OF THESE EMPLOYEES SUPERVISED:

PROFESSIONAL /  
PARA-PROFESSIONAL  
STAFF

SUPPORT  
STAFF

Explain basic work processes and procedures and/or provide on the job instruction and training:

#

#

Provide formal instruction and training in methods and procedures:

#

#

Assign work and establish priorities:

#

#

Perform functions as a Team Leader:

#

#

Perform hiring and disciplinary actions:

#

#

Perform and sign formal performance evaluations:

#

#

Make recommendations regarding employee performance:

#

#

Respond to complaints and grievances:

#

#

Other (Please specify below):

#

#

Specify Other:

## FINANCIAL ACCOUNTABILITY

(Position's impact on operating budgets, revenues, grants, contracts and/or resources).

PLEASE CHECK THE APPLICABLE QUANTITATIVE MEASURES THAT IDENTIFY YOUR LEVEL OF FINANCIAL RESPONSIBILITY FOR THE FOLLOWING:	None	Very Small (1k-799K)	Small (800k-8 mil)	Medium (9 mil-80 mil)	Large (81 mil-800 mil)
Operating Budget					
Revenue					
Grants					
Contracts					
Assigned Resources (Please specify below):					
Other (Please specify below):					

Specify Assigned Resources:

Specify Other:

## INCUMBENT ACKNOWLEDGEMENT

An updated job application must be on-file with Civil Service to determine whether the incumbent qualifies for the position/classification. Please visit: [www.HCCSB.org](http://www.HCCSB.org) to update your job application.

INCUMBENT PROVIDED JCQ INFORMATION?

COMMENTS:

TYPED NAME:	EMAIL ADDRESS:	TELEPHONE#:
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SIGNATURE (or E-Signature):	DATE:
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All Position/Classification Requests, JCQs, Organization Charts, and any other related attachments should be emailed to: [CSBClassandComp@HillsboroughCounty.Org](mailto:CSBClassandComp@HillsboroughCounty.Org) or contact Classification & Compensation at 813-274-6791. Please note: All County Administrator Departments should forward requests first through Human Resources- Strategic Services Division or contact 813-272-6216.