



CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF HUMAN RESOURCES

Instructions: The Job Description Form provides a concise summary description of the position, the number of employees supervised, the type and level of typical working relationships, and proposed minimum qualification for the position.

Date of Request: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Department: \_\_\_\_\_ Dept. #: \_\_\_\_\_ Division: \_\_\_\_\_ Section: \_\_\_\_\_

Is this a change to an existing position? No If Yes, Position #: \_\_\_\_\_

POSITION CLASSIFICATION JUSTIFICATION:

Job Code and Title: \_\_\_\_\_

Working Title (if applicable): \_\_\_\_\_

Position Reports to (Job Code and Title): \_\_\_\_\_

Position Supervises Total: \_\_\_\_\_

Position directly supervises the following job codes:
(include number of each)

SECTION II: POSITION DESCRIPTION

Provide a concise statement of the focus and level of the position including the major functions of the position.

Minimum Qualifications (Position Specific).

FOR M CCP POSITIONS ONLY: Provide a detailed justification for this position, including an explanation of whether the responsibilities are existing, new or reallocated from another position. If reallocated from another position, explain how your department is restructuring positions. *Enter N/A if position is not M CCP.*

**SECTION III: BUDGET INFORMATION**

ASO Program:            ASO Subfund:            Index Code:            Non-ASO            # of Position(s): \_\_\_\_\_  
 Budgeted Job Code and Rate: \_\_\_\_\_ Proposed/Recommended Job Code and Rate: \_\_\_\_\_

**SECTION IV: DEPARTMENT CERTIFICATION**

*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 (Name)

\_\_\_\_\_  
 Date