

HILLSBOROUGH COUNTY CIVIL SERVICE BOARD

Classification and Compensation Division

DATE:

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 the APPROVALS Section).

| | |
|---------------------|---|
| REQUEST TYPE | <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 <input type="checkbox"/> CREATE OR RECLASS USING ESTABLISHED CIVIL SERVICE CLASSIFICATIONS*See bottom of page 3* |
|---------------------|---|

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 an exception is requested, please enter the date and justification reason below:

EFFECTIVE DATE: REASON:

IS THIS A LIMITED DURATION POSITION: IF YES, PLEASE INDICATE EXPIRATION DATE:

POSITION / INCUMBENT INFORMATION

| | |
|------------------------------|--|
| AGENCY/DEPARTMENT: | <input style="width: 95%; height: 25px;" type="text"/> |
| POSITION NUMBER(S): | <input style="width: 95%; height: 25px;" type="text"/> |
| INCUMBENT'S NAME(S): | <input style="width: 95%; height: 25px;" type="text"/> |
| INCUMBENT'S EMPLOYEE ID#(S): | <input style="width: 95%; height: 25px;" type="text"/> |

| | CURRENT | PROPOSED |
|----------------------------|--|--|
| JOB CLASSIFICATION TITLE: | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> |
| JOB CODE: | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> |
| PAY GRADE: | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> |
| ORACLE ORGANIZATION: | <input style="width: 95%; height: 25px;" type="text"/> | <input style="width: 95%; height: 25px;" type="text"/> |
| FLSA EXEMPT FROM OVERTIME: | <input style="width: 80px;" type="text"/> | <input style="width: 80px;" type="text"/> |

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

HR REP / POC'S NAME: EMAIL ADDRESS: PHONE #:

ORGANIZATIONAL CHARTS

An integral part of the review process for a position/ reclassification action is the relationship that the position has to other positions within your organization. **Current** and **Proposed** Organizational 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(s))
- Incumbent's Name (or list Vacant)
- Employee ID# (or list N/A)
- Position #'s (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:

JUSTIFICATION

Request Reason:

Please explain what changes have taken place to justify this request:

WEIGHT LIFTING (OR OTHER PHYSICAL) REQUIREMENTS TO PERFORM THE DUTIES OF THE JOB:

Standing: Climbing: Kneeling: Bending:

Must be able to lift and carry:

INCUMBENT ACKNOWLEDGEMENT

INCUMBENT HAS BEEN PROVIDED JCQ INFORMATION? YES NO POSITION IS NEW/VACANT

NAME: EMAIL ADDRESS: PHONE #:

COMMENTS:

YOU HAVE UPDATED YOUR JOB APPLICATION ON-FILE WITH CIVIL SERVICE? YES NO

SIGNATURE: DATE:

APPROVALS

SUPERVISOR / MANAGER

NAME: EMAIL ADDRESS: PHONE #:

- I CERTIFY THE POSITION WILL BE PERFORMING THE ATTACHED ESTABLISHED CLASSIFICATION JOB DUTIES.*
- I CONCUR WITH THE JOB CONTENT QUESTIONNAIRE.
- I DO NOT CONCUR WITH THE JOB CONTENT QUESTIONNAIRE. (Please comment)

COMMENTS:

SIGNATURE: DATE:

DIVISION HEAD / DEPARTMENT DIRECTOR

NAME: EMAIL ADDRESS: PHONE #:

- I CERTIFY THE POSITION WILL BE PERFORMING THE ATTACHED ESTABLISHED CLASSIFICATION JOB DUTIES.*
- I CONCUR WITH THE JOB CONTENT QUESTIONNAIRE.
- I DO NOT CONCUR WITH THE JOB CONTENT QUESTIONNAIRE. (Please comment)

COMMENTS:

SIGNATURE: DATE:

AGENCY HEAD / APPOINTING AUTHORITY / ACA

NAME: EMAIL ADDRESS: PHONE #:

- I CERTIFY THE POSITION WILL BE PERFORMING THE ATTACHED ESTABLISHED CLASSIFICATION JOB DUTIES.*
- I CONCUR WITH THE JOB CONTENT QUESTIONNAIRE.
- I DO NOT CONCUR WITH THE JOB CONTENT QUESTIONNAIRE. (Please comment)

COMMENTS:

SIGNATURE: DATE:

All position/Classification Requests, JCQs, Organization Charts, and any other related attachments should be e-mailed to: CSBClassandComp@HillsboroughCounty.org or contact Classification & Compensation at 813-274-6764.



*If you selected "Reclassification using established Civil Service Classifications" you do **not** need to proceed any further. To use the "Reclassification using established Civil Service Classifications" option you **must** be reclassifying **from** a Civil Service established classification **to** another Civil Service established classification. Please attach the job classification to replace the Job Content Questionnaire (JCQ). If you have questions if this applies, please call 813-274-6764.

When using this document, verify 'Date Issued' is the most current revision as on File

Use pursuant to Civil Service Board Instructions

To be reproduced or Disclosed in accordance with Chapter 119,F.S.

JOB CONTENT QUESTIONNAIRE (JCQ)

EDUCATIONAL / VOCATIONAL REQUIREMENTS

WHAT LEVEL OF EDUCATION IS REQUIRED FOR THIS POSITION

MINIMUM:

LIST DESIRED DEGREE MAJOR(S):

PREFERRED:

CURRENT INCUMBENT'S EDUCATION: (if available/ applicable)

LIST ANY SPECIAL COURSES (other than degrees), CERTIFICATIONS, LICENSES, AND/OR PROFESSIONAL DESIGNATIONS THAT ARE REQUIRED TO PERFORM THE JOB. IDENTIFY THE FEDERAL, STATE, OR COUNTY AGENCY THAT ESTABLISHED THIS MANDATORY JOB REQUIREMENT.

EXPERIENCE REQUIREMENTS

WHAT TYPE OF EXPERIENCE IS NEEDED TO PERFORM THE REQUIRED DUTIES?

KNOWLEDGE, SKILLS & ABILITIES

KNOWLEDGE:

SKILLS:

ABILITIES:

SPECIFIC JOB DUTIES

| | | | |
|---|---------------|--|---|
| % of TIME: <input type="text"/> | DUTIES: #1 | | IS THIS JOB DUTY NEW TO THIS POSITION? <input type="text"/> |
| If <u>YES</u> , Please specify the reason for the change. | | | |
| % of TIME: <input type="text"/> | DUTIES: #2 | | IS THIS JOB DUTY NEW TO THIS POSITION? <input type="text"/> |
| If <u>YES</u> , Please specify the reason for the change. | | | |
| % of TIME: <input type="text"/> | DUTIES: #3 | | IS THIS JOB DUTY NEW TO THIS POSITION? <input type="text"/> |
| If <u>YES</u> , Please specify the reason for the change. | | | |
| % of TIME: <input type="text"/> | DUTIES: #4 | | IS THIS JOB DUTY NEW TO THIS POSITION? <input type="text"/> |
| If <u>YES</u> , Please specify the reason for the change. | | | |
| % of TIME: <input type="text"/> | DUTIES: #5 | | IS THIS JOB DUTY NEW TO THIS POSITION? <input type="text"/> |
| If <u>YES</u> , Please specify the reason for the change. | | | |
| % of TIME: <input type="text"/> | DUTIES: #6 | | IS THIS JOB DUTY NEW TO THIS POSITION? <input type="text"/> |
| If <u>YES</u> , Please specify the reason for the change. | | | |

TOTAL % THIS MUST = 100% NOTE: For Additional Duties please submit an addendum.

SUPERVISORY RESPONSIBILITIES

LIST THE NUMBER OF STAFF YOU SUPERVISE FOR EACH OF THE FOLLOWING OPTIONS:

SUPERVISED 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

SELECT THE OPTIONS THAT BEST IDENTIFY THE LEVEL OF FINANCIAL RESPONSIBILITY FOR OPERATING BUDGETS, REVENUES, GRANTS, CONTRACTS AND/OR RESOURCES.

Specify Assigned Resources:

Operating Budget:

Revenue:

Grants:

Contracts:

Specify Other:

Assigned Resources:

Other:

Would you like to recruit for this position using the information in this form?