



CITY AND COUNTY OF SAN FRANCISCO
 DEPARTMENT OF HUMAN RESOURCES

Instructions: Complete and attach this form to the Request to Fill (RTF) Electronic Service Request (ESR). When saving this form, please use the following naming convention: RTF_ SpecCon _Department Code (3 digit alpha code)_ Job Code_ Position Number (PeopleSoft Position Number)_Date (MMDDYY).

Example: RTF_ SpecCon _DHR_1234_12345678_072712

Date of Request: _____

Department Contact: _____ Email: _____ Phone: _____

SECTION I: DEPARTMENT AND POSITION INFORMATION

Department: _____ Dept. #: _____ Division: _____ Section: _____

Job Code: _____ Job Title: _____

Position #: _____ MCCP File #: _____

Is this position vacant? Yes No, provide incumbents name: _____

Request Type: _____

SECTION II: NEW SPECIAL CONDITIONS NEEDED (*no existing code*)

Proposed short description of special condition: _____

Proposed long description of special condition: _____

SECTION III: ADD OR REMOVE EXISTING SPECIAL CONDITION

**Please visit the HR Forum Website for a list of Special Conditions.*

(List all SC's below and indicate whether you are adding, removing, or maintaining an existing Special Condition)

Type	Item	Description	Measurement Level	Measurement Value	Status	Approved (DHR USE ONLY)
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>

Notes: _____

SPECIAL CONDITIONS REQUEST FORM

SECTION IV: JUSTIFICATION FOR ADDING SPECIAL CONDITION

Describe the **specific and essential** duties performed by this position that require special knowledge, abilities and/or skills, and why the special qualifications are necessary to perform those duties. Specify the length of any work experience required to obtain this knowledge, abilities, and/or skills (i.e., 6 mos., 1 year, 2 years), or any specific training or certificates required.

If there is an incumbent, describe the level of special knowledge, abilities and/or skills the incumbent had when appointed to the position. If these were learned on the job, describe specifically how the incumbent gained the knowledge, abilities and/or skills and the length of time required.

Describe the reasons why an eligible or incumbent who meets the general minimum qualifications for the classification but does not meet the above-requested special condition would **not** be able to perform the position.

If this is a new language requirement describe what has changed to warrant the language requested.

Is this special requirement listed on the JAQ or Express Class Form? Yes No

Will this special requirement be listed on the job announcement and/or letters to candidates? Yes No

SPECIAL CONDITIONS REQUEST FORM

SECTION V: DEPARTMENT CERTIFICATION (*The department certification must be provided by an individual authorized to submit position classification documents. An appropriately completed Signature Authorization Card must be on file with DHR for this purpose*)

The authorized departmental representative named below hereby certifies that the information provided in this document is accurate and complete, and acknowledges that all future classification documents, and job announcements and/or letters to candidates, must list special conditions as minimum qualification.

Authorized Representative (Name)

Date

Notes (Department Only):

APPROVALS (DHR ONLY)

Client Services Representative

Date

Client Services Manager

Date