

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

I. EMPLOYEE BACKGROUND: In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

Is this a group questionnaire? ☐ Yes ☒ No If yes, please list all employee names.

Division: Financial Operations

Department: Administration

For Individual Questionnaires Only:

Employee Name: Stockert Sonya Lynn
(Last) (First) (Middle Initial)

Current Classification Title: Accounting Supervisor

Division Financial Operations

Department Administration

Total Length of Time with organization 2 Years 2 months

Total Length of Time in Current Position 0 Years 6 months

Assigned Hours/Week; from 8:30 to 5:30 **Assigned Days/Week** M-F

Email: sonyas@gjcity.org

Work Phone: (970) 244-1522

Immediate Supervisor:

Immediate supervisor reports to:

Name: Jay Valentine

Name: Jodi Romero

Title: Asst. Financial Operations Manager

Title: Financial Operations Manager

Work Phone (970) 244-1517

Work Phone: (970) 244-1515

E-mail: jayva@gjcity.org

E-mail: jodir@gjcity.org

II. POSITION INFORMATION

1. POSITION SUMMARY: This section asks for a short paragraph, one to three sentences, regarding the purpose of your position and/or your primary responsibilities. This summary helps us to quickly understand the essence of your job. Usually it is better to write this after you have completed the remainder of the questionnaire. Briefly describe what you consider to be the major purpose or objective of the job. Simply stated, what are you attempting to accomplish in your position?

Example: Computer Support Technician

Summary: To operate, maintain and repair computer equipment and to provide technical assistance to users.

To perform analytical duties, supervise and coordinate work in support of the City's professional accounting functions; to evaluate and implement financial related regulations, policies, and procedures; and to maintain financial records and prepare financial statements in accordance with generally accepted accounting principals and procedures.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

- a. The chart below asks for your specific supervisory responsibilities. If a duty statement applies to you, please check the box under the "Yes" column and then indicate the number of employees for which you are responsible to the right of the statement.

Yes	Duty	Number of Employees
<input type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	
<input checked="" type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	4
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
<input checked="" type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	4
<input checked="" type="checkbox"/>	I make work assignments for others.	4
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	4
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	4
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	All Depts.
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	2

- b. Complete the organization chart below. This chart will help us to understand your job in relation to others in your department. Please use titles and not names. Fill in the applicable position titles: (1) your coworkers, employees you work with and who also report directly to your supervisor; and, (2) your subordinates, any employees you supervise directly. List only those jobs over which you have full managerial/supervisory authority (i.e. complete and sign performance evaluation.) Do not list employees supervised by your subordinate supervisors.

YOUR COWORKERS' JOB TITLES

Scott Hockins	Purchasing Supervisor
Tim Barker	Fleet Supervisor
Debi Overholt	Customer Service Supervisor
Joanna Adams	Municipal Court Supervisor
Brian Holman	Sales Tax Collector
Elizabeth Tice	Sales Tax Auditor

YOUR DIRECT REPORTS' JOB TITLES

Aeron White	Accountant/Analyst
Kelli Forsythe	Accounting Technician
Leslie Ankrum	Accounting Technician
Nicole Mason	Payroll Technician

Please indicate the nature of the group supervised and the number supervised

☒ Full Time 4 ☐ Part-Time ☐ Seasonal/Temp ☐ Volunteer ☐ Contract

c. Describe with whom, or with what departments/organizations, you have regular contact.

1. Inside your organization (other City Departments):

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates	Daily	Accounting questions, information, training
All City Departments	Daily	Accounting questions, information, training
All City Departments	Daily	Assistance with budget preparation and management
All City Departments	Daily	Financial Software Training and Security
All City Departments	Quarterly	Grant Compliance
All Employess	Monthly	Supervision of Payroll

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public	Monthly	Supervision of Accounts Payable
Customers, Gen Public	Monthly	Supervision of Accounts Receivable
Mesa County	Monthly	Special Assessments, Property Tax, Utility Leins
Pridemark	Monthly	Reconciliation of Ambulance Transport Billings
Chadwick, Steinkirchner, Davis & Co. PC	Annually	Coordination of city's financial audit and preparation of the comprehensive annual financial report

3. ESSENTIAL DUTIES.

The list of essential duties helps us to understand those duties which are the primary reasons why your position exists. For clarification, please refer to the examples provided below.

Essential Duties: Those duties that make up at least 5% of your time. Please provide enough detail so that someone who may not be familiar with your job will have a clear understanding of what it is that you do. For example, do not simply state "prepares reports", but state "prepares reports such as status reports, staff reports", or other type of report(s) you may prepare. Also, please use action verbs such as prepares, calculates, operates, etc., to start off each statement. Do not use acronyms in your description. Examples are shown below. Use additional sheets if needed.

Decisions Required: List the decisions you make to carry out the essential duties.

Frequency: Indicate how often you perform each duty – D = daily, W = weekly, M = monthly, Q = quarterly, A = annually, or O = occasionally.

Percent of Time: Indicate how much of your time you spend on each task. The total of these percentages **should not be more than 100%**. Example: Sally conducts property value estimates 20% of the time, it may mean she spends one day out of five on that task, or that she spends around two hours each day. These need only be estimates so do not spend a great deal of time trying to come up with an exact percentage. The percentages of **all** duties should equal 100% over a one year period of time.

Attach additional sheets if necessary.

E X A M P L E (LIST ACTUAL ESSENTIAL DUTIES BELOW EXAMPLE)

Essential Duties	Decisions Required	Frequency	% of Time
EXAMPLES:			
<i>Prepares monthly newsletters by gathering information, writing copy, editing, preparing for publication and overseeing distribution.</i>	<i>Articles to include, editorial changes, graphics, layouts</i>	<i>M</i>	<i>25%</i>
<i>Performs inventory spot checks and monthly counts of supplies in warehouse.</i>	<i>When to check supplies</i>	<i>M</i>	<i>10%</i>

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Perform various analytical duties in support of the city's professional accounting function including posting, reconciliation, audit, and reporting of the general ledger and all subsidiary accounts.	Determine accuracy and compliance with generally accepted accounting principals; laws and regulations; and internal policies. Review internal control policies.	Daily	20%
2	Review accounts payable expenditures, purchase orders, payment authorizations for valid support, authorization, and account.	Appropriate support, authorization, accounting Decide if appropriate internal controls exist.	Monthly	2%
3	Assist independent auditors by preparing required audit worksheets and schedules and providing any other requested documentation and explanation.	Determine accuracy and compliance with generally accepted accounting principals; laws and regulations; and internal policies of all information provided	Annually	10%
4	Coordinate, prepare and submit the City's Comprehensive Annual Financial Report to established Standards.	Determine accuracy and compliance with generally accepted accounting principals; laws and regulations; and internal policies.	Annually	20%
5	Monitor and assist with payroll preparation, distribution, reporting, and reconciliation.	Review for proper application of Federal Payroll Tax Laws.	Quarterly	5%

6	Participate in budget development and monitoring.	Verify compliance with municipal budget principals and practice. Identify any potential issues and recommend solutions.	Weekly	5%
7	Plan, prioritize, assign, supervise, and review work of assigned staff; participate in the selection of division staff; provide or coordinate staff training; work with employees to correct deficiencies; implement discipline procedures. Provide timely, accurate and thorough Performance Reviews for supervised employees.	Time management of staff, appropriate person for unassigned tasks, proper communication methods. Identify deficiencies and implement solutions.	Daily	12%
8	Review, design, and implement internal financial controls.	Analyze and assess risk and compliance.	Monthly	5%
9	Assist customers, departments, and employees by providing fiscal information, explanation of procedures, and by answering questions.	Find out the information needed, issues if any, and the best way to communicate the information or solution.	Daily	10%
10	Coordinate the City's external audit and ensure compliance with audit policies and procedures.	Determine accuracy and compliance with generally accepted accounting principals; laws and regulations; and internal policies.	Annually	5%
11	Coordinate grant management functions and monitor compliance with grant policy.	Evaluate if related expenditures and revenues are in compliance with grant policy. Identify the appropriate information to be provided for compliance. Determine information needed from other departments for grant compliance.	Quarterly	3%
12	Administer security of financial software system	Decide if appropriate internal controls exist in all functions of the financial software.	Weekly	3%
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

4. REQUIRED KNOWLEDGE AND SKILLS.

This section helps us to understand the types of knowledge and skill you would need to perform your job at the entry level. Those items you list are those required and not what you might necessarily know or are able to do after being in the position for a number of years.

Knowledge: refers to the possession of concepts and information gained through experience, training and/or education and can be measured through testing.

Skills: refers to the proficiency which can be demonstrated and are typically manual in nature and/or can be measured through testing.

The knowledge and skills that you list in the following section must refer to the Essential Duties you listed in Section 3.

Duty #	Knowledge – Skills
All	Knowledge of operations and services of accounts payable, accounts receivable, payroll, financial reporting, and budget specific to municipalities.
All	Knowledge, understanding and implementation of generally accepted accounting principles, practices, and theory.
All	Principals and practices of general ledger preparation and reconciliation.
All	Principals and procedures of financial analysis, reporting, and auditing.
All	Principals of municipal budget preparation and administration.
All	Knowledge, interpretation, and application of Federal, State, and local laws, codes, and regulations.
All	Operation of financial information systems and other integrated office software.
2,5,7	Principals of supervision and training.
2,5,7	Ability to oversee, direct and coordinate the work of assigned staff.
All	Communicate clearly and concisely, both orally and in writing.
All	Business and Organizational principals and practice.
All	Perform job duties and make decisions independently.
All	Ability to recognize and analyze complex accounting issues and recommend solutions.
All	Establish and maintain effective working relationships with those contacted in the course of work.
All	Analyze and interpret complex financial and statistical data.

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

1. EDUCATION: What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain):

2. EXPERIENCE: What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Governmental Accounting/Finance	6 years	Accounting/Finance	5 years
Indirect Supervisory	4 years	Direct Supervisory	1 years
Direct Supervisory	1/2 years		years

a. What field (s) should training or degree be in?
Accounting, finance or a related field

3. SPECIAL REQUIREMENTS: List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.

4. MACHINES, TOOLS AND EQUIPMENT. List any machines, tools or equipment used in your work and indicate the frequency and time spent using each. The machines, tools and equipment must refer to the Essential Duties you listed in Section 3.

Duty #	Machines, Tools, Equipment	Frequency/Time
All	Office Equipment including computer, copier, fax, telephone, calculator	Daily

5. DECISION-MAKING & JUDGMENTS.

- a. Describe three types of important decisions and judgments you make regularly and independently in the performance of your duties.
 - 1. It is a requirement of this position to have knowledge and understanding of Federal, State, and local laws; internal policies and procedures; and generally accepted accounting principals and procedures. I have to use this knowledge to make decisions on the accurate record keeping and financial reporting of the City's revenues, expenses, assets, liabilities, and equity.
 - 2. It is also a requirement of this position to have a knowledge of auditing principals and practices. I have to use this knowledge to evaluate and assess the City's compliance with these principals and practices for our external audit and also to evaluate the internal controls that are in place for all financial procedures. This is important in determining if the proper internal controls are in place and evaluating if potential risk exists within existing practices and procedures.

3. This position is also required to plan, prioritize, assign, supervise and review the work of assigned staff. Our division has several special projects that come up each year and I have to make descisions on which staff member has the best skills, time, and willingness to best complete these special projects.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

This section helps us understand the physical activities and requirements that are absolutely necessary for you to be able to do in order to perform your job. Please list the frequency and the importance of each of the physical requirements listed in this section. These physical activities/requirements will help in ensuring the City of Grand Junction remains in compliance with the Americans with Disabilities Act.

The City of Grand Junction is required to document any physical requirements in order to legally defend restrictions that are imposed. The definitions for the physical activities/requirements are taken directly from the guidelines established by the federal government. Your answers in this section will not affect how your job is classified.

Frequency

How frequently is the activity performed?

- 0 – Never
- 1 – Annually
- 2 – Quarterly (at least 3 per year)
- 3 – Monthly (at least 8 per year)
- 4 – Weekly (at least 3 per month)
- 5 – Daily (at least 3 per week)

Importance

How important is the activity in accomplishing the job's purpose?

- 0 – Not Important
- 1 – Somewhat Important
- 2 – Very Important
- 3 – Extremely Important

Physical Activity	Frequency	Importance	Duties
Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	0--Never	0--Not Important	
Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.	0--Never	0--Not Important	
Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	0--Never	0--Not Important	
Kneeling: Bending legs at knee to come to a rest on knee or knees.	0--Never	0--Not Important	
Crouching: Bending the body downward and forward by bending leg and spine.	2--Quarterly	0--Not Important	
Crawling: Moving about on hands and knees or hands and feet.	0--Never	0--Not Important	
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	All
Standing: Particularly for sustained periods of time.	0--Never	0--Not Important	
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	0--Not Important	
Pushing: Using upper extremities to press against something with steady force in order to thrust	0--Never	0--Not Important	

forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	0--Never	0--Not Important	
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	All
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	2--Very Important	All
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	3--Monthly	0--Not Important	
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	0--Never	0--Not Important	
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	All
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	1--Somewhat Important	All
Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5--Daily	3--Extremely Important	All
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	All
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	3--Extremely Important	All
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm	0--Never	0--Not Important	

and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.			
Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	0--Never	0--Not Important	
Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	0--Never	0--Not Important	
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	0--Never	0--Not Important	

2. WORKING CONDITIONS.

The working conditions section helps us to understand the physical environment you are subjected to while performing your job duties. This section does not apply to conditions like an old office building but only those factors that have to do with the job itself. In this section, please place an X by the condition that applies and one under the frequency that is most appropriate. The condition should be unique to your job and not generally applicable to all employees with the organization. **Please note, there is a choice for "Does Not Apply," if most of your work is in an office setting.**

☒ Does Not Apply

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

Are there any additional comments you would like to make to be sure you have described your job adequately? (Use additional sheets if necessary).

EMPLOYEE CERTIFICATION

I certify that the above statements and responses are accurate and complete to the best of my knowledge.

Signed: _____

Date: _____

1/16/09

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

This section is to be used by the Supervisor to note any additional comments, additional duties or disagreements with any section of the questionnaire. The Supervisor should not change anything written by the individual filling out the questionnaire nor should they address any performance issues. Please remember that this questionnaire is intended solely for the purpose of accurately describing the job in question. Supervisors, please review the entire JAQ for completeness and accuracy. If there are sections that are not complete or are incorrect, please fill in the blanks when you review the questionnaire with the incumbent. If you disagree with any information provided or believe some information is missing, indicate below the question number and your comments. **Please note the form should have all three signatures to ensure all have read the questionnaire.**

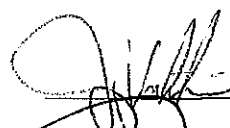
Question No.	Comments

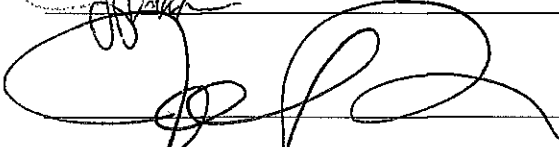
Please check the appropriate statement:

- ☒ I agree with the incumbents' position questionnaire as written.
- ☐ The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.
- ☐ The above modifications have been discussed with the incumbent, and the incumbent disagrees with these modifications.

I have noted the modifications made by my supervisor in the Comments Section above.

Employee Signature: _____ Date: _____

Supervisor Signature:  _____ Date: 1/15/09

Department Head Signature:  _____ Date: 1/15/09

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. AFTER YOU OR YOUR GROUP HAS COMPLETED YOUR PORTION OF THE QUESTIONNAIRE, PLEASE SUBMIT THE QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW, SIGNATURE, AND COMMENT. YOUR SUPERVISOR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO YOUR DEPARTMENT HEAD.