

# 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please list all employee names.
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**Division:** Human Resources

**Department:** Administration

## For Individual Questionnaires Only:

<b>Employee Name:</b>	Williams	Shelly	L.
	(Last)	(First)	(Middle Initial)

**Current Classification Title:** Benefits Coordinator

<b>Division</b>	Human Resources	<b>Department</b>	Administration
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**Total Length of Time with organization** 5 Years 2 months

**Total Length of Time in Current Position** Years 5 months

**Assigned Hours/Week:: from** 7:30 to 4:30 **Assigned Days/Week** M-F

**Email:** shellyw@gjcity.org **Work Phone:** 970-244-1551

### Immediate Supervisor:

### Immediate supervisor reports to:

<b>Name:</b>	Claudia Hazelhurst	<b>Name:</b>	Laurie Kadrich
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<b>Title:</b>	HR Manager	<b>Title:</b>	City Manager
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<b>Work Phone</b>	970-244-1552	<b>Work Phone:</b>	970-256-4154
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<b>E-mail:</b>	claudiah@gjcity.org	<b>E-mail:</b>	lauriek@gjcity.org
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## 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 professional work in the coordination, implementation, and presentation of benefit programs for City management and employees; to develop and implement benefit programs focused on organizational goals and objectives. To assist in the coordination of the programs and activities of the Human Resources Division including recruitment, selection, classification, compensation, employee relations, policy and procedure, budgeting and development and implementation of division goals; to coordinate program activities with other divisions and departments; and to provide highly responsible and complex administrative staff assistance to the Human Resources Manager and Finance Division.

## 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 checked="" type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	
<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	
<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).	8
<input checked="" type="checkbox"/>	I make work assignments for others.	6
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	72

- 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


### YOUR DIRECT REPORTS' JOB TITLES


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

☐ Full Time
 ☐ 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		
Department Heads, Managers, and Supervisors	daily	Benefit and policy questions
Peers and Subordinates	daily	Benefit and policy questions

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
RMHP	daily	Benefit administration
Delta Dental	weekly	Benefit administration
ICMA-RC	daily	Benefit administration
Standard Insurance	weekly	Benefit administration
Horizon Health	weekly	Benefit administration
FPPA & Hope Health Letter	monthly	Benefit administration and policies

**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)**

<b>Essential Duties</b>	<b>Decisions Required</b>	<b>Frequency</b>	<b>% of Time</b>
<b>EXAMPLES:</b>			
<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>

	<b>List of Essential Duties</b>	<b>Decisions Required</b>	<b>Frequency:</b> D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	<b>% of Time Spent</b> (Not to exceed 100%)
1	Review, analyze and recommend action	course of action to resolve benefit or policy question	Daily	50
2	Meetings	Pension Board, Wage & Benefit, Employee Association, Staff, ADA, Benefit review implementation and planning and various	Weekly	10
3	Benefit administration	review, analysis and RFP process	Monthly	10
4	Open Enrollment	plan and orchestrate annual benefits enrollment	Weekly	5
5	Coordination of retirement plan information, meetings and training	plan, loans, review and communicate plan information	Weekly	5
6	Problem resolution	benefit or policy	Weekly	5
7	Communication, direction or training	provide instruction and direction on policy, procedure or plan document	Daily	5
8	Flex Plan Document	administration and annual legal update	Weekly	5
9	Recruitment	perform backup duties as needed	Occasionally	5
10			Weekly	
11			Select	
12			Monthly	
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
1- 8	<p>Operations, services and activities of a public human resources benefit program.</p> <p>Principles and practices of program development and administration.</p> <p>Public human resources administration theory, principles and practices and their application to a wide variety of human resources procedures.</p> <p>Principles and practices of labor and employee relations.</p> <p>Principles and practices of budget preparation and administration.</p> <p>Automated human resources and payroll systems and integrated business office software.</p> <p>Principles of supervision and training and performance evaluation.</p> <p>Pertinent Federal, State and local laws, codes and regulations.</p>
1-8	<p>Participate in the management of a comprehensive benefits program.</p> <p>Oversee, direct and coordinate the benefit programs.</p> <p>Select, supervise and evaluate benefit programs.</p> <p>Oversee contracted third party administrators and benefit service providers.</p> <p>Participate in the development and administration of benefit goals, objectives and procedures.</p> <p>Provide direction to City management and employees on human resources issues.</p> <p>Develop and implement programs to meet the City's benefit goals and objectives.</p> <p>Prepare and administer program budgets.</p> <p>Prepare clear and concise administrative and financial reports.</p> <p>Analyze problems, identify alternative solutions, project consequences of proposed actions and implement recommendations in support of goals.</p> <p>Research, analyze and evaluate new service delivery methods and techniques.</p> <p>Interpret and apply Federal, State and local policies, laws and regulations.</p> <p>Communicate clearly and concisely, both orally and in writing.</p> <p>Establish and maintain effective working relationships with those contacted in the course of work.</p>



### 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:

<b>You Have</b>	<b>You Need</b>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other (explain): PHR and specialized training in retirement plans

**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>
Management	15 years	Management	4 years
Financial Services	15 years	Financial Services	4 years
PHR or SPHR	5 years	PHR	1 years

a. What field (s) should training or degree be in?

Equivalent to a Bachelor's degree from an accredited college or university with major course work in human resources administration, business administration, public administration, 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.

PHR Professional in Human Resources and financial services training

**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
1-8	Office equipment	80%

**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. The decision on if an employee is potentially fruadulently utilizing leave programs and the course of action to recommend to management.
  - 2. Analysis of benefit program and recommendation to modify program or perform a search for a new provider.
  - 3. Communicate a variety of policies to department heads, managers, supervisors, peers and subordinates, as well as provide guidance.

## 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

#### Importance

**How frequently is the activity performed?**

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

- 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)

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

Physical Activity	Frequency	Importance	Duties
<b>Climbing:</b> 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.	5--Daily	1--Somewhat Important	coordination of benefits
<b>Balancing:</b> 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.	5--Daily	1--Somewhat Important	coordination of benefits
<b>Stooping:</b> 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.	5--Daily	1--Somewhat Important	coordination of benefits
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	3--Monthly	1--Somewhat Important	coordination of benefits
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	3--Monthly	1--Somewhat Important	coordination of benefits
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	3--Monthly	1--Somewhat Important	coordination of benefits
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	1--Somewhat Important	coordination of benefits
<b>Standing:</b> Particularly for sustained periods of time.	4--Weekly	1--Somewhat Important	coordination of benefits

<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	1--Somewhat Important	coordination of benefits
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	4--Weekly	1--Somewhat Important	coordination of benefits
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	4--Weekly	1--Somewhat Important	coordination of benefits
<b>Fingering:</b> Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	1--Somewhat Important	coordination of benefits
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	1--Somewhat Important	coordination of benefits
<b>Lifting:</b> 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.	4--Weekly	1--Somewhat Important	coordination of benefits
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	2--Quarterly	0--Not Important	coordination of benefits
<b>Talking:</b> 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	2--Very Important	coordination of benefits
<b>Hearing:</b> 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	coordination of benefits
<b>Seeing:</b> 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	1--Somewhat Important	coordination of benefits
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	1--Somewhat Important	coordination of benefits
<b>Sedentary Work:</b> 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	5--Daily	1--Somewhat Important	coordination of benefits

all other sedentary criteria are met.			
<b>Light Work:</b> 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 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.	5--Daily	1--Somewhat Important	coordination of benefits
<b>Medium Work:</b> 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.	3--Monthly	0--Not Important	coordination of benefits
<b>Heavy Work:</b> 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	
<b>Very Heavy Work:</b> 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: Shelly L. Williams

Date: 11/16/09

**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
II.1.	The primary responsibilities of this position are attached to City benefit programs rather than recruitment, selection, classification, compensation or employee relations. The position does have exposure to and involvement in policy and procedure, budgeting, and development and implementation of the division's goals but as these relate to our benefit programs.
II.4.	Knowledge and skills are more focused on benefit programs rather than the broader array of HR activities.
III.2.	Three years of professional level experience in employee benefits program oversight, analysis and administration.
III.3.	PHR/SPHR are not required

*Shelly L. Williams 1/16/09*

**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:	<u>Shelly L. Williams</u>	Date:	<u>1/16/09</u>
Supervisor Signature:	<u>[Signature]</u>	Date:	<u>1-16-09</u>
Department Head Signature:	_____	Date:	_____

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.

**From:** Shelly Williams  
**To:** Shelley Caskey; sspellman@foxlawson.com  
**CC:** Dave Roper  
**Date:** 2/12/2009 8:54 AM  
**Subject:** Responsibility

Good morning Sandra,

As promised, listed below are a few areas where there is no overlap with functions performed by Dave Roper.

FPPA - Fire & Police Pension Association

ICMA-RC - ICMA Retirement Corporation - 401 and 457 plan provider

FMLA - Family Medical Leave that is not Workers Compensation related - liaison between payroll, Department Head, managers, supervisors, leads and employees

Worked with Fire Chief Ken Watkins to implement a "transitional duty" policy and culture change in the Fire Department, that was adopted City wide.

Thank you,  
Shelly