

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:

Employee Name:	Lampshire	Deletha	D.
	(Last)	(First)	(Middle Initial)

Current Classification Title: Training Coordinator

Division	Human Resources	Department	Administration
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Total Length of Time with organization 6 Years 3 months

Total Length of Time in Current Position 6 Years 3 months

Assigned Hours/Week:: from 40 **t o** 50 **Assigned Days/Week** Mon - Fri

Email: delethal@gjcity.org **Work Phone:** 256-4080

Immediate Supervisor:

Immediate supervisor reports to:

Name:	Claudia Hazelhurst	Name:	Laurie Kadrich
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Title:	Human Resources Manager	Title:	City Manager
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Work Phone	244-1552	Work Phone:	256-4154
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E-mail:	claudiah@gjcity.org	E-mail:	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.

Training Coordinator:

The purpose of this position is to perform professional work in the coordination, communication, implementation, and presentation of training programs for City employees, and to create and implement programs focused on organizational and employee development. This position also assists departments, divisions, workgroups and individuals in identifying issues of concern and facilitating small and large group sessions focused on improving interpersonal relationships. Overall, this position is all about helping people get the tools they need to be successful in delivering the best quality services and products possible to our citizens.

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).	0
<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).	All
<input type="checkbox"/>	I make work assignments for others.	
<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 checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	All
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	All

- 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

Assistant Human Resources Manager
Benefits Coordinator
Human Resources Analyst (report to Assistant HR Manager, not to my Manager)
Senior Administrative Assistant

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		
City Manager	Average 3 hrs/month	Program or policy direction, co-training, leadership team meeting updates
Deputy City Manager	1 hour/month	Program or training development/direction, program/training communication
Department Heads	2 - 3 hours per month (varies, some more than others)	Collaboration on coordinating training requests, facilitation requests, individual coaching requests, special program requests or to share information on ongoing or upcoming education opportunities. Includes logistics for outside training classes, tuition reimbursement,
Managers/Supervisors across all departments	40 hours/month	Training, project team meetings, coaching, facilitation, career development, professional skills counseling, training program design and delivery, education request and reimbursement administration, committees such as Safety and Wellness Coalition, program management such as Bound for the Future
Line employees across all departments	40 hours/month	Training, coaching, facilitation, training registration, relationship building, EA meetings, program/training information sharing, career development, education request and reimbursement administration, committees such as Safety and Wellness Coalition, program management such as Bound for the Future
Departmental Administrative Assistants	2 hours/month	Coordination of meetings, training classes, requests for information, vendor payments, budget requests

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Assistant Mesa County Administrator and Human Resources	12 hours/month	Collaborative training initiatives (Grand Valley Leadership Academy), coordination of City training and billing for City training provided to County employees
Mesa County Workforce Center	2 hours/month	Computer training registrations and coordination
Hilltop President	8 hours/month	Collaborative training initiatives, information sharing about City programs
Hilltop, Mesa County, Western Colorado Mental Health Supervisors/Managers	8 hours per month	Collaborative training initiatives
Leadership Resources	1 hour per month	DISC materials, on-line DISC assessments,

(Vendor)		reporting and web-site assistance.

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.

EXAMPLE (LIST ACTUAL ESSENTIAL DUTIES BELOW EXAMPLE)

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

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%)
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1	Develop, coordinate and conduct city-wide training activities including core skills training for all employees, managers and supervisors; evaluate program effectiveness.	Training objectives and assessment method, subject matter, audience, length, method of instruction, internal or external training, how to measure effectiveness	Weekly	15
2	Develop and implement supervisory training programs; provide education and support to supervisors and managers and to employees interested in pursuing promotion to supervisory and management positions.	Identify performance needs, determine topic(s) needed, best way to deliver information, funding and resource considerations	Weekly	15
3	Administers the education reimbursement policy and process for education plan approval and tuition reimbursement	Appropriate request for education policy, funding and resource considerations	Weekly	5
4	Prepares and maintains the City's training on-line training calendar and the shared training calendar used by both City and County employees	What classes should be opened up to the outside organizations, what date/time and best location for audience and topic, funding and resource considerations	Weekly	5
5	Develop and present comprehensive employee orientation program, including orientation for new supervisors and managers.	What information is needed, at what level of detail should be provided, who should present, schedule, location, funding and other resource considerations	Monthly	5
6	Assist departments in assessing staff development needs including training, goal setting, and performance planning. Facilitate team building or retreats designed to set direction or enhance interpersonal relationships.	Existing performance vs. desired performance levels	Monthly	5
7	Evaluate training programs offered by outside trainers and consultants to determine their ability to meet the City's training needs; identify and evaluate internal training resources.	Whether to hire outside trainers or use internal training resources	Monthly	5
8	Prepares computer reports on employee attendance at training sessions or other City program events such as City Manager employee training, Health education session attendance, other mandatory policy training. Maintain records of training needs, training sessions held, participation.	Format, distribution, timeframes	Quarterly	5
9	Prepares the annual budget for City-wide training and development (done twice/year)	Amount needed in each line item related to education, facilities, materials, consulting, etc.	Annually	5

10	Coordinate the development, lead and/or participate on various employee task teams and committees such as Bound for the Future, EA, Safety and Wellness Coalition	Varies depending on the committee or team. Generally, resources, timeframes, tasks, how to communicate information.	Weekly	10
11	Coaches managers and supervisors on employee issues and assist employees with development of their individual skills and abilities on the job	What advice, resources or tools can be provided, method of instruction	Occasionally	5
12	Communicate program, training status, and assist with publications and web site to enhance communications, information distribution, and awareness of City services.	Who, what, how, when to get the information out to employees.	Weekly	10
13	Administrative duties such as meeting arrangements, training set up, refreshment coordination, space reservations	where to hold meetings, availability, number of participants, funding and resource considerations	Monthly	5
14	Network with outside agencies to develop reciprocal working relationships and to further training opportunities.	What programs may benefit other organizations, who to meet with, how best to establish relationships, who pays for what	Weekly	5
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	Training design techniques and principles, curriculum development, instructional methods, organizational understanding, adult learning styles, strong written and oral communication skills, training evaluation methods and measurement, computer software including Microsoft Word and Power Point, use of audio/visual and other training equipment.
2	Knowledge of City job descriptions, qualifications and primary duties, training design techniques and principles, curriculum development, instructional methods, organizational understanding, adult learning styles, strong written and oral communication skills, training

	evaluation methods and measurement, computer software including Microsoft Word and Power Point, use of audio/visual and other training equipment.
3	Policy development, written communication skills, Microsoft Word and Excel skills.
4	Basic understanding of web page development, access database creation, Group Wise calendaring.
5	Knowledge of City policies and organizational understanding, training design techniques and principles, curriculum development, instructional methods, adult learning styles, strong written and verbal communication skills, project management knowledge.
6	Knowledge of organizational development, individual performance assessment, City job requirements, effective goal setting and planning. Knowledge of group dynamics and human behavior. Verbal and written communication skills, facilitation techniques and teambuilding practices/exercises.
7	Needs assessment administration, effective evaluation tools and techniques, adult learning styles and instructional methods. Budget knowledge, vendor management and understanding of basic contracts. .
8	Basic computer system understanding, Access database and Microsoft Excel knowledge.
9	Knowledge of corporate budgeting processes and basics, Microsoft Excel.
10	Modern practices of organizational development, industry trends, project management, and facilitation. Understanding of human behavior and group dynamics, strong oral and written communication skills, GroupWise, Microsoft Word skills.
11	Human behavior, feedback and knowledge of modern supervisory/leadership philosophies and principles, performance assessment and development planning knowledge.
12	Strong written and oral communication skills, Microsoft Word, basic knowledge of web site development.
13	Knowledge of computer systems and budgets, time management and organization skills.
14	Knowledge of other local agencies and contacts within them

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**

☐
☐

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 checked="" type="checkbox"/> | <input type="checkbox"/> | Other (explain):
Certificates in supervision, training design and development, total quality/process management |

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>
Professional experience in corporate training program creation, coordination and presentation	22 years		5 years
Organizational development and program management experience	20 years		2 years
Process and Project management experience related to strategic programs	12 years		2 years

a. What field (s) should training or degree be in?
Business administration, human resources, or organizational design.

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.

None

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	Computer and software, printer, copier, projector, screen, flip charts and easel, may require transportation	50%
2	Computer, software, printer, copier, screen, flip charts and easel, may require transportation	50%
3	Computer, software, printer, copier, telephone	100%
4	Computer, software, telephone	100%
5	Computer, software, printer, copier, projector, screen, flip charts, easel, telephone	50%
6	Computer and software, printer, copier, projector, screen, flip charts and easel, may require transportation	50%
7	Computer, software, printer, copier, telephone	25%
8	Computer and software, printer, copier	100%
9	Computer and software, calculator, printer, copier	75%
10	Computer, software, printer, copier, projector, flip charts, easel, may require transportation	50%
11	Computer, software, printer, copier, telephone	50%
12	Computer, software, printer, copier	50%
13	Computer, software, telephone	50%

14 Computer, software, telephone 25%

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. Regarding the use of outside training consultants or trainers, whether or not to use them, determining if they will meet the learning needs of the organization, balancing the resource demands with return on investment.

2. Determining the best career development and planning tracks/tools/resources to address individual and organizational performance needs.

3. Independently and regularly make spending decisions regarding training programs, consultants, materials, facilities, (training related expenses).

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.	3--Monthly	1--Somewhat Important	1, 2, 6, 10
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.	0--Never	0--Not Important	
Crawling: Moving about on hands and knees or hands and feet.	0--Never	Select	
Reaching: Extending hand(s) and arm(s) in any direction.	3--Monthly	1--Somewhat Important	1, 2, 6, 10
Standing: Particularly for sustained periods of time.	5--Daily	3--Extremely Important	1, 2, 5, 6,
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	0--Never	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.	4--Weekly	1--Somewhat Important	1, 2, 6
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	1 - 14
Grasping: Applying pressure to an object with the fingers or palm.	0--Never	0--Not Important	
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.	4--Weekly	2--Very Important	1, 2, 6
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 work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	1, 2, 3, 5, 6, 7, 10, 11, 12, 13, 14
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	3--Extremely Important	1-14
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	2--Very Important	1-14
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	2--Very Important	1-13
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	1--Somewhat Important	1-14
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	4--Weekly	2--Very Important	1, 2, 6, 10, 13

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.	2--Quarterly	1--Somewhat Important	1, 2, 6, 10, 13
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input checked="" 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).

No

EMPLOYEE CERTIFICATION

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

Signed: *Deletha Sampson*

Date: 12/24/08

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.2.b.	Risk Manager is co-worker.
II.3.	Conducts/participates in interviews to assist with workload in this area as required.
III.2.	Five years of professional level experience in creating, coordinating and presenting corporate training programs including 2 years of organizational development experience.

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: _____

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.