

**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: Human Resources

Department: Administration

For Individual Questionnaires Only:

Employee Name:

Roper
(Last)

David
(First)

L
(Middle Initial)

Current Classification Title:

Risk Manager

Division

Human Resources

Department

Administration

Total Length of Time with organization

23 Years 9 months

Total Length of Time in Current Position

21 Years months

Assigned Hours/Week:: from 7:30 A.M. **t o** 4:30 P.M.

Assigned Days/Week 5

Email: daver@gjcity.org

Work Phone: 970-244-1592

Immediate Supervisor:

Immediate supervisor reports to:

Name:

Claudia Hazelhurst

Name:

Laurie Kadrich

Title:

Human Resources Manager

Title:

City Manager

**Work
Phone**

244-1552

**Work
Phone:**

244-1501

E-mail:

claudiah@gjcity.org

E-mail:

lauriek@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 professional and administrative duties in oversight of the City's risk management program to minimize the costs of losses resulting from accidents, natural causes, regulatory non-compliance, employee health claims and legal or insurance claims against the City; to coordinate program activities with other divisions and departments; and to provide technical and staff assistance and program reporting to the Human Resources Manager and the City Manager.

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.	1
<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).	1
<input checked="" type="checkbox"/>	I make work assignments for others.	1
<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 H.R. Manager
Training Coordinator
Benefits Specialist

YOUR DIRECT REPORTS' JOB TITLES

Administrative Assistant

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

☒ Full Time 1 ☐ 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		
Departmental co-workers	Daily	Claims, benefits, policy, employee health issues
Other Dept Supervisors	Daily or weekly	Insurance & Work Comp claims
Department Heads	Weekly or Monthly	Claims policy or insurance policy issues
Other Dept. Employees	Weekly	Claims, City policy questions, safety issues
City Legal Dept.	Weekly	Claims Issues

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Work Comp T.P.A.	Weekly	Workers Compensation claims issues
CIRSA adjusters & staff	Weekly	City insurance claims-issues & claims policy
Attorneys & Doctors	Weekly	Work Comp and Liability Claims issues
Safety & Health Consultants	Weekly	Safety inspection and training issues, health plan issues
Health, Benefits Plans	Monthly	City health claims, other benefits issues
Public	Weekly	Insurance claims, City policy issues & complaints

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:			
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%)
1	Oversee City Loss Control & Safety programs	evaluate & target S.W.O.T. in City	Weekly	10%
2	Train & supervise Risk Mgt. Admin Assistant	Needed training, level of responsibility	Daily	5%
3	Oversee City Work Comp Claims issues	compensability, legal requirements, impacts on workforce	Daily	15%
4	Oversee Property & Liability Program	policy decisions, jurisdiction, legal issues	Daily	10%
5	Oversee City Self-Insurance Funds	Funding levels, budget impacts, actuarial status	Annually	5%
6	Interact with contractors, service providers	levels of service, cost effectiveness	Weekly	10%
7	Report on City Loss Control Programs, insurance programs, loss fund levels, insurance issues	evaluate data, isolate trends, present clearly	Quarterly	5%
8	Respond to Claimants against City	Compensability, jurisdiction, City policy, integrity, respect, bridge-builder	Weekly	10%
9	Budget for Risk Management programs, monitor budget	Budget levels, cost allocations	Quarterly	5%
10	Negotiate and renew insurance policies, contract arrangements, benefits programs	service levels, cost, effectiveness	Annually	5%
11	Modify & Develop Policies in cooperation with H.R. staff, Legal, outside consultants	legislative changes, new threats, cost drivers	Annually	5%
12	Interact with City employees on claims & policy issues	fairness, respect	Weekly	5%
13	Participate in professional & regulatory group meetings	professional policy questions, Applying to GJ	Quarterly	5%
14	Educate and train City staff in R.M. issues	Topics, presentation,	Annually	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	Understanding of safety & loss control concepts, (A.R.M. helpful) ability to team with other City staff
2	Knowledge of supervision, ability to effectively communicate.
3	Understanding of legal principals guiding Colorado workers' compensation, ability to prioritize multiple issues.
4 & 8	Knowledge of insurance law, City policies. Ability to effectively and courteously interact with public under stressful circumstances.
5 & 9	Understanding of basic financial principals and City budget guidelines. Ability to work with City financial, reporting software and MS Office programs.
6	Understanding of the role of workers' compensation T.P.A., regulatory frameworks in Colorado, ability to communicate clearly and effectively
7	Ability to condense information into clear & concise formats, Analytical ability.
10	knowledge of benefits law and experience with health, work comp and other employee benefits, ability to negotiate effectively.
11 & 13	knowledge of a broad range of law, ability to interact with other professionals and consolidate information
12	Understanding of City policies and claims law, ability to interact with compassion, clarity, respect

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): M.P.A. would be helpful

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>
Workers Compensation Claims	23 years	3-5	2 years
Property-Liability Claims	23 years	3-5	2 years
Budgeting	20 years	5	3 years

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

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.

Associate in Risk Management (A.R.M.) preferred

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	Computer and City financial, MS Office programs	Daily
All	Ability to drive, valid driver's license	Daily
4	Ability to use Internet for research, and distribute digital information (photos, documents, web links)	Weekly

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. Compensability decisions on claims. (pay or fight claim) Usually accompanied by decision about how to interact professionally and respectfully with claimant.
 - 2. Assignment of duties and appropriate training for administrative assistant .
 - 3. Loss funding levels and allocation of cost of claims and insurance programs to internal customers.

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
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.	3--Monthly	1--Somewhat Important	1
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.	3--Monthly	1--Somewhat Important	1
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
Kneeling: Bending legs at knee to come to a rest on knee or knees.	3--Monthly	1--Somewhat Important	1
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	0--Not Important	
Reaching: Extending hand(s) and arm(s) in any direction.	1--Annually	1--Somewhat Important	
Standing: Particularly for sustained periods of time.	3--Monthly	1--Somewhat Important	1
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	4--Weekly	1--Somewhat Important	1
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	0--Never	0--Not Important	
Pulling: Using upper extremities to exert force in	0--Never	0--Not Important	

order to draw, drag, haul or tug objects in a sustained motion.			
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	
Grasping: Applying pressure to an object with the fingers or palm.	0--Never	0--Not Important	1
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.	0--Never	0--Not Important	
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	Select	Select	
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	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	3--Extremely 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	2--Very 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.	4--Weekly	1--Somewhat 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 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	1--Annually	1--Somewhat Important	Office

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 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 checked="" type="checkbox"/>	<input 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).

EMPLOYEE CERTIFICATION

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

Signed: 

Date: January 16, 2009

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
III.2.	Bachelor's degree with major course work in industrial safety, risk management, business administration, public administration or a related field.
III.2.	Four years of responsible experience in industrial safety and risk management or related field including responsibility for managing self insurance funds, plus one year of supervisory experience.

Please check the appropriate statement:

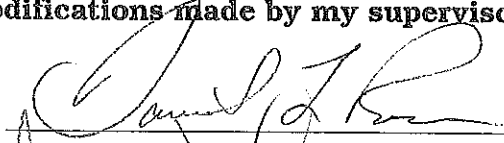
☐ I agree with the incumbents' position questionnaire as written.

☒ 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.

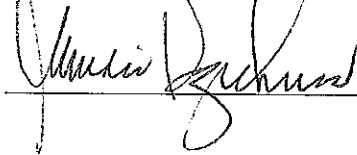
Employee Signature:



Date:

01/16/09

Supervisor
Signature:



Date:

1-16-09

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.