

# 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:**

**Department:**

### For Individual Questionnaires Only:

<b>Employee Name:</b>	Packard	Christopher	N
	(Last)	(First)	(Middle Initial)

**Current Classification Title:** Storekeeper

<b>Division</b>	Purchasing	<b>Department</b>	Administrative Services
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**Total Length of Time with organization** 6 Years 7 months

**Total Length of Time in Current Position** 6 Years 7 months

**Assigned Hours/Week:: from** 7:30 AM **t o** 4:00 PM **Assigned Days/Week** M-F

**Email:** chrisp@gjcity.org

**Work Phone:** 244-1576

**Immediate Supervisor:**

**Immediate supervisor reports to:**

**Name:** Scott Hockins

**Name:** Jay Valentine

**Title:** Purchasing Supervisor

**Title:** Assistant Financial Operations Manager

**Work Phone** 244-1484

**Work Phone:** 244-1534

**E-mail:** scotth@gjcity.org

**E-mail:** jayva@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 duties in support of centralized supply warehousing and distribution.

## 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).	1
<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).	1
<input checked="" type="checkbox"/>	I make work assignments for others.	1
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	1
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	1
<input type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	
<input type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	

- 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

Senior Buyer
Senior Buyer
Buyer
Storekeeper Assistant

### YOUR DIRECT REPORTS' JOB TITLES


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

☐ Full Time      ☐ Part-Time      ☒ Seasonal/Temp 1      ☐ 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		
Administration	Weekly	Assist numerous divisions with warehouse products and services, including storage, and delivery needs.
Admin Services	Daily	See above
Community Development	Weekly	See above
Fire	Daily	See above
Parks	Daily	See above
Police	Daily	See above
Public works	Daily	See above

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Mountain West Office Products	Daily	Ordering supplies (Inventory products).
Central Distributing	Weekly	See above
Airgas	Weekly	See above
Peachtree True Value	Weekly	See above
Jay Max Sales	Weekly	See above
Numerous other vendors (at least 10)	Monthly or Quarterly	See above

**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>			
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%

	<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	Input all computerized inventory transactions	Decide on type of transaction. Determine if quantities, unit of measures, and accounts used make sense. Select correct vendors and customers.	Daily	20
2	Order, expedite, receive, inspect / verify, issue inventory; and make some deliveries.	Decide when to order, quantity desired, price expected, and which vendor to use. Decide when expediting is needed. Decide if damage, quality, and count is acceptable. Obtain correct accounting and customer for issues, as well as correct product and unit of measure. Plan most efficient delivery schedule.	Daily	15

3	Direct part-time help with work assignments.	Oversee deliveries, plan and prioritize work assignments. Decide if extra help is needed (due to high work load, furniture moving, etc.), and if projects can be completed in the allotted time. Adjust work hours for help, when necessary.	Daily	15
4	Communicate with customers and vendors about products, orders, quality, specifications, prices, payment issues, and storage needs.	Decide on the best form of communication (e-mail, phone, face to face, written), based on time, information needed, or if documentation is needed. Decide what approach is best with person or company involved. Decide what attachment to send (if situation call for). Understand what my customers want, how, and if, I can store certain items. Communicate with vendors information needed to create orders, and notification of problems. Decide and communicate with vendors how to resolve payment issues.	Daily	10
5	Establish and review reorder points, provide bid numbers, and specifications for purchasing.	Decide what reorder points and order quantities should be, based on past history, and expected future use. Decide quality, and specifications needed for products.	Weekly	10

6	<p>Move and locate products into proper locations using warehouse equipment.</p>	<p>Decide how, and where, to store items efficiently and safely. Decide what products can be safely stacked, or put on to different size bins, shelves racks, and heights. Decide where products should be efficiently stored, what has to be accessible, and what can be stored in less accessible locations. Locate items with knowledge of future shipments in mind, in order to minimize repetitive moves. Decide what equipment is most efficient, and useful, to move products.</p>	Daily	5
7	<p>Ship, receive, and sign for deliveries for many city departments / divisions.</p>	<p>Decide how to package and ship outgoing shipments. Make sure they are labeled, weighed, and entered correctly. Make sure account numbers are given for the charges. Process shipping invoices for payment, noting what needs to be charged to what accounts. Sign for incoming deliveries, note damage and shortages, Decide where incoming freight is intended, deliver and / or notify interested parties.</p>	Daily	5
8	<p>Maintain numbering system, descriptions, shelf labeling, and bin sizing for products.</p>	<p>Decide what products should be grouped, and numbered accordingly, allowing for expansion. Decide if descriptions are understandable and help to clarify units of measure, when needed. Decide if products and shelves are adequately labeled, and bins are sized to contain product.</p>	Weekly	5

9	Perform physical counts, investigate inventory discrepancies, and make adjustments.	Decide when, and how many items to count (spot check, cycle count, complete). Decide if inventory quantities are accurate, and make corrections or adjustments. Submit accurate year-end inventory to Accounting.	Monthly	5
10	Pick up, store, issue, or dispose of other, non-inventory, electronic scrap, and surplus items.	Arrange for pick up of incoming surplus items. Decide on vehicles, equipment, help, and timing. Decide if surplus items and electronic scrap should be stored, sent to auction, recycled, or disposed of, and arrange accordingly. Store other non-inventory items for customers, and decide what locations are best for the items.	Monthly	5
11	Research and establish if new products are needed, or if old products should be written off (discontinued).	Decide if there is enough demand for new products, and conversely, if a product should be discontinued. Decide if discontinued products should be returned, written off, given away, auctioned, or disposed of.	Quarterly	5
12			Select	
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
2,3,4,6,7,8,9,10,11	General materials management, storekeeping and warehouse procedures.
1,2,3,9,11	Inventory procedures and forms.
1,2,3,5,8,9,11	Basic principles and practices of inventory control.
1,2,3,4,5,9,10,11	Principles and procedures of record keeping.
2,3,4,5,9,11	Modern office procedures, methods and equipment including computers.
2,4,5,6,7,8,9,10,11	Parts, supplies, and materials commonly stocked in a municipal warehouse.
2,4,5,6,7,8,9,11	Basic mathematical principles.
2,4,7,10	Standard business practices and procedures.

### 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 type="checkbox"/>	<input 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 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 type="checkbox"/>	<input 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>
Parts clerk	4 years	3 or...	years
Material Control	8 years	2 or...	years
Warehouse / Inventory Control	14 years	1	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.

Regular Colorado driver's license, Forklift certification.

**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
7,10	Delivery Van	Daily - 5%
2,6,7,10	Multiple forklifts	Daily - 10%
2,6,7,10	Hand operated warehouse equipment - Pallet jacks, hand trucks (wheelers), platform dollies, carts and wagons.	Daily - 10%
1,2,4,5,7,8,9,11	Office equipment - computer, printer, copier, calculator, and phones.	Daily - 50%

**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. Maintain adequate and appropriate stock levels and reorder points by reviewing history, trends, and customer requests. Decide if products should be added or discontinued. Decide on appropriate stock levels, as well as price, specifications or quality, and create orders.
  - 2. Ensure accurate inventory by monitoring and performing physical, written, and computer inventory transactions. Decide if issue, and receiving transactions make sense, and match the record. Observe order pulling and check for accuracy. Decide if, and when, physical counts are needed, and for how many items. Decide if contributing factors are adequate, such as product numbers, descriptions, units of measure, prices, and labeling.
  - 3. Create and prioritize work assignments, on a daily basis, for myself, and for part-time help. Make judgments of how, when, and sequence for deliveries, storage and material handling, computer entry, ordering and expediting, receiving, shipping, and surplus / scrap.

## 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	3--Extremely Important	6,9
<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	3--Extremely Important	2,6,7,9,10
<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	3--Extremely Important	2,6,7,9,10
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5--Daily	3--Extremely Important	2,6,7,9,10
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5--Daily	3--Extremely Important	2,6,7,9,10
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	5--Daily	3--Extremely Important	6

<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	2,6,7,9,10
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	3--Extremely Important	2,4,7,9
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	2,3,6,7,9,10
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5--Daily	3--Extremely Important	2,6,7,9,10
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5--Daily	3--Extremely Important	2,6,7,9,10
<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	3--Extremely Important	1,4,5,8,9,11
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	6,7,9,10
<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.	5--Daily	3--Extremely Important	2,6,7,9,10
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	1--Somewhat Important	1,4,7
<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	3--Extremely Important	1,2,3,4,7,10,11
<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	2--Very Important	2,3,4,6,7,10
<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),	5--Daily	3--Extremely Important	1,2,3,4,5,6,7,8,9,10,11

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).			
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	2--Very Important	1
<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 all other sedentary criteria are met.	5--Daily	3--Extremely Important	1,2,4,5,8,9,11
<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	3--Extremely Important	2,7,8,9
<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.	5--Daily	3--Extremely Important	2,6,7,9,10
<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.	4--Weekly	2--Very Important	2,6,7,10
<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.	3--Monthly	1--Somewhat Important	2,6,7,10

## 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 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: Christopher N. Parkland Date: 12-23-08

**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



**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: Chris Parkard Date: 12-24-08

Supervisor Signature: Scott Lockie Date: 12/24/08

Department Head Signature: [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.

