

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:

Employee Name:	Vargas	Ofelia	-
	(Last)	(First)	(Middle Initial)

Current Classification Title: Administrative Assistant

Division	Neighborhood Services	Department	Public Works & Planning
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Total Length of Time with organization 9 Years 4 months

Total Length of Time in Current Position 1 Years 2 months

Assigned Hours/Week:: from 8 t o 4:30 Assigned Days/Week 5

Email: ofeliav@gjcity.org Work Phone: 970-244-1583

Immediate Supervisor:

Immediate supervisor reports to:

Name:	Sarah Jennings	Name:	Kathy Portner
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Title:	Administrative Specialist	Title:	Neighborhood Services Manager
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Work Phone	244-1593	Work Phone:	244-1420
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E-mail:	sarahj@gjcity.org	E-mail:	kathyp@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.

Administrative Assistant

Communicating with the public regarding their complaints using city specific programs to input complaint information and forward to appropriate department. Prepare a variety of financial reports including accounts payable and receivable and payroll.

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 type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	
<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 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

Code Enforcement Officer
Weed Surveyor

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		
Supervisor	Daily	Support for decisions
Code Enforcement Officer	Daily	City code violations
Weed Surveyors	Daily	Weed complaints
Planning Technicians	Monthly	City code violations
Law Enforcement	Weekly	Graffiti
Administration	Weekly	Online complaints
Payroll	Weekly	Timesheet input
Finance	Weekly	Invoices
County Code	Monthly	County code violations
City Clerk	Weekly	Liquor license inspections

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public	Daily	Complaints
Weed Contractor	Weekly	Weed abatement

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	Fielding complaint calls from public	Determine nature of complaint, determining appropriate department for investigation	Daily	20
2	Payroll	Prepare and input timesheets	Monthly	5
3	Accounts Payable	Prepares appropriate bills being paid	Weekly	5
4	Accounts Receivable	Prepares correct billing information	Weekly	5
5	Expense reports	Prepare receipts and determine correct account codes	Monthly	5
6	Travel authorization form	Determine per diem and mileage for employee	Quarterly	5
7	Write up Code Enforcement cases	Determine appropriate code enforcement officer	Daily	15
8	Process weed violation notices	Determine ownership of properties	Daily	10
9	Input of fence and sign permits	Prepare permits to be entered into Impact AP	Quarterly	5
10	Ordering supplies	Check for supplies as needed	Monthly	5
11	General clerical duties	Copying, filing, etc.	Daily	15
12	Weed abatement reports	Prepares reports for weed abatement to be sent to contractor	Weekly	5
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	English and Spanish usage
3	Principles and procedures of financial record keeping and bookkeeping
9	Knowledge of database and desktop software
11	Modern office methods, practices rules and policies. Knowledge of Microsoft Word and Excel

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 checked="" 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 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?

<u>Type of Experience</u>			
<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
	years		years
	years		years
	years		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.

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	Telephone	
2-9	Computer, printer, copier, scanner	
	Digital camera	

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. Determining whether dealing with a code enforcement issue or a civil matter.

2. Making the decision to adjust weed bills.

3.

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.	1--Annually	1--Somewhat Important	Locate files from Stores
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.	1--Annually	1--Somewhat Important	Locate files
Kneeling: Bending legs at knee to come to a rest on knee or knees.	4--Weekly	1--Somewhat Important	Filing of files
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.	5--Daily	3--Extremely Important	
Standing: Particularly for sustained periods of time.	Select	Select	
Walking: Moving about on foot to accomplish	0--Never	0--Not Important	

tasks, particularly for long distances.			
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 order to draw, drag, haul or tug objects in a sustained motion.	0--Never	0--Not Important	
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	Typing
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	Writing
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.	2--Quarterly	1--Somewhat Important	Locate files
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	3--Extremely Important	
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	Answering phones and communicating with public and co-workers
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	Answering phones and communicating with public and co-workers
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	Computer and filing
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	Typing
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	5--Daily	3--Extremely Important	

involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.			
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 Light Work.	5--Daily	3--Extremely Important	
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	

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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: _____

Ofelia Vargas

Date: _____

11/10/08

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. The Supervisor does not need to read the entire JAQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections 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. 3.	Essential duties: Screen, sort, and distribute mail; maintain calendars for meeting and events; create and maintain office literature such as brochures, letters, and forms; compile mailing lists, verify contact information for home owners association contacts, assist in special project mail outs; organize and maintain filing systems, organize and prepare files for archival; collect information necessary to open graffiti cases; assist customers with paperwork needed for filing for temporary use permits.
II. 4.	Required knowledge and skills: basic report preparation; English usage, spelling, grammar and punctuation; basic accounting skills.
III. 1.	Education: High School diploma or equivalent
III. 2.	Experience needed: Customer Service training; data entry;

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: Ofelia Vargas Date: 11/10/08

Supervisor Signature: [Signature] Date: 11/10/08

Department Head Signature: [Signature] Date: 11-10-08

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.

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 type="checkbox"/> No	If yes, please list all employee names.
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Division:

Department:

For Individual Questionnaires Only:

Employee Name:	Swanson	Lara	L.
	(Last)	(First)	(Middle Initial)

Current Classification Title: Administrative Assistant

Division	Financial Operations	Department	Administration
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Total Length of Time with organization **Years** 1.5 **months**

Total Length of Time in Current Position **Years** 1.5 **months**

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

Email: laras@gjcity.org **Work Phone:** 970-244-1536

Immediate Supervisor:

Immediate supervisor reports to:

Name: Jodi Romero

Name: Laurie Kadrich

Title: Financial Operations Manager

Title: City Manager

Work Phone 970-244-1515

Work Phone: 970-256-4154

E-mail: jodir@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.

Perform variety of responsible, confidential and complex administrative support and clerical duties for the City's Financial Operations 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 type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	
<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 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

Assistant Financial Operations Manager
Customer Service Manager
Municipal Court Administrator
City Auditor
Sales Tax Enforcement Officer

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		
Peers in Financial Operations Division	Daily	Collaborate on work projects
IT Personnel	Weekly	IT issues
City Clerk	Daily	Picking up external/ internal mail for distribution
Various employees from City Departments	Daily	Assisting with information as I'm able.

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Vendors	Weekly	Ordering supplies
Public	Daily	Provide general information - AS WELL AS
		SCREEN AND EVALUATE QUESTIONS
		& CONCERNS TO DIRECT TO
		APPROPRIATE STAFF (often)
		INVOLVING SENSITIVE OR
		CONFIDENTIAL INFORMATION

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Process invoices for payment for divisions within Financial Operations including Fin Ops Administration, Budget & Accounting, Purchasing, Fleet and Customer Service.	Determine appropriate accounts to which invoices should be coded. Monitor the budgets for the divisions.	Weekly	15%
2	Reconcile Purchasing Card Statements of employees within the various divisions of Financial Operations	Determine appropriate accounts to which invoices should be coded.	Weekly	15%
3	Process payroll timesheets and PTO forms for employees in Fin Ops Admin, Budget & Accounting, Customer Service, Municipal Court and Parking	Accurate coding of hours	Weekly	5%
4	Develop and maintain webpages for all divisions within Financial Operations	Determine the information to be posted on the web, as well as the best presentation of that information.	Occasionally	5%
5	Participate in monitoring budget for Financial Operations division	Determine when to report budget discrepancies to budget manager	Weekly	10%
6	Prepare and proofread financial reports, graphs, charts, etc. for Financial Operations division	Determine accuracy of data and proper graph or chart to show information most visually appropriate	Daily	10%
7	Assist City staff and general public by providing appropriate information <i>AND/OR DIRECTING TO APPROPRIATE STAFF</i>	Determine what information is appropriate and accurate	Daily	5%
8	Provide administrative support and clerical duties for Financial Operations division	Prioritize responsibilities	Daily	15%
9	File correspondence, reports, etc.	Determine most logical method of filing	Daily	5%

10	Prepare and proofread correspondence for Financial Operations division	Determine most effective communication using accurate grammar, spelling and punctuation	Daily	10%
11	Monitor inventory of office supplies and order as necessary.	Determine what supplies are necessary in order for the department to operate efficiently.	Weekly	8%
12	RESEARCH AND COMPIATION OF FINANCIAL INFORMATION		Select Monthly	39%
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, 5	Knowledge of New World Financial Management. Ability to accurately code expenses to appropriate budget line item.
1, 2	Knowledge of Divisional Budgets. Ability to accurately code expenses to appropriate budget line item.
2	Knowledge of Wells Fargo Commercial Card Expense Reporting process and departmental budget. Ability to accurately code expenses to appropriate budget line item.
3	Knowledge of New World Human Resources. Requires accurate entry of payroll data.
4	Knowledge of Dreamweaver program. Ability to create and edit PDF files, text, graphs, images, etc. to build and maintain departmental web pages.
5	Knowledge of general accounting principles and procedures.
6	Knowledge of general financial reports. Experienced user of Microsoft Excel.
7	General knowledge about City and/or willingness to learn about City. Requires strong customer service skills.
8	Requires administrative support/clerical skills including knowledge about use of office equipment, organizational skills, and proficient written and verbal communication skills.

9	Knowledge of filing systems. Requires logical thinking to file in most effective manner.
10	Strong spelling, grammar, and punctuation skills.
11	Understanding of what supplies are needed for employees to perform job responsibilities most efficiently.
12	Ability to UNDERSTANDING OF INTERNET RESEARCH STRATEGIES - ABILITY TO RESEARCH AND COMPARE FINANCIAL DATA

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input 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 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>
Experienced Administrative Assistant	18 years	Administrative Support/ Clerical Experience	3 years
Accounting/Bookkeeping	2 years	Accounting/Bookkeeping	1 years

years

years

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

Secretarial/Clerical/Administrative Assistant and Accounting training.

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.

N/A

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	Daily
All	Copier/Printer	Daily
7	Telephone/Fax	Daily

5. DECISION-MAKING & JUDGMENTS.

a. Describe three types of important decisions and judgments you make regularly and independently in the performance of your duties.

1. Determining account to which expenses should be coded, so as to accurately reflect the Financial Operations division's budget.

2. Determining most logical method of file creation and maintenance for division (written and electronic).
 FIELDING AND RESOLVING CUSTOMER/CITIZEN COMPLAINTS OR QUESTIONS. DETERMINING APPROPRIATE ROUTING AND HANDLING OF PUBLIC INFORMATION REQUEST FOR INFORMATION WHILE MANAGING CONFIDENTIAL AND SENSITIVE INFORMATION.

3. Determining priority of assigned tasks so they are completed timely.

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	Select	
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	Select	
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.	4--Weekly	1--Somewhat Important	9, 11
Kneeling: Bending legs at knee to come to a rest on knee or knees.	0--Never	Select	
Crouching: Bending the body downward and forward by bending leg and spine.	3--Monthly	1--Somewhat 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.	5--Daily	1--Somewhat Important	
Standing: Particularly for sustained periods of time.	Select	Select	
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	Select	Select	
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	0--Never	Select	
Pulling: Using upper extremities to exert force in	0--Never	Select	

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	All
Grasping: Applying pressure to an object with the fingers or palm.	0--Never	Select	
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	Select	
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	0--Never	Select	
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	All
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	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	3--Extremely Important	All
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	3--Extremely Important	All
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm 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.	0--Never	Select	

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	Select	
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	Select	
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	Select	

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	All
Grasping: Applying pressure to an object with the fingers or palm.	0--Never	Select	
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	Select	
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	0--Never	Select	
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	All
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	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	3--Extremely Important	All
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	3--Extremely Important	All
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm 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.	0--Never	Select	

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	Select	
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	Select	
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	Select	

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	All
Grasping: Applying pressure to an object with the fingers or palm.	0--Never	Select	
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	Select	
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	0--Never	Select	
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	All
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	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	3--Extremely Important	All
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	3--Extremely Important	All
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm 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.	0--Never	Select	

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	Select	
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	Select	
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	Select	

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: _____

Lisa L. Swanson

Date: _____

10/15/08

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. The Supervisor does not need to read the entire JAQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections 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
	IT SHOULD BE NOTED THAT THIS POSITION SUPPORTS A LARGE DIVISION (36+ EMPLOYEES) ACROSS A WIDE SCOPE OF FUNCTIONS (INCLUDING FINANCE, BUDGET, ACCOUNTING, SALES TAX, UTILITY BILLING, MUNICIPAL COURT, PARKING, FLEET, PURCHASING, AUDIT & TAX ENFORCEMENT. THE SCOPE OF INFLUENCE AND RESPONSIBILITY IS WIDE. FURTHER, THIS POSITION WORKS DIRECTLY WITH NO LESS THAN 5 SUPERVISORS AND MANAGERS AS WELL

AS THE BALANCE OF FINANCIAL OPERATIONS STAFF.

ALSO, THIS POSITION IS LESS THAN 3 MONTHS OLD AND STILL IN THE DEVELOPING STAGE. IT IS CERTAIN THAT ADDITIONAL DUTIES AND RESPONSIBILITIES WILL BE ADDED TO THE WORKLOAD OF THIS POSITION.




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: 11/11/08

Supervisor Signature:  Date: 11/11/08

Department Head Signature:  Date: 11/11/08

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.

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.
--	---

Division: Trash, Water, and Street Divisions **Department:** Utility & Street Systems

For Individual Questionnaires Only:

Employee Name:	Lee	Ernean	L.
	(Last)	(First)	(Middle Initial)

Current Classification Title: Administrative Assistant

Division	Trash, Water, and Street Divisions	Department	Utility & Street Systems
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Total Length of Time with organization 13 Years 5 months

Total Length of Time in Current Position 12 Years 11 months

Assigned Hours/Week:: from 8 a.m. **to** 4:30 p.m. **Assigned Days/Week** 5 M-F

Email: erneanl@gjcity.org

Work Phone: 970-244-1574

Immediate Supervisor:

Immediate supervisor reports to:

Name:	Darren Starr & Rick Brinkman	Name:	Terry Franklin
Title:	Solid Waste & Streets Manager; Water Services Manager	Title:	Deputy Director, Utility & Street Sys
Work Phone	970-244-1493; 970-244-1429	Work Phone:	970-244-1495

darrens@gjcity.org;
rickbr@gjcity.org

E-mail:

E-mail: terryf@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.

My position is an administrative assistant. I assist and provide customer service to the Utility and Streets Systems, with more emphasis on the trash and water divisions. I feel I should be a representative for the whole City of Grand Junction and that every call I get, I should try to help the customer or citizen with his/her need. I am also responsible for the accounts payables for the trash and water divisions. See further detail throughout this questionnaire.

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 type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	
<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 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

Solid Waste Supervisor
Solid Waste Crew Leader
Admin Asst, Streets & Facilities
Pipeline Maintenance Supervisor
Water Resources Supervisor
Water Locator
Water Plant Supervisor
Street Maintenance Supervisor
Street Cleaning Supervisor
Storm Water Inspector

YOUR DIRECT REPORTS' JOB TITLES

Solid Waste & Streets Manager
"
"
Water Services Manager
"
"
"
Solid Waste & Streets Manager
"
"

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		
Trash Supervisor, Crew Leader & Truck Drivers	Daily	All issues related to serving our customers for trash service
Water Supervisor, Locator & Crews	Daily	All issues related to serving our customers for water service
Customer Service Reps & Supervisor	Daily	Issues related to customers' accounts
Streets Supervisor, Admin Asst, Locator & Crews	Daily	Issues related to street cleaning, patching, leaf program, spring cleanup program, storm water
Finance	Weekly	Accts Payable, Time Entry, Credit Cards
Engineering/Public Works & Fleet Division	Varies Daily or Weekly	Requesting or relaying required information

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public	Daily	Questions about who to call in Mesa County or who handles what within the City
Customers, General Public	Daily	Set up trash service, water issues like breaks, water turn ons or offs, fill stations, street cleanup, potholes, etc.
Vendors	Daily or Weekly	Deliveries, Invoices
Contractors	Daily	Water issues
Utility Notification Center	Daily or Weekly	Call for Locates
Curbside Recycling	Daily	Recycling issues
Other Utility Companies	Daily or Weekly	Report Outages, Damages, Water Breaks

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%

***WITH REGARD TO THE PERCENTAGE OF TIME SPENT FOR DUTIES, I WOULD ESTIMATE THAT I SPEND A LITTLE OVER 50% ON CUSTOMER SERVICE ISSUES FOR THE THREE DIVISIONS AND APPROXIMATELY 45% FOR THE ACCOUNTS PAYABLE AND CREDIT CARD PROCESSING FOR THE TWO DIVISIONS. THE OTHER DUTIES ARE JUGGLED FOR THE REMAINDER OF TIME ACCORDING TO DEADLINES.**

	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	Provide all the customer service for the Trash Division, usually by telephone. Establish commercial and residential service	Citizen's needs	Daily	See Above *
2	Verify address is in our service area, explain cost, size of receptacle, service day, and recycling	Citizen's needs	Daily	
3	Complete trash container rate cards for new service or for changes. Complete special pickup rate cards and repair work orders. Notify drivers or crew leader	Answer Citizen's needs	Daily	
4	Research and answer questions about trash bills, sometimes making adjustments	Answer Customer's call	Weekly	
5	Deal with some unhappy customers, if I can't help them I refer to supervisor	Answer Customer's call	Weekly	
6	Dispatch drivers for special trash pickups	Customer requested	Daily	

7	Cover for the Trash Supervisor while on vacation by completing the above as well as container delivery list and enter service orders in spreadsheet	Coverage for Trash Dept	Quarterly	
8	Provide assistance and customer service to the Water Division, by telephone and walk-ins	Answer telephone	Daily	
9	Assist residents, contractors, customer service division, and police dispatch with water turn-ons and turn-offs and water breaks by dispatching field person	Answer telephone	Daily	
10	Answer questions, when possible, about water outages, usage, pressure, quality, backflow devices or request assistance from the appropriate personnel or dispatch a field person to location	Answer telephone	Daily	
11	Complete fill station applications for bulk water for some residents and answer some questions about billing	Answer Customer requests	Monthly	
12	Call Utility Notification Center for locates for emergency water breaks or line repair	Emergency water break	Weekly	
13	Complete the clothing order for 24 people for the Water Division by compiling individual orders into one big order, send it to vendor, verify order when it comes in	Compile individual orders when complete	Annually	
14	Assist the Streets Division with Customer Service by backing up telephone coverage for two administrative people and one supervisor	Answer telephone	Daily	
15	Answer questions, when possible, about Spring Clean up Program, Leaf Program, Chipseal Program, potholes, street cleaning or refer the call to the appropriate personnel	Answer telephone	Daily	
16	Process Accounts Payable for Trash and Water Divisions by collecting invoices, put an account code on them if one is not on it, and enter them into the financial system.	Receipt of invoices	Weekly	
17	Process credit card purchases for 21 cardholders by collecting invoices and entering them into the credit card system.	Receipt of invoices	Weekly	
18	Input payroll for Trash Division; prepare timesheet worksheets; complete manhour spreadsheet for water division	Pay employees	Every Other Week	
19	Prepare routine memos, faxes, accident reports	Respond to issues	Monthly	
20	Prepare requisitions for PO's and office supplies	Request for PO or need for office supplies	Monthly	

21	Maintain and update accounts payable files and computer files	Keep files organized	Weekly	
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4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

Duty #	Knowledge – Skills
ALL	Ability to listen and communicate effectively, both orally and in writing, to provide service to internal and external customers
ALL	Ability to establish and maintain effective working relationships with those contacted in the course of work
ALL	Knowledge of the operation, policies and procedures of the City and Utility & Streets Systems in order to complete assigned responsibilities
ALL	Knowledge of modern office practices, procedures, equipment including telephone, computer, 10-key, printer, fax, copier, and base radio. Software: Banner, NorthStar, New World, Microsoft Office 2007 and 2003--specifically Excel, Word and Powerpoint
ALL	Ability to compile and maintain records, research and analyze situations in accounts payable and trash billing questions
ALL	Knowledge of mathematical principles; principles and procedures of record keeping, reporting, and accounting
ALL	Ability to provide administrative support for a broad range of areas
ALL	Ability to perform secretarial work with little or no supervision
ALL	Ability to make independent decisions in helping customers based on established policies and procedures
ALL	Knowledge of English usage, spelling, grammar, and punctuation
ALL	Knowledge of Mesa County as a whole because we get telephone calls asking for various information

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 checked="" type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input checked="" 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>
Various Office Experience	40 years	See current job description	2 years
	years		years
	years		years

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

b.

Customer Service, Utility Billing Services, Accounting, Computers, Fax Machine, Printer, Copier, Scanner, Microsoft Word and Excel, Banner Systems, NorthStar Utility System, New World Financial Systems, GIS Maps, Telephone Etiquette, Time Management, How to work and deal with all types of people, English usage, spelling, grammar, and punctuation.

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.

Any license or certification relating to the business field is an added accomplishment, but none are required.

This job requires someone who has patience, and someone who can work with many interruptions. I don't think there is a license for that.

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
	Telephone	Daily
	Computer	Daily
	Base Radio	Daily
	Printer	Daily
	Copier	Daily
	Calculator	Daily
	Fax	Daily

5. DECISION-MAKING & JUDGMENTS.

a. Describe three types of important decisions and judgments you make regularly and independently in the performance of your duties.

1. I make decisions all the time based on our standard policies and procedures and what I know the supervisors would or would not allow. If I have an angry customer or citizen who I cannot help, I will refer those to the responsible supervisor.

2. If a contractor or other professional requests special help on a project regarding water issues, all I have to do is ask the supervisor or whomever and they will assist me. Same applies for trash requests. The supervisor, crew leader or drivers will help me.

3. When paying payables or processing credit cards, I have certain deadlines to meet, so I decide how I will proceed to meet the deadline.

My supervisor wanted me to emphasize that I make many decisions on my own without the supervisors' help. I do make a lot of decisions all day long, but it just seems normal for me to do that. It seems like it is part of my job.

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.	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.	2--Quarterly	1--Somewhat Important	
Kneeling: Bending legs at knee to come to a rest on knee or knees.	2--Quarterly	1--Somewhat Important	
Crouching: Bending the body downward and forward by bending leg and spine.	4--Weekly	2--Very Important	
Crawling: Moving about on hands and knees or hands and feet.	0--Never	0--Not Important	
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	
Standing: Particularly for sustained periods of time.	1--Annually	1--Somewhat Important	
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	4--Weekly	2--Very Important	
Pushing: Using upper extremities to press against something with steady force in order to thrust	1--Annually	1--Somewhat 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.	1--Annually	1--Somewhat Important	
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	2--Very 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.	5--Daily	2--Very Important	
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	2--Very Important	
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	
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	
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	
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	3--Extremely Important	
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	3--Monthly	1--Somewhat Important	

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

2. WORKING CONDITIONS.

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

☐ Does Not Apply

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input checked="" 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 checked="" 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 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).

We may be premature in completing this form because there are three more people moving into our building--the Utility and Streets Systems Director, an environmental manager, and a senior administrative assistant. It has been said that the Trash Supervisor will no longer be fielding customer calls. All of this will undoubtedly affect my current job duties.

The last few months we have spent extra time in training. The City changed the whole financial software and the utility software as well as upgrading to Microsoft Office 2007. These changes affected just about everything I do. I'm still learning all the changes.

EMPLOYEE CERTIFICATION

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

Signed: Cornelia Lee

Date: 11/7/08

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. The Supervisor does not need to read the entire JAQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections are not complete or are incorrect, please fill in the blanks when you review the questionnaire with the incumbent. If you disagree with any information provided or believe some information is missing, indicate below the question number and your comments. **Please note the form should have all three signatures to ensure all have read the questionnaire.**

Question No.	Comments

Please check the appropriate statement:


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

☐ The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.

☐ The above modifications have been discussed with the incumbent, and the incumbent disagrees with these modifications.

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

Employee Signature: _____ Date: _____

Supervisor
Signature:  Date: 11/2/08

Department Head
Signature:  Date: 11/25/08

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.

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: Trash, Water, and Street Divisions **Department:** Utility & Street Systems

For Individual Questionnaires Only:

Employee Name: Lee Ernean L.
(Last) (First) (Middle Initial)

Current Classification Title: Administrative Assistant

Division Trash, Water, and Street Divisions **Department** Utility & Street Systems

Total Length of Time with organization 13 Years 5 months

Total Length of Time in Current Position 12 Years 11 months

Assigned Hours/Week:: from 8 a.m. to 4:30 p.m. **Assigned Days/Week** 5 M-F

Email: erneanl@gjcity.org

Work Phone: 970-244-1574

Immediate Supervisor:

Immediate supervisor reports to:

Name: Darren Starr & Rick Brinkman

Name: Terry Franklin

Title: Solid Waste & Streets Manager;
Water Services Manager

Title: Deputy Director, Utility & Street Sys

Work Phone 970-244-1493; 970-244-1429

Work Phone: 970-244-1495

darrens@gjcity.org;
rickbr@gjcity.org

E-mail:

E-mail: terryf@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.

My position is an administrative assistant. I assist and provide customer service to the Utility and Streets Systems, with more emphasis on the trash and water divisions. I feel I should be a representative for the whole City of Grand Junction and that every call I get, I should try to help the customer or citizen with his/her need. I am also responsible for the accounts payables for the trash and water divisions. See further detail throughout this questionnaire.

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 type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	
<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 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

Solid Waste Supervisor
Solid Waste Crew Leader
Admin Asst, Streets & Facilities
Pipeline Maintenance Supervisor
Water Resources Supervisor
Water Locator
Water Plant Supervisor
Street Maintenance Supervisor
Street Cleaning Supervisor
Storm Water Inspector

YOUR DIRECT REPORTS' JOB TITLES

Solid Waste & Streets Manager
"
"
Water Services Manager
"
"
"
Solid Waste & Streets Manager
"
"

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		
Trash Supervisor, Crew Leader & Truck Drivers	Daily	All issues related to serving our customers for trash service
Water Supervisor, Locator & Crews	Daily	All issues related to serving our customers for water service
Customer Service Reps & Supervisor	Daily	Issues related to customers' accounts
Streets Supervisor, Admin Asst, Locator & Crews	Daily	Issues related to street cleaning, patching, leaf program, spring cleanup program, storm water
Finance	Weekly	Accts Payable, Time Entry, Credit Cards
Engineering/Public Works & Fleet Division	Varies Daily or Weekly	Requesting or relaying required information

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public	Daily	Questions about who to call in Mesa County or who handles what within the City
Customers, General Public	Daily	Set up trash service, water issues like breaks, water turn ons or offs, fill stations, street cleanup, potholes, etc.
Vendors	Daily or Weekly	Deliveries, Invoices
Contractors	Daily	Water issues
Utility Notification Center	Daily or Weekly	Call for Locates
Curbside Recycling	Daily	Recycling issues
Other Utility Companies	Daily or Weekly	Report Outages, Damages, Water Breaks

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%

***WITH REGARD TO THE PERCENTAGE OF TIME SPENT FOR DUTIES, I WOULD ESTIMATE THAT I SPEND A LITTLE OVER 50% ON CUSTOMER SERVICE ISSUES FOR THE THREE DIVISIONS AND APPROXIMATELY 45% FOR THE ACCOUNTS PAYABLE AND CREDIT CARD PROCESSING FOR THE TWO DIVISIONS. THE OTHER DUTIES ARE JUGGLED FOR THE REMAINDER OF TIME ACCORDING TO DEADLINES.**

	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	Provide all the customer service for the Trash Division, usually by telephone. Establish commercial and residential service	Citizen's needs	Daily	See Above *
2	Verify address is in our service area, explain cost, size of receptacle, service day, and recycling	Citizen's needs	Daily	
3	Complete trash container rate cards for new service or for changes. Complete special pickup rate cards and repair work orders. Notify drivers or crew leader	Answer Citizen's needs	Daily	
4	Research and answer questions about trash bills, sometimes making adjustments	Answer Customer's call	Weekly	
5	Deal with some unhappy customers, if I can't help them I refer to supervisor	Answer Customer's call	Weekly	
6	Dispatch drivers for special trash pickups	Customer requested	Daily	

7	Cover for the Trash Supervisor while on vacation by completing the above as well as container delivery list and enter service orders in spreadsheet	Coverage for Trash Dept	Quarterly	
8	Provide assistance and customer service to the Water Division, by telephone and walk-ins	Answer telephone	Daily	
9	Assist residents, contractors, customer service division, and police dispatch with water turn-ons and turn-offs and water breaks by dispatching field person	Answer telephone	Daily	
10	Answer questions, when possible, about water outages, usage, pressure, quality, backflow devices or request assistance from the appropriate personnel or dispatch a field person to location	Answer telephone	Daily	
11	Complete fill station applications for bulk water for some residents and answer some questions about billing	Answer Customer requests	Monthly	
12	Call Utility Notification Center for locates for emergency water breaks or line repair	Emergency water break	Weekly	
13	Complete the clothing order for 24 people for the Water Division by compiling individual orders into one big order, send it to vendor, verify order when it comes in	Compile individual orders when complete	Annually	
14	Assist the Streets Division with Customer Service by backing up telephone coverage for two administrative people and one supervisor	Answer telephone	Daily	
15	Answer questions, when possible, about Spring Clean up Program, Leaf Program, Chipseal Program, potholes, street cleaning or refer the call to the appropriate personnel	Answer telephone	Daily	
16	Process Accounts Payable for Trash and Water Divisions by collecting invoices, put an account code on them if one is not on it, and enter them into the financial system.	Receipt of invoices	Weekly	
17	Process credit card purchases for 21 cardholders by collecting invoices and entering them into the credit card system.	Receipt of invoices	Weekly	
18	Input payroll for Trash Division; prepare timesheet worksheets; complete manhour spreadsheet for water division	Pay employees	Every Other Week	
19	Prepare routine memos, faxes, accident reports	Respond to issues	Monthly	
20	Prepare requisitions for PO's and office supplies	Request for PO or need for office supplies	Monthly	

21	Maintain and update accounts payable files and computer files	Keep files organized	Weekly	
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4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

Duty #	Knowledge - Skills
ALL	Ability to listen and communicate effectively, both orally and in writing, to provide service to internal and external customers
ALL	Ability to establish and maintain effective working relationships with those contacted in the course of work
ALL	Knowledge of the operation, policies and procedures of the City and Utility & Streets Systems in order to complete assigned responsibilities
ALL	Knowledge of modern office practices, procedures, equipment including telephone, computer, 10-key, printer, fax, copier, and base radio. Software: Banner, NorthStar, New World, Microsoft Office 2007 and 2003--specifically Excel, Word and Powerpoint
ALL	Ability to compile and maintain records, research and analyze situations in accounts payable and trash billing questions
ALL	Knowledge of mathematical principles; principles and procedures of record keeping, reporting, and accounting
ALL	Ability to provide administrative support for a broad range of areas
ALL	Ability to perform secretarial work with little or no supervision
ALL	Ability to make independent decisions in helping customers based on established policies and procedures
ALL	Knowledge of English usage, spelling, grammar, and punctuation
ALL	Knowledge of Mesa County as a whole because we get telephone calls asking for various information

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 checked="" type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input checked="" 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>
Various Office Experience	40 years	See current job description	2 years
	years		years
	years		years

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

b.

Customer Service, Utility Billing Services, Accounting, Computers, Fax Machine, Printer, Copier, Scanner, Microsoft Word and Excel, Banner Systems, NorthStar Utility System, New World Financial Systems, GIS Maps, Telephone Etiquette, Time Management, How to work and deal with all types of people, English usage, spelling, grammar, and punctuation.

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.

Any license or certification relating to the business field is an added accomplishment, but none are required.

This job requires someone who has patience, and someone who can work with many interruptions. I don't think there is a license for that.

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
	Telephone	Daily
	Computer	Daily
	Base Radio	Daily
	Printer	Daily
	Copier	Daily
	Calculator	Daily
	Fax	Daily

5. DECISION-MAKING & JUDGMENTS.

a. Describe three types of important decisions and judgments you make regularly and independently in the performance of your duties.

1. I make decisions all the time based on our standard policies and procedures and what I know the supervisors would or would not allow. If I have an angry customer or citizen who I cannot help, I will refer those to the responsible supervisor.

2. If a contractor or other professional requests special help on a project regarding water issues, all I have to do is ask the supervisor or whomever and they will assist me. Same applies for trash requests. The supervisor, crew leader or drivers will help me.

3. When paying payables or processing credit cards, I have certain deadlines to meet, so I decide how I will proceed to meet the deadline.

My supervisor wanted me to emphasize that I make many decisions on my own without the supervisors' help. I do make a lot of decisions all day long, but it just seems normal for me to do that. It seems like it is part of my job.

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.	2--Quarterly	1--Somewhat Important	
Kneeling: Bending legs at knee to come to a rest on knee or knees.	2--Quarterly	1--Somewhat Important	
Crouching: Bending the body downward and forward by bending leg and spine.	4--Weekly	2--Very Important	
Crawling: Moving about on hands and knees or hands and feet.	0--Never	0--Not Important	
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	
Standing: Particularly for sustained periods of time.	1--Annually	1--Somewhat Important	
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	4--Weekly	2--Very Important	
Pushing: Using upper extremities to press against something with steady force in order to thrust	1--Annually	1--Somewhat 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.	1--Annually	1--Somewhat Important	
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	2--Very 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.	5--Daily	2--Very Important	
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	2--Very Important	
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	
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	
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	
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	3--Extremely Important	
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	3--Monthly	1--Somewhat Important	

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

2. WORKING CONDITIONS.

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

☐ Does Not Apply

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input checked="" 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 checked="" 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 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).

We may be premature in completing this form because there are three more people moving into our building--the Utility and Streets Systems Director, an environmental manager, and a senior administrative assistant. It has been said that the Trash Supervisor will no longer be fielding customer calls. All of this will undoubtedly affect my current job duties.

The last few months we have spent extra time in training. The City changed the whole financial software and the utility software as well as upgrading to Microsoft Office 2007. These changes affected just about everything I do. I'm still learning all the changes.

EMPLOYEE CERTIFICATION

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

Signed: Donna Lee

Date: 11/7/08

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. The Supervisor does not need to read the entire JAQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections are not complete or are incorrect, please fill in the blanks when you review the questionnaire with the incumbent. If you disagree with any information provided or believe some information is missing, indicate below the question number and your comments. **Please note the form should have all three signatures to ensure all have read the questionnaire.**

Question No.	Comments

Please check the appropriate statement:


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

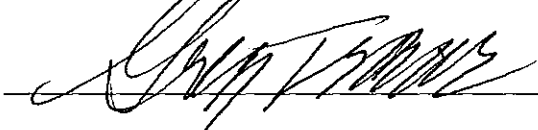
☐ The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.

☐ The above modifications have been discussed with the incumbent, and the incumbent disagrees with these modifications.

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

Employee Signature: _____ Date: _____

Supervisor
Signature:  Date: 11/2/08

Department Head
Signature:  Date: 11/25/08

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.

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.
--	---

Division:

Department:

For Individual Questionnaires Only:

Employee Name:	Thompson	Vonda	D
	(Last)	(First)	(Middle Initial)

Current Classification Title: Administrative Assistant

Division	Financial Operations	Department	Fleet/Purchasing
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Total Length of Time with organization 8 Years 10 months

Total Length of Time in Current Position 8 Years 10 months

Assigned Hours/Week:: from 8:00 t o 4:30 **Assigned Days/Week** 5

Email: vondat@gjcity.org

Work Phone: 970-244-1594

Immediate Supervisor:

Immediate supervisor reports to:

Name: Tim Barker & Scott Hockins

Name: Jay Valentine

Title: Fleet Supervisor/Purchasing Supervisor

Title: Asst. Financial Ops Manager

Work Phone 970-244-1532/970-244-1484

Work Phone: 970-244-1517

E-mail: timba@gjcity.org/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.

System Administrator for the following software programs: Phoenix Petrovend Fuel System, Faster Fleet Management System, and two fuel card systems. Provides technical support and assistance to the Fleet Services Division and Purchasing Division. Provide assistance to all city departments concerning fuel and vehicle information. Performs complex administrative duties related to Fleet Management research, analysis, and data management processes. Assists in the preparation of the budget. Performs accounts payable and payroll functions.

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).	7
<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.	
<input checked="" 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

Automotive & Equipment Technicians
Lead Technician
Service Technician
Purchasing Buyers
Storekeeper

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		
All City Departments including Managers and Supervisors	Daily	Resolve issues and provide guidance related to Fleet for vehicle and fuel information, troubleshoot and resolve fuel errors, assist with budget questions, generate reports, provide general information

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Vendors/Contractors	Daily	Invoices/Purchasing Equip/Titles
Outside Customers	Daily	Provide fuel & vehicle information
General Public	Daily	Assist with problems and provide information as required
Loco	Weekly	Order fuel
Div. of Motor Vehicle	Monthly	License plates, titles and renewals
Faster Fleet System	Quarterly	Technical Support for Faster Software

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Fuel Software System Management: The sole System Administrator for the Petrovend Fuel System and two Fuel Card Systems which supports fuel requirements for multiple sites. Monitor the unleaded, diesel, and E85 fuel tanks and pumps, troubleshoot and resolve issues when the fuel pumps are not working properly or the system is down, monitor and order fuel, audit fuel invoices for proper pricing and quantities, enter vehicle information into system, issue fuel cards, download fuel transactions and import data to Faster Fleet System.	Determine when to order fuel and the amount required for internal & external vehicles, determine correct odometers, determine why system or fuel pumps are down, determine why fuel card is not working properly	Daily	10
2	Fleet Software System Management: The System Administrator for the Fleet Faster System software. Provide technical support and assistance to Fleet department, troubleshoot and resolve various issues unique to the Fleet department, develop, maintain, and modify database and spreadsheets to ensure proper tracking of collected data. Generate, create, and export complex custom reports which include utilization reports, equipment, and fuel reports, Verify and correct odometer reading errors. Analyze data from automated fuel system and Fleet database and prepare fuel consumption reports and spreadsheets.	Determine what data to compile and modify, determine which issues require immediate action, ensure accuracy of data, determine correct odometer readings	Daily	15

3	<p>Fuel Management:</p> <p>Manually input Cemetery, Canyon View Park, Tiara Rado, Lincoln Park, and the motorcycle fuel in Fleet Faster System. Verify the accuracy of odometers, quantity of fuel, vehicle number and resolve any issues pertaining to fuel.</p>	Determine errors, ensure accuracy of data.	Weekly	10
4	<p>Generate and export reports from automated fuel system to reconcile month end fuel for all city departments and external customers. Prepare and process monthly fuel billings for all city departments and external customers. Prepare direct billings for outside customers.</p>	Calculate fuel costs, determine what data to compile, ensure accuracy of data.	Monthly	5
5	<p>Vehicle/Equipment Management:</p> <p>Assist in preparation of annual vehicle and equipment requests. Prepare and process necessary title documentation involved in the purchase and disposal of vehicles and equipment. Process annual license renewals.</p>	Determine when to go to Division of Motor Vehicle to process titles and licenses	Monthly	5
6	<p>Maintain complete files for approximately 700 vehicles and equipment. Assure that each file has purchase documentation, title work, current registration, fuel cards, and any other documentation needed.</p>	Determine information to include, ensure files are accurately maintained, information is up to date	Weekly	5
7	<p>Budget:</p> <p>Monitor revenue and expense accounts. Oversee expenditure and revenue data and generate reports to maintain budget.</p>	Determine if accounts are expended correctly, and make necessary adjustments.	Monthly	5
8	<p>Maintain and update the Fleet Replacement spreadsheet for replacement vehicles and Capital Improvement Projects. Maintain and update the spreadsheet for equipment sales. Reconcile the spreadsheet with the financial system.</p>	Calculate costs, verify accuracy of data, determine information to include.	Weekly	5
9	<p>Annual Budget:</p> <p>Assist in the preparation of the annual Fleet and Purchasing budget proposals. Analyze past expenditures and revenues to determine needs. Compile information from previous year and current year for all city departments fuel budget needs based on price projections for the upcoming year. Once compilations are approved, I verify and input the budget information into financial system. Assist with the maintenance and accruals spreadsheet.</p>	Calculate budget costs, determine data to compile, verify accuracy of data.	Annually	5

10	Administrative: Verify accuracy and account code information for vendor invoices. Process approximately 200 vendor invoices each month to the finance department in an accurate and timely manner. Reconcile monthly statements. Process payments for purchase orders. Maintain petty cash fund with appropriate documentation. Input purchasing requisitions for all city vehicles and equipment. Input stores requisitions.	Ensure accuracy of account codes and prices, determine when to process data, determine information needed	Daily	10
11	Prepare and process timesheets for Fleet and Purchasing Departments. Verify and enter Indirect Labor for each technician into the Faster Fleet System. Correct any indirect labor errors.	Ensure accuracy of time, determine errors and correct	Every 2 weeks	5
12	Prepare and process information for vehicle accidents. Provide documentation of vehicle accidents to Risk Management. Maintain vehicle accident spreadsheet.	Ensure accuracy of data, determine information needed	Every 2 weeks	5
13	Prepare and process journal entries for monthly fuel billing for all departments, repairs for leased vehicles, and budget corrections.	Determine the amount to charge, verify accuracy of data	Monthly	5
14	Provide administrative support to Fleet and Purchasing Departments to include providing information and assistance, organize and maintain filing systems and records for Fleet, develop and revise office forms and modify operating procedures to improve completion of tasks. Prepare minutes for monthly staff meetings, annual reports retention, file rotation, and archive management	Provide information, information to include, give recommendations, determine what files to destroy	Daily	5
15	Develop and maintain Web Page for Fleet Services Department using Dreamweaver and Fireworks Software, and serve as a back-up for Purchasing Department.	Determine information to be used, ensure accuracy	Monthly	5
16				
17				
18				
19				

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
1,2,3,4,7,8,9,10,11,13,14,15	Specialized understanding and knowledge of Petrovend Fuel System, Fleet Faster System, IDT EzWriter Workshop, in addition to various software programs.
1, 2, 4, 14	Extensive knowledge of database management including knowledge of queries and data analysis.
1,2,3,4,5,7,8,9,14	Ability to research, compile, analyze, interpret, and prepare a variety of reports.
1,2,4,7,8,9	Knowledge of the principles and practices of fleet services, budgeting, planning and regulatory requirements.
All	Ability to maintain a high level of accuracy in calculations, typing, data entry, and record keeping.
All	Knowledge of English usage, spelling, grammar and punctuation.
All	Ability to manage multiple tasks and multiple priorities.
All	Ability to communicate clearly and effectively with employees, vendors, and citizens, both orally and in writing.
1,2,3,4,7,8,9,10,11,13,14	Knowledge of accounting principles and practices.
All	Strong interpersonal, planning, and analytical skills.
All	Ability to work independently with little or no supervision.
1 2,6,8,9,10,12,13,14	Ability to establish and maintain complex records and files.
All	Ability to perform varied administrative support tasks, determine relative importance of each, set deadlines, and complete projects accordingly.
All	Ability to learn and understand the functions, structure, organization, and operation of the City.
All	Excellent keyboarding skills.
All	Ability to operate and use modern office equipment including computers, fax machine, copiers, calculators.

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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other (explain): Business administration, accounting, and computer knowledge

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>
Business Administration	20 years	5	5 years
Accounting	20 years	5	5 years
Computer	20 years	5	5 years

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

Business Administration, Budget/Accounting, Computers

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

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

Duty #	Machines, Tools, Equipment	Frequency/Time
1,2,3,4,5,7,8,9,10,11,12,13,14,15	Computer and Printer	Daily
1,2,3,7,9,10,11,	10 Key Calculator	Daily
2,6,10,11,14	Photocopier	Daily
6,10,14	Fax machine	Daily
1,2,3,4,10,14	Telephone	Daily
1	2 different fuel card machines	Weekly
12,14,15	Digital Camera	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. It is critical to understand the software that is involved with the fuel system. The fuel system requires monitoring and management of fuel levels, fuel cards, and odometer readings. I resolve technical problems that may arise due to errors or system shut downs. It is essential that the fuel sites are operating correctly. The software is also utilized to issue fuel cards for each vehicle.

2. The entire fleet of the city and our external customers rely solely on me to order fuel in a timely manner and ensure the fuel pumps and fuel tanks are in working order. It is essential that the fuel cards are maintained properly so users have access to fuel when needed.

3. The fleet system maintained by my position includes vehicle information, fuel information and fuel billings, odometer readings, and indirect labor. I make the judgement on what information is needed for each vehicle and what information shall be included in the reports. I determine when reports will be run and to whom they will be distributed.

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.	2--Quarterly	1--Somewhat Important	14
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	Select	
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.	4--Weekly	2--Very Important	6,14
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	2--Very Important	6,14
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	2--Very Important	6,14
Crawling: Moving about on hands and knees or hands and feet.	0--Never	Select	
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	6,14
Standing: Particularly for sustained periods of time.	5--Daily	2--Very Important	1,14
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	1,14
Pushing: Using upper extremities to press against something with steady force in order to thrust	2--Quarterly	1--Somewhat Important	6, 14

forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	1--Annually	1--Somewhat Important	14
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	All
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	All
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	5--Daily	3--Extremely Important	1,6,14
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	3--Extremely Important	All
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	All
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	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	3--Extremely Important	All
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	3--Extremely Important	All
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm	2--Quarterly	2--Very Important	6,14

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.	1--Annually	2--Very Important	14
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	Select	
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	Select	

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input checked="" 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 checked="" 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).

As the only administrative person in Fleet Services, a wide variety of tasks are expected by my position. Accuracy and self direction are imperative in my position on a day to day basis to accomplish the increasing workload. The City has become a central fueling site for other government and non-profit agencies making it crucial that I constantly manage and maintain the fuel systems at a high level of efficiency and accuracy. When reviewing this position, it is important to note that others throughout the State that are performing these job functions are not administrative assistants; they are specialists, analysts, and technicians.

EMPLOYEE CERTIFICATION

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

Signed: Vonda Thompson Date: 10-17-08

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. The Supervisor does not need to read the entire JAQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections 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: Vonda Thompson Date: 10-23-08

Supervisor Signature: [Signature] Date: 10-23-08

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.

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.
--	---

Division:

Department:

For Individual Questionnaires Only:

Employee Name:

Bang
(Last)

Lori
(First)

L

(Middle Initial)

Current Classification Title:

Administrative Assistant

Division

Engineering Field Services

Department

Public Works and Planning

Total Length of Time with organization

10 Years

1 months

Total Length of Time in Current Position

8 Years

4 months

Assigned Hours/Week:: from 8:00 t o 4:30

Assigned Days/Week 5

Email: loriba@gjcity.org

Work Phone: 970 244-1453

Immediate Supervisor:

Immediate supervisor reports to:

Name:

Mr. Walter Hoyt

Name:

Mr. Trenton Prall

Title:

Construction Supervisor

Title:

Engineering Manager

**Work
Phone**

970 244-1577

**Work
Phone:**

970 256-4047

E-mail:

walth@gjcity.org

E-mail:

trentonp@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.

Administrative Assistant:

To perform a wide variety of responsibilities and complex administrative and programmatic duties for an assigned function; to assume on-going independent programmatic responsibilities specific to the area of assignment; to serve as office manager for assigned function; and to perform a variety of technical and administrative tasks relative to assigned area of responsibility.

Provide assistance in administrative and operating programs as assigned. Implement, modify and track policies and procedures. Make decisions which impact highly specialized and/or technical areas that require interpretation of data, facts, situation and procedures.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

Yes	Duty	Number of Employees
<input 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).	4
<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.	4
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	2

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

YOUR COWORKERS' JOB TITLES

Development Inspectors
Development Engineers
Project Engineers
Survey Technicians
Engineering Construction Supervisor
Engineering Construction Inspectors

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
Peers	Daily	Provide and collect information, facilitate projects, solve problems and negotiate solutions within policy guidelines or the necessary changes to guidelines.
Professional/ Technical staff	Daily	Provide and collect information, design, solve and negotiate problems specific to GBA, GIS, New World, Banner, R.O.W. Permits, CCER, CIP Spreadsheet, IMPACT, Dreamweaver, Crystal Reports. Modify any departmental changes as necessary.
Managers/Supervisor	Daily	Provide, collect and distribute information, facilitate projects and responsibilities and solve problems and negotiate specific policy guidelines.
GBA Committee	Monthly	Provide and collect information, coordinate projects, solve problems and present and instruct departmental information.
Planning and Development	Quarterly	Provide specific information regarding development inspection, problems and resolutions.
Finance	Monthly	Submit, collect and analyze permit and development information. First point of contact for coordinating and implementing resolution in collection conflict.

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Venders, General Public	Daily	Provide, instruct and collect information, coordinate projects, solve problems, communicate and negotiate solutions within policy guidelines.
General Contractors	Daily	R. O. W. Permits. Provide and collect information, coordinate projects, solve problems & negotiate solutions within policy guidelines. Address any liability issues.

Public Agencies	Bi Weekly	Serve as a liaison to the State and County Public Works. Facilitate communication with the State Representative regarding the storage and accessibility of radioactive material.
Consultants/ Engineers	Weekly	Provide and collect information, coordinate projects and resolve foreseen problems prior to submittal.
Traffic Control Agencies	Weekly	Collect necessary Traffic Control Plans and articulate any necessary revisions prior to final approval.
Utility Companies	Weekly	Provide, collect and process information relating to work in the City's R.O.W.

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

Essential Duties	Decisions Required	Frequency	% of Time
EXAMPLES:			
<i>Prepares monthly newsletters by gathering information, writing copy, editing, preparing for publication and overseeing distribution.</i>	<i>Articles to include, editorial changes, graphics, layouts</i>	<i>M</i>	<i>25%</i>

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	Responsible for issuing, processing, tracking and distributing the City's Right of Way Permits. Effectively communicate information regarding the City's Specifications and Standards, bonding requirements and a certified traffic control plan.	Administer surety bonds and legal documents for accuracy and notify the principle of any revisions or renewals. Administer the traffic control plan and communicate necessary modifications prior to start date. Provide revenue submittal bimonthly. Responsible for establishing urgency and necessary contacts/referrals.	Daily	15%
2	Assist in coordinating and monitoring the assigned budget. Compile annual budget requests. Prepare revenue projections. Recommend expenditure requests for designated accounts and monitor approved accounts.	Responsible for the accuracy of accounts, assist in establishing future projections and necessary journal entries.	Monthly	5%
3	Responsible for processing and preparing requisitions, payables, compiling and invoicing inspection fees for accounts receivables & payroll.	Responsible for accuracy of accounts, report details, recipients and providing adjustments as necessary.	Daily	10%

4	Utilize various computer applications and software packages to collect, compile and analyze information from various applications and sources on a variety of specialized topics related to programs administered by the position or by management staff.	Design and implement specific reports to satisfy future needs and projections. Establish templates and notifications, manage stormwater notifications and tracking, Utilize the Geographic Information System in mapping, specific as- built and sewer and waterlines relating to development.	Daily	15%
5	Manage, coordinate and monitor essential data and training to educate and inform others in regard to effective departmental asset management. Primarily GBA/Crystal Reports/Access databases and Microsoft Excel for Capital Improvement Project management.	Collecting, inputting and formulating data specific to requests. Organizing, delegating and presenting departmental data and usage. Presenting and negotiating possibilities and outcomes. Establishing necessary policy change to more effectively manage specific assets.	Daily	10%
6	Responsible for relieving supervisor of administrative work including investigating and answering complaints, providing assistance and making sound judgment and decisions in dealing with operational and job specific problems.	Knowledge of City's policies and procedures, Urgency of request or problem. Directing to responsible division or manager.	Daily	15%
7	Design and maintain the world wide web page for specific department.	Compile, compose and decide departmental information for the City's Web page.	Quarterly	5%

8	Oversee assigned administrative and technical support functions. Plan, direct, coordinate and review the work plan for assigned programs, activities, projects and programs. Review and evaluate work products, methods and procedures. Meet with staff to identify and resolve problems. Recommend and implement improvements as approved.	Coordinate specific meetings and individuals and administer necessary changes or additions.	Monthly	15%
9	Provide and coordinate staff training. Work with inspectors, engineers and technicians to improve and simplify documentation and resolutions.	Administer, collect, design, create and present necessary information and approved modifications.	Quarterly	10%
10			Select	
11			Select	
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
1	Legal forms- Ability to read and validate legal contracts.
1	Blue prints and mapping- Ability to understand as-builts and mapping criteria .
1	Knowledge of the City's Streets and City Specifications and Standards -

	mapping applications and usage.
2,3	Principles and practices of fiscal, statistical and administrative research and report preparation- statistical and accounting education or experience.
4	Knowledge and understanding of a variety of database applications- Analyzing, compiling & reporting.
5	Management/Leadership knowledge - Ability to originate, coordinate and present information that enhances productivity and individuals.
5	Formal education on specific database design - Crystal Reports, Access
5	Formal education using mathematical formulas - Algebraic formulas and the logic incorporated into computer applications.
5,6	Knowledge establishing confidentiality and priorities - skills in management principles and practices.
1,6	Knowledge in Customer Service - communication methods and techniques in public relations.
1,2,3,5,6,8	Knowledge of City policies and procedures - Reading comprehension and communication.
7	Knowledge of Web page design - Dreamweaver, Fireworks.
8	Knowledge of management principles and practices- Ability to prioritize, motivate and communicate effectively.
4,8,9	Principles and practices of program development and administration - Organizational and presentation abilities.
9	Principles of business letter writing and basic report preparation - Grammar usage and vocabulary.

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 checked="" type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain):

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

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Business Administration	25 years	Same	10 years
Computer	20 years	Same	10 years
Customer Service	25 years	Same	10 years

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

Bachelor degree or an Associate Degree in Business, specializing in Computer Science.

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
1,2,3,4,5, 6,7,8,9	Computer	Daily/70%
1,2,3,4,5, 6,7,8,9	Copier, Fax, Printers, Scanner	Daily/15%
1,3,4,5,6	Telephone	Daily/10%
1,2,3	Calculator	Daily/5%

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. Make recommendations and decisions involving specialized technical areas that require interpretation of data, facts, procedures and policies. Providing assistance in operating and establishing procedures and policies to effectively extract specific data relative to staff requests involving the use of independent judgement and personal initiative.
 2. Perform an array of complex, independent administrative and programmatic tasks. Responsible for organizing and monitoring divisional data for asset inventory and inspection, contributing to an overall extensive comprehensive program.
 3. Research, collect, compile and organize information from various sources on a variety of specialized topics related to programs administered by the position or by management staff concluding with recommendations, reports, analysis and decisive action .

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.	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.	4--Weekly	1--Somewhat Important	Archiving
Kneeling: Bending legs at knee to come to a rest on knee or knees.	1--Annually	0--Not Important	
Crouching: Bending the body downward and forward by bending leg and spine.	4--Weekly	1--Somewhat Important	Archiving, Copying
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.	4--Weekly	1--Somewhat Important	Archiving, Copying
Standing: Particularly for sustained periods of time.	5--Daily	1--Somewhat Important	Contacts/Counter
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	4--Weekly	1--Somewhat Important	City Hall, Counter, Purchasing/Stores
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 order to draw, drag, haul or tug objects in a sustained motion.	0--Never	0--Not Important	
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	2--Very Important	Desk tasks
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	2--Very Important	Computer, Calculator, Telephone
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.	2--Quarterly	1--Somewhat Important	Archiving
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	2--Very Important	Computer/ Calculator, Telephone
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	Meetings, presentations, Contacts
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	Meetings, presentations, Contacts
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	5--Daily	2--Very Important	All

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).			
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	2--Very Important	Computer/ Calculator, Telephone
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	2--Very Important	Computer/ Calculator, Telephone
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 Light Work.	3--Monthly	1--Somewhat Important	Archiving
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: Jai Bay Date: 10/15/08

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. The Supervisor does not need to read the entire JAQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections 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: Lai Bary Date: 10/15/08

Supervisor Signature: [Signature] Date: 10/15/08

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.

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.
--	---

Division:

Department:

For Individual Questionnaires Only:

Employee Name:	Kunzman	Cassie	L
	(Last)	(First)	(Middle Initial)

Current Classification Title: Administrative Assistant

Division	Human Resources	Department	Administration
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Total Length of Time with organization 1 Years 2 months

Total Length of Time in Current Position Years 11 months

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

Email: CassieK@gjcity.org **Work Phone:** 970-256-4140

Immediate Supervisor:

Immediate supervisor reports to:

Name:	Laura Conant	Name:	Claudia Hazelhurst
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Title:	Assistant HR Manager	Title:	HR Manager
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Work Phone	970-244-1553	Work Phone:	970-244-1552
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E-mail:	LauraC@gjcity.org	E-mail:	Claudiah@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.

In summary I assist fellow staff member in a wide variety of duties. I provide information and assistance to the public as well as City employees and perform a variety of tasks relative to assigned area of responsibility.

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 type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	
<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 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

Administrative Clerk
Sr. Administrative Assistant
HR Analyst's

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		
Employees	Daily	Benefit Changes/Job Requests/Information Req.
All City Staff	Daily	Variety of things
Supervisors	On recruitment basis	When helping with recruitments

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
General Public	Daily	Answering questions about current job openings
Vendors/Providers	Monthly	Questions about billing/deliveries/enrollment
Medical Clinics	Monthly	Schedule preemployment physicals & drug screen
Public Agencies	Weekly	Provide and collect information
Consultants	Monthly	Provide and collect information

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	Prepare and enter weekly payables to pay any bills that relate with HR	Review and validate purchases	Weekly	10%
2	Reconcile department Purchasing Cards	Review and validate purchases	Weekly	5%
3	Enter and Create Personnel Action Forms to update payroll system. From pay changes to new employees	Understand the basic PA and what it says. Be able to know if the information is correct or if help is needed.	Weekly	20%
4	Helping and Assisting Employees from general employee questions to questions on benefits	Be able to understand what it is the employee is asking and assist where needed	Daily	20%
5	Scheduling and coordination of NEO	When to schedule and who to include	Monthly	5%
6	Make employee benefit change into the payroll system. If there is a deduction change that must be entered in the correct pay period to make sure they are not over or under charged.	Make sure that the benefit changes make sense enter those into the payroll system	Weekly	10%
7	Maintain Rosters for training	None	Daily	2%
8	Assist in entering Employee Recognition	None	Quarterly	3%
9	Validate Flex Claims Reimbursements	Make sure each claim is valid and correct in nature	Weekly	5%
10	Maintain PA Tracking Form	None	Weekly	3%

11	Process Benefit Changes and Updates	Go over form with employee to make sure changes are correct and send them off to necessary Benefit company - follow up if needed	Weekly	5%
12	Enter new hires into Heat System for the IS department. Also enter them into the Colorado New Hire reporting system. If need additional work to help the analysts.	N/A	Select	5%
13	Verbal and written employment verifications	What information to give and in what format	Monthly	3%
14	Create adjustments to employee's accounts when they have made a benefit change that is either not reflected in banner or was made and not reflected by the provider.	I must know whether or not the employee is going to receive the credit or an extra deduction	Monthly	2%
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	Be able to know what has been paid in the past and where we stand with certain bills. Also choose which account the funds should be taken from.
2	Knowledge of the chart of accounts
3	Understand current class and comp and positions. Knowledge of payroll system. I must be able to enter changes into the system and understand what changes I am making.
4	A general knowledge of all of the offerings we have for our benefits as well as other information that supervisors might be looking for on an employee and how to find that.
5	Knowledge of NEO Schedule and components involved. Scheduling and coordinating

6	Knowledge of current computer systems and making necessary deduction changes to employees record. Also when to make changes for effective months/dates
7	Knowledge of current classes being offered and schedule.
8	Must know how the system works. From obtaining the recognition, distributing gift cards and entering this information in a database so payroll can run tax reports.
9	Understand tax regulations and what is able to be claimed and ability to communicate that information to employees
10	Knowledge of data entered into tracking spreadsheet and understanding of what it is used for
11	Knowledge of benefit plans and process behind making changes
12	Knowledge of new hire process and guidelines. Be able to sort through paperwork and get to correct agencies
13	Be able to search to find an employees status and if need their earnings for the previous three years. Have to transfer this information so the appropriate parties can understand
14	Knowledge of what the per pay period charge is and be able to know when to make the changes

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 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 checked="" 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>
General Office Experience	5 years	Experience	2 years
	years		years
	years		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.

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
All	General Office Equipment	100

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. On a daily basis I need to be able to decide what information I am able to give out on current or potential employees information within the HR department.
 - 2. When accepting and entering payroll changes, I have to verify that they are correct and that there is no information missing and that all forms are complete.
 - 3. I need to be aware of things that are happening within the department so if I need to assist anyone I have the knowledge and the ability to help people.

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.	0--Never	0--Not Important	
Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.	0--Never	0--Not Important	
Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	0--Never	0--Not Important	
Kneeling: Bending legs at knee to come to a rest on knee or knees.	0--Never	0--Not Important	
Crouching: Bending the body downward and forward by bending leg and spine.	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.	2--Quarterly	1--Somewhat Important	
Standing: Particularly for sustained periods of time.	1--Annually	0--Not Important	
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.	0--Never	0--Not Important	
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	2--Very 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.	1--Annually	0--Not Important	
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	0--Never	0--Not Important	
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	
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.	0--Never	0--Not Important	
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).	0--Never	0--Not Important	
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	2--Very Important	
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	2--Very Important	
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	1--Annually	1--Somewhat Important	

and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.			
Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	1--Annually	1--Somewhat 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: C. W. Zimmerman Date: _____

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. The Supervisor does not need to read the entire JAQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections 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, 3, Essential Duties	• This position also completes unemployment employer's response for Supervisor signature
	• This position gives direct assistance in the recruiting process i.e. testing applicants, scheduling, applicant follow up, etc.

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>C. Hingman</u>	Date:	<u>11/14/08</u>
Supervisor Signature:	<u>Laura Conant</u>	Date:	<u>10/20/08</u>
Department Head Signature:	<u>Muhiduzzaman</u>	Date:	<u>11-13-08</u>

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.

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:

Department:

For Individual Questionnaires Only:

Employee Name: Sharpe Peggy J.
(Last) (First) (Middle Initial)

Current Classification Title: Administrative Assistant

Division Planning Department Public Works/Planning

Total Length of Time with organization 11 Years 9 months

Total Length of Time in Current Position 1 Years 9 months

Assigned Hours/Week:; from 8:00 t o 5:00 Assigned Days/Week 5

Email: peggys@ci.grandjct.co.us Work Phone: (970) 244-1422

Immediate Supervisor:

Immediate supervisor reports to:

Name: Ivy Williams Name: Lisa Cox

Title: Development Services Supervisor Title: Planning Manager

Work Phone: (970)244-1446 Work Phone: (970) 244-1448

E-mail: ivyw@ci.grandjct.co.us E-mail: lisac@ci.grandjct.co.us

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.

Administrative Assistant

The purpose of this position is to provide assistance to planning technicians, planners, engineers and supervisors in regard to file management and research support.

Two primary electronic data recording/tracking systems are utilized in the duties for this position. They are Information SYStems (ISYS) which is the comprehensive records database for all City records and Impact AP which is the development file processing system used by the Planning Division of Public Works and Planning.

Generating a comprehensive record, obtainable through the two electronic systems, Impact AP and ISYS, requires data entry/scanning/and processing of important project detail using a file "close-out" process. Recordkeeping has been the main focus of this position.

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 type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	
<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 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.	4

- 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

Planning Technicians
Associate Planners
Senior Planners
Development Engineers

YOUR DIRECT REPORTS' JOB TITLES

n/a

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		
Planning Techs/Planners/ Engineers	daily	scanning/research/reports/project close-out follow-up
Development Services Supervisor	bi-weekly	front desk assistance with the public
City Clerk	monthly	Delivery of documents for scanning/retention.
Legal Department	occasionally	Research/compile historic Zoning Code for ISYS
Planning Director, Manager and Supervisors	weekly	Providing project data; Creating graphs/spreadsheets for timeline statistics and various reports.

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
General Public	weekly	Sending electronic subdivision plats to public/ISYS questions/copying and coverage of the front counter during division meetings.
Mesa County Records Manager	occasionally	Records acquisition from Mesa County for newly annexed lands in pdf form for ISYS records retention/sending subdivision plats electronically/Creating mailing lists of Mesa County employees for Impact Reports.
Realty Appraisers	occasionally	Provide information from Impact AP about property.
Developers	occasionally	Research Impact AP for project timeline status.
Realty Agents	occasionally	Active file status

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	Scanning the following for permanent record retention: Sign Permits, Fence Permits, Planning Clearances, Home Occupation Permits, TEDS exceptions, Corridor Plans, Elevation certificates, Ordinances, Resolutions, Avigation easements, Revocable permits and etc. Creating retrieval categories for various development files.	Determine all relevant material to be added to the scanning profile that determines the accuracy of planning tech query selections.	Daily	10 %

2	Development Project File Close-out	<p>1. Requires detailed and accurate data entry and tracking procedures to ensure all project files are complete for varying types of applications and developments.</p> <p>2. Determine relevant and/or required material and data for record retention.</p> <p>3. Determination for most expeditious and efficient research methodology for electronic research of City's Information SYStems (ISYS).</p>	Daily	31%
3	Research and various report requests.	<p>1. Compile and maintain "active/ongoing" project list for review bi-monthly by project managers and division management.</p> <p>2. Determine what project types or data is monitored in the monthly report (i.e. files/permits)</p> <p>3. Ensure that compiled information is accurate and relevant for requested report.</p>	Occasionally	11%

4	Tech Support - Front desk coverage - addressing subdivision plats for the City Web-site	Determine which permit, clearance and/or hand-out will meet the applicant's needs. Determine parcel Identification, zoning and other parcel specific information using GIS mapping, the Zoning and Development Code and other resources as necessary.	Daily	5%
5	Scanning various documents for staff reports/ electronic email attachments - all other documents not included as records retention.	Determine appropriate formatting for various scanning needs.	Monthly	5%
6	Historic file maintenance	1. Created a system to track information in historic development files so that files can be maintained in storage. 2. File contents listed and maintained using a table of contents for quick accurate reference.	Daily	23%
7	Physical file maintenance of current/historical files in planning office, file storage room and City Shops storage.	1. Scan historic files and decide how to store the files off site. 2. Determine which files (based on frequency of use) are to be stored on-site or moved off-site.	Daily	10%

8	General Office Procedures to include copying - bookbinding, Xerox Machine maintenance etc.	1. Determine when routine or special maintenance is required for the Xerox machine. 2. Created the supply and reorder form for Xerox maintenance. 3. Assist all division staff with copying/bookbinding /scanning needs.	Daily	5%
9			Select	
10			Select	
11			Select	
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
1	Profile configuration for ISYS computer program - presenting data in a precise, consistent manner aiding planning technician in permit retrieval
2	Knowledge of Impact - ISYS Query - ISYS scanning program - knowledge of filing process/planning phases - knowledge of Mesa County Assessor recorded document retrieval system - knowledge of each various "types" of projects, (with varying specific items needed

	in the file) at completion or "close-out." Knowing what relevant conditioned approval information Planners are waiting for in regard to historic/legal process - All Planning Commission/City Council minutes will be entered into the Impact program at close-out - all legal documents are examined for permanent/non-permanent retention and finally scanned for records retention. Profile sheets that list pertinent information about document retention schedule/designation are created.
3	Knowledge of ISYS computer program; Mesa County website; Impact AP timeline; Creating Excel spreadsheets/graphs; Ability to retrieve information from file research. Ability to suggest new areas of query to the Information Systems Department for Crystal Reports that will meet Planning Division needs. From the Crystal Report, an Excel spreadsheet and graph is created to represent individual planner work comparison and yearly comparison for active projects. Reports for engineer inspections have also been created.
4	Knowledge of Impact AP program; Mesa County website Assessor information retrieval/recorded document retrieval; Office procedures and practices; Adobe Acrobat; Microsoft Word; Creation of subdivision mylars for plat book on Xerox machine by-pass option; General knowledge of Zoning and Development Code and general planning procedures.
5	Knowledge of Adobe Acrobat - Microsoft Word - Fjuitsu Scan Program
6	Knowledge of historic file "close-out" procedure. Skimming skills in notating subject matter unique to each development file. Ability to summarize/recognize pertinent documents; scanning program knowledge; create procedures for categorizing/retaining permanent documentation conveyed to the City; create spreadsheets for all documents leaving the Planning Office and delivered to the City Clerk's Office for retention and scanning. Create project profile sheets listing pertinent information from Impact AP; able to query ISYS for items existing in the file but already scanned; knowledge of large scanner in Public Works for large maps.
7	Organizational skills for filing; Microsoft Work and Excel building use skills.
8	Xerox machine normal user maintenance knowledge/trouble-shooting; knowledge of user errors. Maintain inventory of supplies needed for normal copying - checking supplies on hand- normal troubleshooting - calling maintenance man for machine problems that cannot be fixed - knowledge of Xerox recycling procedures
9	Assembling boxes, taping boxes, marking contents, transporting files to store room.
10	General Phone techniques.
11	Knowledge of Annexation Process - E-mail Group list maintenance
12	Knowledge of Scanning Fuitsu FI scanning entries and storing on a shared drive for use by others.
13	
14	

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 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 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>
Scanning	11 years		1 years
Development process knowledge	9 years		1 years
Research techniques	11 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.

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; various software programs	59%
2	Scanner	35%
3	Bookbinder	1%
4	Xerox Machine	4%
5	Telephone	1%

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. Providing close-out data entry that presents a complete picture of the development process.

2. Deciding tracking procedures that will benefit the department.

3. Making sure that all items received for permanent electronic records retention are in their completed form and are accurate prior to preparing to scan.

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.	4--Weekly	1--Somewhat Important	Filing
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.	4--Weekly	1--Somewhat Important	Filing
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.	4--Weekly	1--Somewhat Important	Filing
Kneeling: Bending legs at knee to come to a rest on knee or knees.	4--Weekly	1--Somewhat Important	Filing
Crouching: Bending the body downward and forward by bending leg and spine.	4--Weekly	1--Somewhat Important	Filing
Crawling: Moving about on hands and knees or hands and feet.	0--Never	1--Somewhat Important	Filing
Reaching: Extending hand(s) and arm(s) in any direction.	4--Weekly	1--Somewhat Important	Filing
Standing: Particularly for sustained periods of time.	4--Weekly	1--Somewhat Important	Xerox copier
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	2--Very Important	File retrieval
Pushing: Using upper extremities to press against something with steady force in order to	4--Weekly	1--Somewhat Important	Moving heavy boxes

thrust forward, downward or outward.			in file room
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	Moving heavy boxes in file room
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	2--Very Important	Computer keyboard work
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	2--Very Important	File handling - paper punch and etc.
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	1--Somewhat Important	Moving heavy boxes in file room
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	1--Somewhat Important	Retrieving info. in files
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	1--Somewhat Important	Helping co-workers with everyday requests
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	2--Very Important	same as above
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	Viewing computer work
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	2--Very Important	Computer work
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	2--Very Important	Computer work
Light Work: Exerting up to 20 pounds of force	4--Weekly	1--Somewhat Important	Moving

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.			individual files
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	Moving boxes of files in store room
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	Select	
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	Select	

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: _____

Roggy Sharpe

Date: _____

10/27/08

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. The Supervisor does not need to read the entire JAQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections 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:

Jenny Sharpe

Date:

10/27/08

Supervisor
Signature:

Lisa E Cox

Date:

10/27/08

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.

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.
--	---

Siri Mora

Division: Risk Management/HR

Department: Administration

For Individual Questionnaires Only:

Employee Name:	Mora	Siri	L
	(Last)	(First)	(Middle Initial)

Current Classification Title: Administrative Assistant

Division Risk Management

Department Administration

Total Length of Time with organization 1 Years 2 months

Total Length of Time in Current Position 1 Years 2 months

Assigned Hours/Week:: from 8 t o 5 **Assigned Days/Week** M-F

Email: sirim@gjcity.org

Work Phone: 970-256-4024

Immediate Supervisor:

Immediate supervisor reports to:

Name: David Roper

Name: Claudia Hazelhurst

Title: Risk Manager

Title: Human Resources Manager

Work Phone 970-244-1592

Work Phone: 970-244-1552

E-mail: daver@gjcity.org

E-mail: claudiah@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.

Manage, document and file workers compensation claims, coordinate with injured employees, doctors, supervisors, attorneys and case managers to facilitate appropriate treatment and return to work. File and report on property and liability claims, respond to calls from claimants, mitigate claim costs, and assist with investigation into claims. Assist in processing annual insurance renewals. Maintain and update property schedule. Perform clerical support to Risk Manager for all aspects of Risk Management.

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 type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	
<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

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		
All City Employees	HOURLY	WORKERS COMPENSATION
Supervisors - all departments	DAILY	RISK MANAGEMENT/ WORKERS COMP

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
TRISTAR	DAILY	WORKERS COMP CLAIMS
CIRSA	DAILY	Property or Liability Claims / Insurance
MCC	Daily	RANDOM DRUG SCREENS
PUBLIC	DAILY	PROPERTY OR LIABILITY CLAIMS
MEDICAL PROVIDERS	DAILY	Workers Compensation Claims
VARIOUS INSURANCE COMPANIES	WEEKLY	PROPERTY AND OR LIABILITY CLAIMS/ COLLECTION ON DAMAGED PROPERTY

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	File claims, maintain, process, train and communicate on workers compensation claims for the city.	compensability of claims, appropriate advice to claimant & supervisor	Daily	40
2	File claims, maintain, process and educate on property & liability claims and insurance claims for the City.	City liability / Correct jurisdiction for claims, response.	Daily	15
3	Maintain, update, and track driver qualification folders for City CDL drivers.	Evaluate regulation changes, necessary procedures	Monthly	5
4	Complete processing of random drug screens for all qualifying city employees	Make sure process and record-keeping follow guidelines	Monthly	15
5	Prepare and maintain City property database and submit to CIRSA as necessary.	determining correct values for insurance.	Quarterly	5
6	Process annual CIRSA property and liability insurance renewals.	Evaluate correctness of staff submissions	Annually	5
7	Support Departments in Safety Incentive Programs & other safety processes	determine eligibility for awards, select and write safety articles for Safety Corner, select discussion topics and presentations for Safety/Wellness Coalition, take minutes.	Monthly	5

8	Pay Risk Management bills and assist Risk Manager with annual budget	evalutate correctness of bills & appropriate accounts,forecast spending needs on numerous budget items.	Annually	5
9	Maintain all risk management files and reports / support Risk Manger with clerical work, processing of claims recoveries for property damage.	Record-keeping standards, correct methods of recovery	Daily	10
10			Select	
11			Select	
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
1	Knowledge of Colorado Workers Compensation laws & practices and city policies on the Workers Compensation process.
2	Knowledge of property and liability claims processes, governmental immunity, City protocols for claimant response, and CIRSA policies and procedures.
3 & 4	Updated knowledge of National D.O.T. standards for CDL drivers. & Knowledge of both City policy and national guidelines on drug & alcohol testing
all	MS Office Suite, Excel, Word, general knowledge of internet on-line research.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	Other (explain): Experience with workers compensation and general human resource knowledge. General computer and office skills

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>
Human Resources Experience	6 years		2 years
Workers Compensation	6 years		2 years
General Clerical/ Customer Service	6 years		2 years

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

Workers Comp, Employment Law, General knowledge of Property and Liability Insurance

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

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

Duty #	Machines, Tools, Equipment	Frequency/Time
all	computer/ general office equipment/ phones/ scanners/ printers/ faxes/ camera.	constant

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. Communicating with employees on Workers Comp issues, when it is appropriate for further recommendations, communicating concerns and processes with adjusters, medical providers, supervisors, and employees.
 - 2. Assist in determining liability of claim and when it is appropriate to make good faith payments to claimants on third party claims.
 - 3. Eligability for awards, recommendations for safety training.

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

0 – Not Important

1 – Annually

1 – Somewhat Important

2 – Quarterly (at least 3 per year)

2 – Very Important

3 – Monthly (at least 8 per year)

3 – Extremely Important

4 – Weekly (at least 3 per month)

5 – Daily (at least 3 per week)

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.	5--Daily	0--Not Important	
Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.	0--Never	0--Not Important	
Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	0--Never	1--Somewhat Important	10
Kneeling: Bending legs at knee to come to a rest on knee or knees.	0--Never	Select	
Crouching: Bending the body downward and forward by bending leg and spine.	0--Never	Select	
Crawling: Moving about on hands and knees or hands and feet.	0--Never	Select	
Reaching: Extending hand(s) and arm(s) in any direction.	0--Never	Select	
Standing: Particularly for sustained periods of time.	0--Never	Select	
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 forward, downward or outward.	0--Never	Select	
Pulling: Using upper extremities to exert force in	0--Never	Select	

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	all
Grasping: Applying pressure to an object with the fingers or palm.	0--Never	Select	
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	Select	
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	0--Never	Select	
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	all
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	2--Very 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	2--Very Important	all
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	1--Somewhat Important	10
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	3--Extremely Important	all
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm 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	all

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	Select	
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	Select	
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	Select	

2. WORKING CONDITIONS.

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

☒ Does Not Apply

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed: 

Date: 11.14.08

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

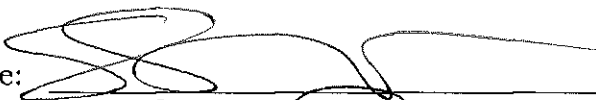
This section is to be used by the Supervisor to note any additional comments, additional duties or disagreements with any section of the questionnaire. The Supervisor should not change anything written by the individual filling out the questionnaire nor should they address any performance issues. Please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


Question No.	Comments

Please check the appropriate statement:

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

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

Employee Signature:  Date: 11.14.08

Supervisor Signature:  Date: 11/14/08

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.

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:

Employee Name:	Sheley	Glenna	L
	(Last)	(First)	(Middle Initial)

Current Classification Title:	Administrative Assistant
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Division	Police	Department	Grand Junction Regional Communication Center
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Total Length of Time with organization	14 Years 10 months
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Total Length of Time in Current Position	5 Years 8 months
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Assigned Hours/Week:: from	0800 to 1700	Assigned Days/Week	M-F
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Email:	glennas@gjcity.org	Work Phone:	244-3641
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Immediate Supervisor:

Immediate supervisor reports to:

Name:	Paula Creasy	Name:	Troy Smith
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Title:	Comm Center Manager	Title:	Services Deputy Chief
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Work Phone	244-3640	Work Phone:	244-3563
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E-mail:	paulac@gjcity.org	E-mail:	troys@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 provide administrative and secretarial support to the manager, supervisors and employees of the Grand Junction Regional Communication Center and outside boards relative to its function, performing a wide variety of technical and complex tasks within assigned areas of responsibility, providing qualified information to both internal and external contacts.

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).	1
<input type="checkbox"/>	I make work assignments for others.	
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	1
<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.	8

- 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

Telecommunicators 34 (+ 3 in 2009)
Administrative Supervisor - 1
Communication Center Supervisors - 6
Public Safety Network Analyst - 1
Radio Technician - 1
Public Safety Application Analyst - 1
Audio Clerk - 1
Telecommunicators 3 (Part Time)

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		
Comm Center Manager, Supervisors, Telecommunicators	Daily	Provide admin support, information, documents, attend meetings and take minutes
Volunteer	Weekly	Provide instruction on projects
Finance & Payroll Staff	Weekly	Request and provide information and documents
IS Director, Command Staff, Purchasing Staff, Legal Staff and support staff	Weekly	Provide information, attend meetings and take minutes
Customer Service Staff	Monthly	Provide documents and revenue checks
Audio Clerk	As needed	Provide training
	Weekly	Pass on information from attorneys and citizens

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Heads of Law & Fire Agencies	Monthly	Obtain and provide information, attend meetings and take minutes
Law & Fire Command Staff and support staff	Monthly	Obtain and provide information, attend meetings and take minutes
ER Doctors & Staff	Quarterly	Obtain and provide information, attend meetings and take minutes
DA, Defense Attorney's Offices, Citizens	Weekly	Answer questions regarding 911 call audio requests
Vendors	Weekly	Collect bids, bill clarification, invoice correction/clarification
Other government staff	Monthly	Obtain and provide information, attend meetings and take minutes

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Pays bills, reconciles purchasing card usage, processes requisitions for purchase orders, completes data entries, maintains files, assists with monitoring compliance within set budget, retrieves information, retains & disposes of records per policy, assists with budget preparation and recommendations, contacts vendors, monitors incidents of tax paid Documents, calculates and hand delivers large dollar amount revenue checks to City Hall	Accurate account numbers, prioritize due date within deadlines and card use within guidelines	Daily	20%
2	Calculates, reviews, corrects, data entry, copies and files payroll sheets, prints, distributes time sheets, designs overtime sheets and spreadsheets to track overtime & comp time, provides information on short term and long term disability hours	Accurate % of overtime and hours worked, knowledge of applicable city policies	Weekly	10%
3	Attends Technical Committee Meeting, reserves location, compiles agendas, records & processes minutes, distributes reminder emails, agendas and minutes	Main points, decisions made, next steps and next meeting date time frame needed	Weekly	8%

4	Maintains confidential documents and personnel files for telecommunicators, plans, organizes, purchases, designs materials and supplies for Telecommunicator Week and Retirements Orders materials for Safety Fair Attends, participates, makes suggestions at Comm Center Recognition Committee, creates and maintains employee bulletin board	Handle within applicable city policies Determine number of items and date needed Monitor budget allocated for events, decide creative awards Creative team building ideas within budget	Monthly	5%
5	Coordinates travel arrangements, reserves car, hotel and registration, calculates and reconciles costs and obtains receipts and signatures	Proper signatures needed, hotels within budget, proper card usage	Weekly	5%
6	Attends Comm Center Supervisor Meeting, reserves location, compiles agendas, records & processes minutes, distributes reminder emails, agendas and minutes	Main points, decisions made and next steps	Monthly	7%
7	Proofs and updates policies, maintains original policy file and distributes final drafts, tracks special order process Copies policy and procedure manuals, updates and copies training books for new telecommunicators Copies and distributes monthly statistical reports, maintains list of agencies receiving reports Trains/directs volunteer to assist as needed	Proper grammar, dates needed, names of agencies receiving policies and reports	Monthly	5%
8	Attends Comm Board Meeting, reserves location, completes agendas, records & processes minutes, distributes reminder emails, agendas and minutes, contacts members to schedule meeting date	Pertinent information for minutes, name of person commenting, decisions made	Quarterly	5%
9	Performs inventory supply checks, purchases and orders supplies, researches hard to find items Transports letters or packages containing police computer parts, uniforms to UPS, obtains value and required mail date	Time frame needed, considers alternative vendors/supplies, appropriate costs Proper mailing process and dates	Weekly	5%
10	Attends and schedules Dispatch Review Committee Meeting, reserves location, compiles agendas, records & processes minutes, distributes reminder emails, agendas and minutes	Main points, decisions made and next steps	Quarterly	5%
11	Attends Law & Fire User Group Meeting, reserves location, compiles agendas, records & processes minutes, distributes reminder emails, agendas and minutes Attends Telecommunicator Meetings, reserves location, compiles agendas, records & processes minutes, distributes reminder emails, agendas and minutes	Main points, policy changes, decisions made, next steps, and next meeting date	Occasionally	5%

12	<p>Designs orientation for personal instruction to Comm Center Employees on payroll sheet, overtime, pto, subpoenas, travel forms, recycling program, "kitchen etiquette" Interviews new Comm Center Employees to email bios to all police users</p> <p>Monitors recycling containers for police building, transports or arranges for bags to be taken to recycling center</p> <p>Deposits employee concession fund checks, balances check book, purchase holiday meals for employees</p> <p>Copies, distributes employee recognition awards, purchases and tracks gift cards</p>	Determine needed forms and information for training and appropriate information for biographies	Monthly	5%
13	<p>Other projects as assigned;</p> <p>Designs complex forms and spreadsheets, provides information and assistance with computer documents and personnel questions, composes correspondence, distributes mail and packages, tours groups, researches information, generates reports, assists Comm Center Employees with computer documents, monitors and coordinates copier maintenance and repairs, requests maintenance and repairs in Comm Center, coordinates bids on lockers, mailboxes etc., and monitors progress</p>	Grammar, PC program usage, applicable policies or City processes	Weekly	10%
14	<p>Provides answers and information to Attorneys offices and citizens, forwards 911/radio traffic requests and information, trains, advises or assists Audio Clerk as needed, designs instructions for Supervisors</p> <p>Serves as Back up to Audio Clerk: Tracks, researches, completes, files and distributes audio copies of 911 calls/radio traffic</p> <p>Attends training to upgrade and maintain PC, secretarial & communication skills, reviews new and old programs</p>	Determine correct 911 call, and necessary completion date	Occasionally	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
1-14	Modern office procedures, methods and equipment: computers, software applications, faxes, copiers and ability to learn computer programs specific to the City's budget system and to the Comm Center
1-14	Methods and techniques of public relations, ability to communicate effectively both verbally and in writing
1-14	Ability to think and act independently and use sound judgement under various conditions
1-14	Ability to learn, interpret and apply policies, procedures, laws and regulations, Comm Center policies, procedures, terms and records retention process
1-14	Ability to respond tactfully and patiently to employees, citizens, officials, vendors and others and provide positive customer service
1-4, 6, 8, 10, 11, 14	Ability to establish and maintain effective working conditions in a professional manner, maintain confidentiality, work calmly and effectively
4, 5, 7, 12, 13, 14	Ability to guide, direct or instruct when needed
1-14	English language: usage, spelling, punctuation and grammar proof reading
1,2,13, 14	Principles of business letter writing, report preparation, fiscal, statistical and administrative research and report preparation
1-14	General knowledge of governmental agencies, court systems, local law enforcement and fire agencies, dispatch center purpose and related equipment
1,2,5	Math and calculation principles
7, 12, 13, 14	Principles of instruction and training
3,4,9,10,11	Methods and techniques of meeting preparation , agendas and minutes
1-14	Ability to act independently with little or no supervision
1-14	Ability to pass background investigation, polygraph, drug screen and physical

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 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 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>
Administrative Secretarial Support	25 years 5		2 years
Lead Worker	8 years 2		0 years
Customer Service	25 years 5		0 years

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

Specialized secretarial training including software applications, generalized principles of instruction, customer service and related training

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.

Valid Colorado Drivers License

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	Word Processor and lap top	Daily 7 hours
1-8, 10-14	Copier	Daily 1 hour
1-14	Fax Machine	Occasionally 2 hours
1-14	Telephone	Daily 2 hours
3,6,7,9,11	Transcriber	Occasionally 2 hours
4	Digital Camera	Occasionally 1 hour
1-8, 10-14	Printer (back up for copier)	Occasionally 1 hour
1, 2, 4, 5, 9, 12, 13	Calculator	Weekly 4 hours
1-14	Automobile	Occasionally 2 hours

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. Account numbers for purchases, bills and credit card statements within budget, interpretation of city policy relating to payroll issues

2. Topics, handouts, process used to train Audio Clerk, volunteer and new employees (in regard to my portion of their orientation) and when assisting employees with other tasks

3. Appropriate information to provide to attorneys and/or citizens requesting copies of 911 calls.

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.	5--Daily	1--Somewhat Important	1-14
Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.	0--Never	0--Not Important	
Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	0--Never	0--Not Important	
Kneeling: Bending legs at knee to come to a rest on knee or knees.	0--Never	0--Not Important	
Crouching: Bending the body downward and forward by bending leg and spine.	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.	5--Daily	1--Somewhat Important	1-14
Standing: Particularly for sustained periods of time.	0--Never	0--Not Important	
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 forward, downward or outward.	4--Weekly	1--Somewhat Important	9,12,13
Pulling: Using upper extremities to exert force in	4--Weekly	1--Somewhat Important	9,12,13

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	1-14
Grasping: Applying pressure to an object with the fingers or palm.	4--Weekly	2--Very Important	1-14
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	1--Somewhat Important	9, 12, 13
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	2--Very Important	1-14
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	1--Somewhat Important	1-14
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	2--Very 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	3--Extremely Important	1-8, 9-14
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	2--Very 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 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.	4--Weekly	2--Very Important	1-14

Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	0--Never	0--Not Important	
Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	0--Never	0--Not Important	
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	0--Never	0--Not Important	

2. WORKING CONDITIONS.

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

☒ **Does Not Apply**

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

This position is the only secretarial support for an employee group of almost 50, and it requires exceptional organizational skills, high energy and flexibility in changing priorities. Although the Comm Center employees are paid and housed under the City of Grand Junction, the function of the Center is to serve several outside law and fire agencies and users.

EMPLOYEE CERTIFICATION

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

Signed: Glenna Sheley Date: 10-10-08

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. The Supervisor does not need to read the entire JAQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections 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. + 2,	A person could qualify for this position with a GED
	and some office experience and computer 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:

Gemma Shelly

Date:

10-22-08

Supervisor
Signature:

Paula Crasy

Date:

10/22/08

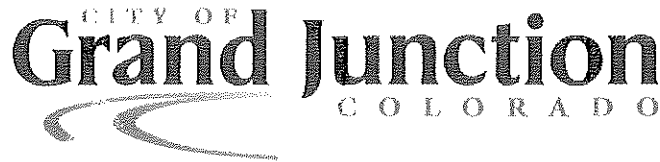
DISCO
Department Head
Signature:

Bob Russell (Acting D.C.)

Date:

10.23.08

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.



Classification Study 2008

Job Analysis Questionnaire

Instruction and guidelines for completing your Job Analysis Questionnaire

Job Analysis Questionnaires (JAQs) are being distributed to all individuals who are included within the scope of the study. As these JAQs are used to write job classifications, it is extremely important for you to fill out the questionnaires completely and accurately.

To make this process easier for you, we recommend you first read through the entire questionnaire so that you understand the information we are asking for in each section. Next, complete as much of the questionnaire as you can and then put it down for a day. On the next day, complete the rest of the questionnaire. Finally, just before you turn it in, read it again to make sure you haven't forgotten anything. We have included a checklist on page 2 to assist you with tracking your progress.

1. The information you provide on the following Job Analysis Questionnaire (JAQ) will be used to develop the new job classification system for the City of Grand Junction and to determine the correct classification for your job. It is very important that you provide accurate, detailed information about your current job duties. Providing overstated questionnaires may have a negative effect and will not result in a higher classification.
2. You may complete your JAQ as an individual, or you may join with other employees who perform the same type of work that you do to complete the JAQ as a group. Contact your supervisor for specific details on how to participate through a group process.
3. The questionnaire must be reviewed and signed by your immediate supervisor and your Department Head. Both the Supervisor and the Fox Lawson Consultant will then review the questionnaire information to ensure fairness and accuracy. Objectivity is the main consideration when the JAQs are reviewed.
4. We suggest that you keep a copy of the final document for your records. One copy and the original of the JAQ must be submitted to Shelley Caskey, Project Coordinator, or the Human Resources Division. The completed JAQ must be submitted to your supervisor and Department Head by 10/15/08. Department Heads must submit JAQs to the Human Resources Division by 10/31/08.
5. This document is set to be filled out by the employee by typing a response, checking a box, or selecting an answer from a drop-down menu. Spaces left for response are indicated by a gray-shaded area. Drop-down menus are indicated by the word, "select" and an arrow next to the word when the box is highlighted. You may move between response areas simply by using the "Tab" key.

Job Analysis Questionnaire (JAQ) – Overview & Checklist

Following is an overview of the City of Grand Junction's JAQ. Please use the checkboxes next to each section to monitor your progress and ensure completion.

I - Background

☒ **Employee Background:** Name, title, email, department, etc.

II - Position Information

☒ **1. Position Summary:** Written description of your job's primary purpose.

☒ **2. Supervision & Organizational Relationships**

☒ **a) Supervision Given:** Details of supervisory responsibility, if any.

☒ **b) Organizational Relationships:** Titles of coworkers and subordinates.

☒ **c) Public Contacts:** Inside and outside the organization.

☒ **3. Essential Duties:** Major job duties and their required decisions and frequency.

☒ **4. Required Knowledge & Skills:** Required knowledge and skills to perform essential duties.

III - Education, Experience, and Equipment

☒ **1. Education:** What education do you have vs. what do you need for the job?

☒ **2. Experience:** What experience do you have vs. what do you need for the job?

☒ **3. Special Requirements**

☒ **4. Machines, Tools, & Equipment:** Necessary equipment needed to perform job.

☒ **5. Decision Making & Judgments:** Short answers regarding decision-making capacity.

IV - Americans with Disabilities Act Requirements

☒ **1. Physical Activities/Requirements:** Standard ADA-related requirements.

☒ **2. Working Conditions:** Physical working conditions.

V - Employee, Supervisor, and Department Head Signatures

☒ **Employee, Supervisor, and Department Head Signatures**

Shelley - please put with Persigo
Admin Asst. J A Q

Laura Conant - Re: Summary of Reclassification Review Meeting

From: Greg Trainor
To: Conant, Laura
Date: 12/6/2011 6:43 AM
Subject: Re: Summary of Reclassification Review Meeting

Thank you. I'm good...

Greg Trainor, Utility Manager
City of Grand Junction, Colorado
970-244-1564

Drought Response Information Project
www.thedripwebsite.com

>>> Laura Conant 12/5/2011 4:30 PM >>>

Thanks for this information Greg. The Admin Series is probably the most difficult because of the fact that positions perform some higher level and some lower level responsibilities. The recommended classifications were based on an analysis of levels of work and frequency of performing various tasks. I will keep this information with the Job Analysis Questionnaires from your staff for the future when audit requests are considered again. Please let me know if you'd like to meet with Shelley and I to go over what considerations went into the current recommendations.

Laura

>>> Greg Trainor 12/5/2011 1:13 PM >>>

Laura: We support the decision of last week's review panel. I wish to describe, however, one more time, the type of work our Enterprise Fund staffs provide. Because of rate implications we make every penny "squeek" before we let spend it. The same can be said of our administrative support staff.

Please do not share with the City Manager as she would be offended that I am not "letting this go." I am, but feel concerned that I didn't do a good enough job representing our positions.

Re: Persigo, as an example...

- 1) This position supports the entire Persigo Wastewater Treatment Plant, the Persigo Wastewater Lab and the Water Lab at the Water Plant.
- 2) There is no back up or extra help; this is a one-person, stand alone position supporting 32 employees at Persigo, 5 employees at the Wastewater Lab and 2 employees at the Water Lab.
- 3) Every day consists of every single item on the Senior Administrative list of duties and more. Most significantly:
- 4) Payroll for 39 employees; credit card billing for 39 employees; direct pay invoicing for 39 employees; invoicing for Industrial Pretreatment tank haulers dumping at Persigo; invoicing for Waste Water Lab and Water Lab for testing done by both labs; invoicing for all work done by Persigo collection crews in GBA/Lucity; keeping track of all projects taking place at Persigo (UV installation, Solar installation, etc.); taking sewer calls and dispatching crews; getting information to Risk Management about any back ups caused by the City's lines; direct contact with the public by phone and in writing; coordinating training and certifications.

5) This past summer Christy was directly involved with the creation, coordination and implementation of a 2-day Waste Water Conference which had attendance in excess of 100 persons. Upon completion of the 2-day conference, Christy tallied CU's, created and sent out certificates for all attendees.

Thank you for your work. It can be impossible...

Greg Trainor, Utility Manager
City of Grand Junction, Colorado
970-244-1564

Drought Response Information Project
www.thedripwebsite.com

>>> Laura Conant 12/2/2011 10:31 AM >>>

Attached is a summary of the meetings held with all of you on Wednesday to discuss position reclassification concerns. Shelley Caskey will be the primary HR Analyst working on the audits that are needed where indicated. As part of that process she will be contacting the employee. I would appreciate it if you could let me know when you have had the chance to talk with the supervisor and/or employee so that Shelley can begin her work.

Thank you -

Laura

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.
--	---

Division:

Department:

For Individual Questionnaires Only:

Employee Name:	Norman <small>(Last)</small>	Jessica <small>(First)</small>	A. <small>(Middle Initial)</small>
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Current Classification Title: Administrative Assistant

Division	Parks	Department	Parks and Recreation
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Total Length of Time with organization 2 Years 7 months

Total Length of Time in Current Position 1 Years 10 months

Assigned Hours/Week;; from 7:00 **t o** 3:30 **Assigned Days/Week** 5

Email: jessican@gjcity.org **Work Phone:** (970)254-3861

Immediate Supervisor:

Immediate supervisor reports to:

<p>Name: Traci Wieland</p> <p>Title: Interim Parks Superintendant</p> <p>Work Phone: (970) 254-3881</p> <p>E-mail: traciw@gjcity.org</p>	<p>Name: 1. Rob Schoeber 2. Mike Vendegna</p> <p>Title: 1. PARKS + RECREATION Director 2. Interim Parks and Rec. Director</p> <p>Work Phone: 1. 970. 254. 3881 2. (970) 254-3843</p> <p>E-mail: 1. robse@gjcity.org 2. mikev@gjcity.org</p>
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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.

Performs a wide variety of responsible secretarial, administrative support, and clerical duties for the Parks Department as well as providing information and assistance to the public and city personnel regarding Parks Department policies, procedures, events and programs. Specific duties include forestry work orders, payroll, accounts payable, purchasing cards, and many other park related issues. Serves as the first point of contact for the newly implemented GBA program. Includes overall management and development of the program as well as data entry.

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).	1
<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.	30 +
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	4

- 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

Parks Crew Leaders
Parks Equipment Operators
Parks Seasonals
Parks Mechanic
Cemetery 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		
Parks Equipment Operators/Crew Leaders/ Seasonal employees	Daily	Day to day operations. Provide administrative and secretarial support. Work Orders, taking messages, provide personnel information, timesheets
Parks Supervisors	Daily	Day to day operations. Provide administrative, secretarial and clerical support in the form of correspondence, accounting paperwork, marketing information and other administrative duties.
Finance- Accounts Payable, Payroll, Accountant	Weekly	Payroll, Payables, Purchasing Cards, journal entries, revenue recap worksheets.
Recreation Admin. Office	Daily	Inquiries regarding day to day operations.
Geographical Information Systems/ Information Services	Weekly	GIS/IS play a major role in developing the GBA program. Providing information and development of program. Network issues.

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Gen. Public	Daily	Take request and service calls for parks, landscaping and City trees/ provide information and assistance regarding departmental policies, procedures, programs and events. Setting up details of Memorial Tree plantings. Registering attendees for Western Slope Tree Care Conf., as well as schools for Arbor Day Student Program. Setting up Licenses with Tree Care Providers.
Forest Service	Monthly	Organize different large events such as Arbor Day, Western Slope Tree Care Conference, Colorado Tree Coalition Conference as well as involvement with the Forestry Board
Forestry Board	Monthly	Prepare agendas, take minutes as well as coordinate meetings
Vendors	Weekly	Financial information, outstanding bills and invoices
Carlsons Memorials	Monthly	Order Memorial Tree Planting Plaques, payment of plaques.

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	Responds to complaints, requests for service and questions by assigning work orders, or providing information about a procedure, regulation or specific program and events that the City may offer.	Decipher if a request is an emergency that needs to be addressed, how it should be addressed and who needs to address it. Problem solving.	Daily	15%
2	Screen external and internal calls. Take detailed messages for Parks employees. Schedule meetings, appointments and other events for Parks employees. Fax and copy items.	Who to transfer calls to. Determine if calls are City responsibility and handled by the department.	Daily	5%
3	Create and proofread various forms, letters, memoranda and other correspondence that may arise	Proper grammar, format and layout.	Weekly	5%

4	Create databases for Licensed Tree Care Providers, Memorial Tree Planting Program, and several other Mailing Lists. Create forms, charts and lists such as work orders and timesheet forms, fuel charts, radio and phone lists as well as signs by using Microsoft access, excel, word, publisher, Adobe InDesign and Photoshop.	What information needs to be included, layout and design, gathering correct information. Coming up with what forms need to be created for better efficiency.	Weekly	10%
5	Collecting data, organizing a timeline, and delegating specific tasks to individuals for the completion of a parks and tree inventory/ workorder database called GBA. Will be creating new forms using Crystal Reports. Serves as lead employee for implementation of the GBA program. Works closely with IS and other departments currently using GBA.	What data needs to be inventoried, how to get the information, how to enter in the information, development of timeline & teaching Parks employees how to use the GBA database	Weekly	10%
6	Update Tree Care Provider list each year by creating license card, sending out yearly reminders, reviewing records and applications for completeness and conformance with established regulations and procedures, setting up times to take Forestry Licensing Exams, collecting fees.	Who needs to be licensed. Layout and design of letter and license card. Determine compliance and completion of forms.	Annually	5%
7	Helps coordinate activities such as Arbor Day Student Program, Western Slope Tree Care Conference, Colorado Tree Coalition, Team Building events by creating flyers, updating web information, creating and developing registration forms, mailing out registration, cash handling and accounting processes, etc.	Make contact with Schools & participants. What needs to be done for each event and what it will take to get it done.	Quarterly	10%
8	Provide back-up assistance to the Cemetery Admin. Assistant, the Senior Admin. Assistant at the Recreation Division as well as backing up the secretary for the PRAB and PIAB boards.		Monthly	5%
9	Organize and maintain filing systems such as personnel information, Licensed Tree Care Provider information, Memorial Tree Planting Program, cemetery back-up information. Management of Parks record retention.	What the most efficient way to file. When to destroy records or how long and what records need to be stored. Training other employees on these requirements.	Weekly	5%
10	Processes payroll, direct pays, purchasing cards, journal entries. Enters task and location timesheets for each Park employee. Monitors approved budget accounts, reviews budget reports, verify budget codes as well as pay rates over time, PTO, short/long term disability and comp time.	Decipher when everything is due into my office to be entered. Checking to make sure account #'s are correct and within budget.	Daily	15%
11	Secretary for the Forestry Board: prepares agenda and minutes as well as coordinates meetings.	Layout of minutes. Determines timeline for contacting members, scheduling meetings, and sending minutes.	Monthly	5%

12	Orders, manages and purchases various supplies such as safety, office, and project supplies. Keeps cafeteria pop machine full (buys and refills). Orders and organizes all Parks Employees yearly clothing allowance, by balancing amount, verifying amount and order for each employee.	What supplies are needed. Making sure items are within budget and in the correct account.	Weekly	5%
13	Manage Memorial Tree Planting Program. Orders Memorial Plaques, keeps track of \$: cash handling, coordination of staff and customer for planting of memorial tree ,deciphering location/time.		Monthly	5%
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
1-13	Knowledge of office procedures, methods and equipment (computers, copiers, fax, scan, phones etc...)
1,2,5-8,10-12	Ability and knowledge to work with internal and external customers.
1-12	Knowledge of proper english usage, grammar and punctuation in order to communicate clearly both orally and in writing.
3-8, 10-11	Knowledge, skill and ability to utilize various computer softwares (Microsoft programs, New World Financial Program, Wells Fargo Purchasing Card system, GBA Parks/Tree Inventory Program, Adobe InDesign & Publisher, TRIMS Software, CLASS facility booking & report printing.)
1-12	Knowledge, skill and ability to productively work independently.
8,11	Knowledge of the principles of taking and writing minutes.
6, 7, 10, 13	Basic mathematical and accounting principles.
1-12	Ability to learn and understand Parks Operations and facility use guidelines.
6-8,13	Cash handling techniques

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 checked="" type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input checked="" 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>
Secretarial or clerical support	2 years	2	2 years
Customer Service	7 years	3	2 years
Computer	2 years	2	2 years

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

Specialized secretarial training, computer software, customer service

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

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

Duty #	Machines, Tools, Equipment	Frequency/Time
1-13	Computers	Daily/ 50%
6,7,8,10,12, 13	10 key adding machine	Daily/ 5%
1-8, 10-13	Fax Machine	Daily/ 5%
1-13	Copier/Printer	Daily/ 5%
1-13	Scanner	Daily/ 5%
1,8	Two-way Radios	Weekly/ 5%
1-13	Multi-line Phone	Daily/ 20%
1-13	Laminator	Weekly/5%
		Total: 100%

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. How to address different situations and problems that may arise concerning Parks, Horticulture, Forestry operations. Resolving customer complaints and concerns by determining solutions while providing the utmost satisfactory Customer Service. Determining priority of completion for Forestry work orders as submitted throughout the day and who these are delegated to.

2. Since I have a variety of different tasks and duties it is my responsibility to decide how to make my job overall efficient. Often times that means creating forms, databases and work orders to keep everything organized and accurate. Each day brings its different tasks, due dates, challenges and needs. I have to decide how to prioritize and delegate my work.

3. Formating and developing initial set-up of GBA Parks/Tree inventory and work order database. Developing timelines with Information Systems Department, coordinating how all inventory information will be processed and entered by coordinating information with different departments and employees. Deciphering

layout of the database and what we would like it to provide. Developing work order forms and buying essential equipment for Equipment Operators to use daily as a tool to pursue goals of having an efficient inventory and work order system for the Parks Department.

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

0 – Not Important

1 – Annually

1 – Somewhat Important

2 – Quarterly (at least 3 per year)

2 – Very Important

3 – Monthly (at least 8 per year)

3 – Extremely Important

4 – Weekly (at least 3 per month)

5 – Daily (at least 3 per week)

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.	1--Annually	1--Somewhat Important	Filing, storing
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	Filing, storing
Kneeling: Bending legs at knee to come to a rest on knee or knees.	0--Never	1--Somewhat Important	Filing, storing
Crouching: Bending the body downward and forward by bending leg and spine.	0--Never	1--Somewhat Important	Filing, storing
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.	0--Never	1--Somewhat Important	Filing, storing
Standing: Particularly for sustained periods of time.	0--Never	0--Not Important	
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 forward, downward or outward.	0--Never	0--Not Important	
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	0--Never	0--Not Important	
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	Typing reports/ data/minutes etc...
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	Writing/minute taking/ using mouse
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.	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	Customer Service
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	2--Very Important	Customer Service
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	1--Somewhat Important	Computer Work
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	Typing/writing
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	5--Daily	2--Very Important	Sitting most of the day

sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.			
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 Light Work.	4--Weekly	1--Somewhat Important	
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	storing, filing, special event assistance
Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	0--Never	0--Not Important	
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	0--Never	0--Not Important	

2. WORKING CONDITIONS.

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

☒ **Does Not Apply**

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed: _____

Date: _____

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. The Supervisor does not need to read the entire JAQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections are not complete or are incorrect, please fill in the blanks when you review the questionnaire with the incumbent. If you disagree with any information provided or believe some information is missing, indicate below the question number and your comments. **Please note the form should have all three signatures to ensure all have read the questionnaire.**

Question No.	Comments

Please check the appropriate statement:

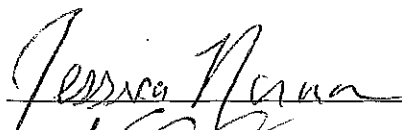
☐ I agree with the incumbents' position questionnaire as written.

☐ The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.

☐ The above modifications have been discussed with the incumbent, and the incumbent disagrees with these modifications.

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

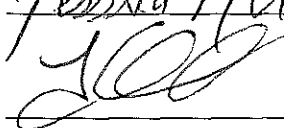
Employee Signature:



Date:

10-24-08

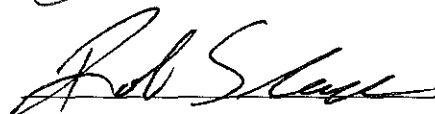
Supervisor
Signature:



Date:

10-24-08

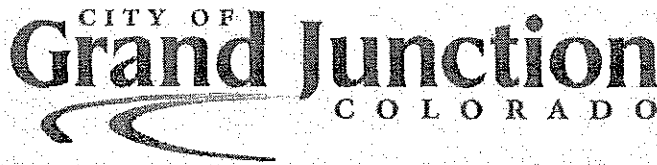
Department Head
Signature:



Date:

10/30/08

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.



Classification Study 2008

Job Analysis Questionnaire

Instruction and guidelines for completing your Job Analysis Questionnaire

Job Analysis Questionnaires (JAQs) are being distributed to all individuals who are included within the scope of the study. As these JAQs are used to write job classifications, it is extremely important for you to fill out the questionnaires completely and accurately.

To make this process easier for you, we recommend you first read through the entire questionnaire so that you understand the information we are asking for in each section. Next, complete as much of the questionnaire as you can and then put it down for a day. On the next day, complete the rest of the questionnaire. Finally, just before you turn it in, read it again to make sure you haven't forgotten anything. We have included a checklist on page 2 to assist you with tracking your progress.

1. The information you provide on the following Job Analysis Questionnaire (JAQ) will be used to develop the new job classification system for the City of Grand Junction and to determine the correct classification for your job. It is very important that you provide accurate, detailed information about your current job duties. Providing overstated questionnaires may have a negative effect and will not result in a higher classification.
2. You may complete your JAQ as an individual, or you may join with other employees who perform the same type of work that you do to complete the JAQ as a group. Contact your supervisor for specific details on how to participate through a group process.
3. The questionnaire must be reviewed and signed by your immediate supervisor and your Department Head. Both the Supervisor and the Fox Lawson Consultant will then review the questionnaire information to ensure fairness and accuracy. Objectivity is the main consideration when the JAQs are reviewed.
4. We suggest that you keep a copy of the final document for your records. One copy and the original of the JAQ must be submitted to Shelley Caskey, Project Coordinator, or the Human Resources Division. The completed JAQ must be submitted to your supervisor and Department Head by 10/15/08. Department Heads must submit JAQs to the Human Resources Division by 10/31/08.
5. This document is set to be filled out by the employee by typing a response, checking a box, or selecting an answer from a drop-down menu. Spaces left for response are indicated by a gray-shaded area. Drop-down menus are indicated by the word, "select" and an arrow next to the word when the box is highlighted. You may move between response areas simply by using the "Tab" key.

Job Analysis Questionnaire (JAQ) – Overview & Checklist

Following is an overview of the City of Grand Junction's JAQ. Please use the checkboxes next to each section to monitor your progress and ensure completion.

I - Background

- ☐ **Employee Background:** Name, title, email, department, etc.

II - Position Information

- ☐ **1. Position Summary:** Written description of your job's primary purpose.
- ☐ **2. Supervision & Organizational Relationships**
- ☐ **a) Supervision Given:** Details of supervisory responsibility, if any.
 - ☐ **b) Organizational Relationships:** Titles of coworkers and subordinates.
 - ☐ **c) Public Contacts:** Inside and outside the organization.
- ☐ **3. Essential Duties:** Major job duties and their required decisions and frequency.
- ☐ **4. Required Knowledge & Skills:** Required knowledge and skills to perform essential duties.

III - Education, Experience, and Equipment

- ☐ **1. Education:** What education do you have vs. what do you need for the job?
- ☐ **2. Experience:** What experience do you have vs. what do you need for the job?
- ☐ **3. Special Requirements**
- ☐ **4. Machines, Tools, & Equipment:** Necessary equipment needed to perform job.
- ☐ **5. Decision Making & Judgments:** Short answers regarding decision-making capacity.

IV - Americans with Disabilities Act Requirements

- ☐ **1. Physical Activities/Requirements:** Standard ADA-related requirements.
- ☐ **2. Working Conditions:** Physical working conditions.

V - Employee, Supervisor, and Department Head Signatures

- ☐ **Employee, Supervisor, and Department Head Signatures**

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:

Department:

For Individual Questionnaires Only:

Employee Name:

Oleson

Amy

M.

(Last)

(First)

(Middle Initial)

Current Classification Title:

Administrative Assistant

Division

Utilities & Street Systems

Department

Streets & Facilities

Total Length of Time with organization

3 Years 2 months

Total Length of Time in Current Position

2 Years 1 months

Assigned Hours/Week:: from 8 a.m. **t o** 4:30 p.m.

Assigned Days/Week 5

Email: amyo@gjcity.org

Work Phone: 244-1575

Immediate Supervisor:

Immediate supervisor reports to:

Name:

Darren Starr

Name:

Terry Franklin

Title:

Streets and Solid Waste
Manager

Title:

Deputy Director USS

**Work
Phone**

244-1493

**Work
Phone:**

244-1495

E-mail:

darrens@gjcity.org

E-mail:

terryf@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.

Provide administrative support to management, professional staff and external customers in the most efficient and accurate way possible. Perform a wide variety of complex, responsible and confidential duties, serve as first point of contact for walk-in customers and employees, and refer visitors and phone calls.

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).	
<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 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.	

- 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

Street Support Technician
Administrative Assistant
Crew Leader

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		
PURCHASING	Monthly	PURCHASE ORDERS & PROCUREMENT
ENGINEERING	WEEKLY	CONSTRUCTION ISSUES
ACCOUNTING	DAILY	PAYABLES, TIME ENTRY, & BUDGET
Code Enforcement	Weekly	VIOLATIONS
CUSTOMER SERVICE	DAILY	CUSTOMER REQUESTS & BILLING
I.S.	WEEKLY	TECHNICAL SUPPORT

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
GENERAL PUBLIC	DAILY	COMPLAINTS, QUESTIONS, REQUESTS
CDOT	MONTHLY	Complaints, Questions, Requests
MESA COUNTY	MONTHLY	COMPLAINTS, QUESTIONS, REQUESTS
VENDORS	MONTHLY	Ordering, accounting

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Answer Phones & respond to emails - internal & external	Interpret and apply policy or know who can.	Daily	35
2	Process Account Payables - PCards & Direct Pays	Organize, code, Data Entry by weekly deadline.	Daily	60
3	Time Sheet Processing & Maintenance	Verify data and process by deadline.	Occasionally	5
4	Data Management	Record and track various types of data.	Occasionally	5
5	Web Updates	Update information and graphics on City website as needed.	Occasionally	5
6	Misc. correspondance, email, flyers, brochures, charts and graphs	Correct grammar usage and kowledge of subject matter.	Occasionally	5
7			Select	
8			Select	
9			Select	
10			Select	
11			Select	
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
1	Multi-line phone system and Groupwise email software
2	New World accounting software, Banner, basic accounting, Xcel
3	New World, Banner, Xcel, payroll guidelines, local & federal guidelines
4	Xcel, Access and basic recordkeeping
5	Dreamweaver, Fireworks, Adobe Acrobat and programming knowledge
6	Word, PowerPoint, Publisher, GroupWise, business grammar

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 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 type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other (explain): Progressive clerical or secretarial experience

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>
Advanced technical skills	15 years	Intermediate skill level	5 years
Accounting/Bookkeeping	10 years	Bookkeeping	5 years
	years		years

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

Administrative support with an emphasis on current technology.

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

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

Duty #	Machines, Tools, Equipment	Frequency/Time
1	Multi-line phone system and computer	daily
2	Computer, printer/copier, scanner and fax	daily
3	Computer, printer/copier, scanner and fax	weekly
4	Computer, printer/copier, scanner and fax	weekly
5	Computer, printer/copier, scanner and fax	daily
6	Computer, printer/copier, scanner and fax	weekly
	binder equipment, laminating machine	

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. Determine priority of phone calls and request.

2. Interpret and apply policy & procedures.

3. Prioritization of daily responsibilities.

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.	4--Weekly	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.	4--Weekly	1--Somewhat Important	
Kneeling: Bending legs at knee to come to a rest on knee or knees.	4--Weekly	0--Not Important	
Crouching: Bending the body downward and forward by bending leg and spine.	4--Weekly	0--Not Important	
Crawling: Moving about on hands and knees or hands and feet.	2--Quarterly	0--Not Important	
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	
Standing: Particularly for sustained periods of time.	2--Quarterly	1--Somewhat Important	
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	2--Very Important	1-6
Pushing: Using upper extremities to press against something with steady force in order to thrust	1--Annually	0--Not Important	

forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	0--Never	0--Not Important	
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	1-6
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	1-6
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.	5--Daily	1--Somewhat Important	1-6
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	3--Extremely Important	1-6
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	1-6
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	1-6
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	1-6
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1-6
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	3--Extremely Important	1-6
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	2--Quarterly	1--Somewhat Important	

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

2. WORKING CONDITIONS.

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

☒ **Does Not Apply**

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed:  Date: 11/7/08

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. The Supervisor does not need to read the entire JAQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections 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
2a	Employee may help other employees with filling out paper work, or providing data and research information to supervisor. Employee does not supervise any employee's .

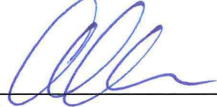
Please check the appropriate statement:

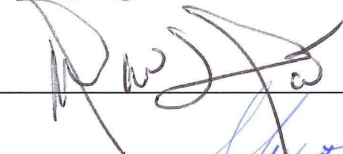
☐ I agree with the incumbents' position questionnaire as written.


☒ 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: 11/10/08

Supervisor Signature:  Date: 11-10-08

Department Head Signature:  Date: 11/18/08

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.

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: Police

Department: Investigations

For Individual Questionnaires Only:

Employee Name: Schmid-Turner Kim C
(Last) (First) (Middle Initial)

Current Classification Title: Administrative Assistant

Division Police **Department** Investigations

Total Length of Time with organization 13 Years 6 months

Total Length of Time in Current Position 13 Years 6 months

Assigned Hours/Week:: from 8 a.m. **t o** 5 p.m. **Assigned Days/Week** M-F

Email: kimt@gjcity.org

Work Phone: 970 244-3568

Immediate Supervisor:

Immediate supervisor reports to:

Name: Tony Clayton

Name: Greg Assenmacher

Title: Sergeant

Title: Commander

Work Phone 970 244-3606

Work Phone: 970 244-3577

E-mail: tonyc@gjcity.org

E-mail: grega@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.

Provide administrative, secretarial and clerical support to the Investigations Section of the Grand Junction Police Department. Also provide assistance as needed to Police Administration, Records, Lab and Evidence, Patrol, Victim's Assistance and Volunteers.

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 type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	
<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 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

Commander
Sergeant
Corporal
Detective
Police Service Technician
Clerical 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		
Administration	DAILY	PAYROLL, A/P, BUDGET, SUPPLIES
LAB & EVIDENCE	Daily	PAYROLL, SUPPLIES
RECORDS	Daily	PAYROLL, INV PPWK, SUPPLIES
PATROL	DAILY	PAYROLL, CASE REL PPWK, SUPPLIES
Comm Center	DAILY	Inv calls, inv rel ppwk
HUMAN RESOURCES	WEEKLY	PAYROLL RELATED QUESTIONS
FINANCE/PAYROLL	WEEKLY	PAYROLL, ACCOUNTING REL QUESTIONS
INFO SERVICES	DAILY	COMPUTER/SOFTWARE REL ISSUES
STORES	WEEKLY	SUPPLIES REQUESTS
SHOPS/FLEET	WEEKLY	Fleet related issues
MUNI COURT	WEEKLY	Court Cancellations/Reschedule
CUSTOMER SERVICE	WEEKLY	Warrants

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
MESA COUNTY DA'S	WEEKLY	INV RELATED MATTERS
COUNTY/DISTRICT CT	WEEKLY	INV RELATED MATTER/SUBPOENAS
LOCAL ATTORNEYS	WEEKLY	INV REL CALLS/SUBPOENAS
PROCESS SERVERS	WEEKLY	SUBPOENAS
GENERAL PUBLIC	DAILY	INV REL QUESTIONS
Outside Agencies, State, Local & NW	Daily	Inv rel matters/questions
DEA/DRUG TF	DAILY	INV REL MATTERS/GRANT REL QUESTIONS

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Provide Admin & Secretarial Support to Inv	Yes	Daily	30
2	Complete Bi Weekly Payroll for 140 employees	Yes	Daily	30
3	Answer Phones, Distribute Mail	Yes	Daily	10
4	Procure Office Supplies for Police Department	Yes	Daily	10
5	Procure Printing Services for Police Department	Yes	Daily	5
6	Maintain Office Equipment in Inv	Yes	Daily	5
7	Accept criminal subpoenas	No	Daily	5
8	Complete Weekly PD Hot Sheet Publication	Yes	Daily WEEKLY	5
9			Select	
10			Select	
11			Select	
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
1	English Language, Computer, Micro Soft Office, LRMS, SIRE, Phone, Fax, Copy Equipment, Intermediate Office Procedures, Typing, CCIC/NCIC, Internet, Search Data Bases, Document preparation, digital transcription, Spillman, Picture Link.
2	Basic accounting principles, intermediate payroll knowledge, Banner data entry, City policy/procedures.
3	Knowledge of multi-line phone system.
4	Inventory, purchase and stock office supplies. Maintain budget.
5	Inventory, purchase and stock printed materials. Maintain budget.
6	Basic knowledge of office equipment maintenance and service.
7	Basic knowledge of PD procedures to accept subpoenas.
8	Knowledge of Software to Complete Publication.

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 checked="" 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 type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (explain): Administrative Assistant Experience, preferably related field

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>
Admin Asst	26 years		5 years
	years		years
	years		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.

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	Regularly
2	Phone	Regularly
3	Fax	Regularly
4	Copy Equipment	Regularly

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. Responsible for decisions reference Police Department time sheet processing and payroll within City Policy and Procedures.
 - 2. Responsible for decisions reference office equipment maintenance, office supply orders, and ordering printed materials for the Police Department.
 - 3. Responsible for decisions related to compiling and distributing weekly publication "Hot Sheet" for GJPD and MCSO.

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.	2--Quarterly	0--Not Important	4,5,6
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.	2--Quarterly	0--Not Important	4,5,6
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	0--Not Important	4,5,6
Kneeling: Bending legs at knee to come to a rest on knee or knees.	3--Monthly	0--Not Important	4,5,6
Crouching: Bending the body downward and forward by bending leg and spine.	3--Monthly	0--Not Important	4,5,6
Crawling: Moving about on hands and knees or hands and feet.	3--Monthly	0--Not Important	4,5,6
Reaching: Extending hand(s) and arm(s) in any direction.	4--Weekly	0--Not Important	4,5,6
Standing: Particularly for sustained periods of time.	0--Never	0--Not Important	
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	2--Quarterly	0--Not Important	4,5,6

forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	2--Quarterly	0--Not Important	4,5,6
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	All
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	All
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	2--Quarterly	0--Not Important	4,5,6
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 word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	All
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	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	3--Extremely Important	All
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	1--Somewhat Important	4,5,6
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	1--Somewhat Important	4,5,6

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

2. WORKING CONDITIONS.

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

☒ **Does Not Apply**

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed: _____

Date: _____

10.24.08

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. The Supervisor does not need to read the entire JAQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections are not complete or are incorrect, please fill in the blanks when you review the questionnaire with the incumbent. If you disagree with any information provided or believe some information is missing, indicate below the question number and your comments. **Please note the form should have all three signatures to ensure all have read the questionnaire.**

Question No.	Comments


Please check the appropriate statement:


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


☐ The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.

☐ The above modifications have been discussed with the incumbent, and the incumbent disagrees with these modifications.

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

Employee Signature:  Date: 11.7.08

Supervisor Signature:  Date: 11-7-08

Department Head Signature:  Date: 11/7/08

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.

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.
--	---

Division:

Department:

For Individual Questionnaires Only:

Employee Name:	Gallik	Jacqueline	A
	(Last)	(First)	(Middle Initial)

Current Classification Title: Part-time Administrative Assistant

Division	Investigations	Department	Police Department
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Total Length of Time with organization 14 Years 9 months

Total Length of Time in Current Position 14 Years 9 months

Assigned Hours/Week:: from 0900 **t o** 1300 **Assigned Days/Week** 5

Email: jackieg@gjcity.org **Work Phone:** 244-3607

Immediate Supervisor:

Immediate supervisor reports to:

Name:	Tony Clayton	Name:	Greg Assenmacher
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Title:	Sergeant	Title:	Commander
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Work Phone	244-3606	Work Phone:	244-3577
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E-mail:	tonyc@gjcity.org	E-mail:	grega@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.

My primary responsibilities are the entry of all pawn data into the Law Records Management System, maintaining an orderly system of filing and maintaining all pawn records, and assisting in pawn searches for our police department and outside law enforcement agencies as well.

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 type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	
<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 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

Administrative Assistant
3 Police Service Technicians
8 Detectives

YOUR DIRECT REPORTS' JOB TITLES

Volunteers

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

☐ Full Time
 ☐ Part-Time
 ☐ Seasonal/Temp
 ☒ Volunteer 5
 ☐ 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		
Detectives	D	Pawn-related information or special projects with which I may be assisting them.
Volunteers	D	Assisting volunteers who help with data entry.
Patrol officers	O	Pawn-related information
Volunteer Coordinator	O	Volunteer-related issues

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Pawnshop owners	W	Seeking clarification of pawn information, putting police "holds" on stolen items, etc.
Outside law enforcement agencies	W	Assisting other agencies in locating stolen items via our pawn data base
General public	D	Answering pawn-related questions and answering phone calls from the main Investigations phone line.

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Data entry of all pawn tickets	Making sure pawnshops are in compliance	Daily	65
2	Filing and maintaining all pawn tickets	Determining when to destroy old files	Daily	10
3	Prepare monthly volunteer newsletter	Topics to discuss	Monthly	5
4	Perform pawn data base searches	Determining if items are actually stolen	Daily	10
5	Assist with Registered Sex Offenders filing and RSO community meeting mailings		Occasionally	5
6	Assist detectives with special projects		Occasionally	5
7			Select	
8			Select	
9			Select	
10			Select	
11			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
1	Computer data entry skills
2	General secretarial skills
3	Writing and editing skills
4	Computer skills
5	General secretarial skills
6	General secretarial skills

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 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 checked="" 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>
Secretarial	14 years	Secretarial	1 years
Computer data entry	14 years	Computer data entry	1 years
	years		years

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

Training should be in secretarial skills and computer skills.

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.

N/A

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	Daily - 3-1/2 hrs.
2	No machines	
3	Computer - Microsoft Word	Monthly - 1 hr.
4	Computer, copier, FAX machine, phones	Daily - 1/2 hr.
5	Copier	Occasionally - 10 hrs.
6	Computer, copier, phones	Occasionally - 20 hrs.

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. Putting police "holds" on stolen items pawned at pawnshops maintaining a chain of evidence

2. Determining through the information given on the pawn tickets and talking with the pawnshop owners if the pawnshops are in compliance.

3. Since pawn information is confidential, determining what information is okay to release.

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.	Select	Select	
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.	Select	Select	
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.	Select	Select	
Kneeling: Bending legs at knee to come to a rest on knee or knees.	Select	Select	
Crouching: Bending the body downward and forward by bending leg and spine.	Select	Select	
Crawling: Moving about on hands and knees or hands and feet.	Select	Select	
Reaching: Extending hand(s) and arm(s) in any direction.	Select	Select	
Standing: Particularly for sustained periods of time.	Select	Select	
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	1--Somewhat Important	2, 4, 5,6
Pushing: Using upper extremities to press against something with steady force in order to thrust	Select	Select	

forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	Select	Select	
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	1,3,4
Grasping: Applying pressure to an object with the fingers or palm.	Select	Select	
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.	Select	Select	
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	2--Very Important	1,2,4,5,6
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	2--Very Important	1,2,4,5,6
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	1,2,3,4,5,6
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	2--Very Important	1,3,4
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	2--Very Important	1,2,3,4
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	Select	Select	

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.	Select	Select	
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.	Select	Select	
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.	Select	Select	

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).

Special Projects: 1) This month I spent approximately 15 hrs. recreating bank statements in Excel for a check fraud case. 2) Earlier this year I spent many hours assisting in reviewing court-ordered telephone records for an identity theft case.

Examples of Past Special Projects: I have copied complete case files and organized them in 3-ring binders to be sent to the DA's office and to be taken by detectives to court. I have organized photos of a homicide in a 3-ring binder to be used in court. I have worked many hours on a large mail theft case involving calling hundreds of victims, copying, sorting, and returning all of the stolen mail.

EMPLOYEE CERTIFICATION

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

Signed: Jacqueline Pulhi Date: 10/21/08

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. The Supervisor does not need to read the entire JAQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections 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: Jacqueline Galik Date: 10/21/08

Supervisor Signature: [Signature] / GA nsb Date: 10/21/08

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.