

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: Administrative Services Department: Municipal Court

For Individual Questionnaires Only:

Employee Name: Rodriguez Amy F
(Last) (First) (Middle Initial)

Current Classification Title: Reg Part-time Admin Clerk

Division Administrative Services Department Municipal Court

Total Length of Time with organization Years 1 months 8

Total Length of Time in Current Position Years 1 months 8

Assigned Hours/Week:: from 8:00 8:00 1:00 to 5:00 Assigned Days/Week mon/wed/fri

Email: AmyR@city.org Work Phone: 970)244-1537

Immediate Supervisor:

Immediate supervisor reports to:

Name: Joanna Adams

Name:

Title:

Title:

Work Phone 970) 244-1537

Work Phone:

E-mail: Joannaa@city.org

E-mail:

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.

Enter accurately and efficiently all tickets
issued to municipal court.

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

CUSTOMER SERVICE REPRESENTATIVES
TAX ENFORCEMENT
MUNICIPAL COURT SUPERVISOR
PARKING ENFORCEMENT OFFICER

YOUR DIRECT REPORTS' JOB TITLES

MUNICIPAL COURT SUPERVISOR
CUSTOMER SERVICE SUPERVISOR
NONE

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		
Muni Ct Supr.	3 x /week	ASSIGNMENT OF DUTIES RESOURCE FOR QUESTIONS

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
General Public	2 days per week	Court Reminder

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	Enter tickets		Select D	70
2	File AR + closed ^{completed} cases		Select ND W	20
3	Enter no owner info (parking tickets)		Select W	2.5
4	Court Reminder calls		Select W	5
5	ACCEPT STRAIGHTFORWARD (NO BONDS, ^{SIMC} COMPUTER INQUIRY)		Select W	2.5
6			Select	
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	Typing
2	Ten Key
3	Computer (general)

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>
Typing	18 years	Typing	1 years
10 Key	3 years	10 Key	1 years
Computers	23 years	Computers	2 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	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.
 - 2.
 - 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

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 Select	0 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 Select	0 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.	0 Select	0 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 4	Select 1	FILING
Standing: Particularly for sustained periods of time.	Select 4	Select 1	
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	Select 4	Select 1	
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	Select	Select	
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 Select	3 Select	Filing Keyboarding

Grasping: Applying pressure to an object with the fingers or palm.	0 Select	0 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 Select	0 Select	
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	0 Select	0 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.	4 Select	3 Select	
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.	4 Select	3 Select	
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 Select	3 Select	
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	Select	Select	Keyboarding
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 Select	3 Select	
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 Select	0 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 Select	0 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 Select	0 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 Select	0 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).

Do whatever is asked of you. Notice where help is needed and help.

EMPLOYEE CERTIFICATION

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

Signed: _____

Date: _____

10/14/08

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
	THIS POSITION IS INTENDED TO SPECIALIZE IN
	THE DATA ENTRY OF MUNICIPAL COURT CASES
	RESULTING FROM POLICE DEPT, JUNK CONTROL,
	OR PARKING TICKETS. IF TIME ALLOWS, THE
	POSITION CAN ALSO ASSIST WITH FILING AND
	BASIC CUSTOMER ASSISTANCE AS WELL AS
	SPECIAL PROJECTS FROM TIME TO TIME.

Please check the appropriate statement:

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

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

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

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

Employee Signature: _____

Date: _____

Supervisor
Signature: _____

Date: _____

Department Head
Signature: _____

Date: _____

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. AFTER YOU OR YOUR GROUP HAS COMPLETED YOUR PORTION OF THE QUESTIONNAIRE, PLEASE SUBMIT THE QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW, SIGNATURE, AND COMMENT. YOUR SUPERVISOR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO YOUR DEPARTMENT HEAD.

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: Transportation/Traffic

Department: Public Works and Planning

For Individual Questionnaires Only:

Employee Name:	Nimon	Sandra	K.
	(Last)	(First)	(Middle Initial)

Current Classification Title: Administrative Clerk

Division	Traffic/Transportation	Department	Public Works and Planning
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Total Length of Time with organization 25 Years 3 months

Total Length of Time in Current Position 1 Years 8 months

Assigned Hours/Week: from 7:00 a.m. to 3:30 p.m. (30 Hrs.) **Assigned Days/Week** Tue. – Fri.

Email: sandin@gjcity.org

Work Phone: 256-4110

Immediate Supervisor:

Immediate supervisor reports to:

Name: Jody Kliska

Name: Trent Prall

Title: Transportation Engineer

Title: Engineering Manager

Work Phone 970-244-1591

Work Phone: 970-256-4047

E-mail: jodyk@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.

As the first point of contact in the Transportation Engineering/Traffic Division, I must represent the Transportation Engineer and her staff with sound judgment and confidence. As the sole administrative support for Jody and her staff, I perform a wide variety of responsibilities and administrative duties for an assigned function; and I perform a variety of technical and administrative duties relative to an assigned responsibility.

I provide assistance in administrative and operating programs and I make decisions which effect specialized and technical areas that require interpretation of facts, situations 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 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.	
<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

Transportation Engineer
Traffic Supervisor
Transportation System Analyst
Transportation Engineering Assistant
Traffic Crew Leader
Sign Crew Leader
Traffic Technician
Transportation Support Technician

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	Daily	Provide and collect information, solve problems and research solutions within policy guidelines and procedures or the necessary changes to guidelines.
Professional/ Technical Staff	Daily	Provide and collect information, design, solve, and research problems specific to GBA, GIS, New World, Banner CCSER, UNCC Locating System, Crystal Reports, Xcel Energy Street Light Report System, Grand Valley Rural Power Street Light Reporting System, Access Signal Log Data Base. First point of contact for budget information/monitoring/reports.
Managers	Daily	Provide, collect and distribute information, execute projects and responsibilities, solve problems within specific policy guidelines.
GBA Committee	Monthly	Provide, collect and distribute information, execute projects and responsibilities, solve problems within specific policy guidelines.
Finance	Weekly	Provide, collect and analyze information. First point of contact regarding payable invoices charge cards, payroll, etc.
Police Department/ Dispatch	Daily	Provide, collect and analyze information. First point of contact regarding signals not working, stop signs down and any other traffic issues in Grand Junction
Stores/Purchasing	Weekly	Provide and analyze information pertaining to Stores Purchases. Update accounting/budgetary information and provide requisitions for Purchasing.

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public	Daily	Provide, instruct and collect information, solve problems, communicate and negotiate solutions within policy guidelines.
Citizens	Daily	Serve as a liaison to Grand Junction Citizens regarding sign installation, down stop signs, yield signs, handicap signs, no parking signs, speed limit signs, school zones, markings, street lighting, traffic counts, bike lanes, handicap zones, cross walks, turn lanes, no passing lanes, loading zones and wide load permitting. Collect information, solve problems & negotiate solutions within policy guidelines.
Public Agencies (State and County)	Bi-Weekly	Serve as a liaison to the State and County Public Works Traffic Departments. Facilitate communication with them regarding local traffic issues and report local traffic issues to them.
Utility Companies	Weekly	I collect, provide, and verify (through our Geographical Information System (GIS)) information to Xcel Energy and Grand Valley Rural regarding Street Lights/Street Light Outages.
UNCC Locating Service	Bi-Weekly	Provide, collect and process information relating to locates for sign and signal installations.
Contractors	As Needed	Collect, validate, and process contracts for engineering design projects.

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	Responsible for managing, compiling, coordinating, monitoring, and processing invoices, requisitions, procurement cards, and training/travel arrangements. Utilize New World, CCSER, Banner, Crystal Reports.	Knowledge of accounts, accuracy of accounts, procedures, budget and processes, as well as how to make adjustments, as needed.	Daily	35%

2	Assist in coordinating and monitoring the assigned budget for Traffic Signs/Traffic Signals/Street Painting, Street Lighting, and Transportation Engineering accounts. Compile annual budget requests. Recommend expenditure requests for specific accounts and monitor approved accounts	Accuracy of accounts, future projections and necessary journal entries.	Daily	15%
3	Compile, research, and dispatch requests pertaining to street signs, traffic signals, striping, street lighting, school zones, crosswalks, and traffic situations/calming.	The ability to make prompt decisions with appropriate actions and responses. The effective skills to solve problems and communicate information to customers in a productive, concise and friendly manner. Knowledge of the GIS system, and the City of Grand Junction/Transportation's procedures and practices.	Daily	15%
4	Compile, research information and order supplies and equipment for Traffic/Transportation/Engineering. Attend GBA meetings, compile, analyze information and transcribe minutes. Prepare, analyze, process contracts, payment bonds, for capital improvement projects. Process, screen, categorize and distribute mail for Traffic/Transportation. Update manuals. Maintain filing system and manage/archive/destroy records according to the State Archival Regulations. Other duties as assigned.	Knowledge of City's policies and procedures. Knowledge of State Archival Regulations. Ability to make independent decisions. Compile, compose and prepare documents.	Daily	15%
5	Compile, research and report information on Street Lights to be GPS'd and in preparation of the annual budget.	Compile and report information for accuracy of the budget and for accuracy of GBA and GIS Mapping	Monthly	5%

6	Utilize GBA, UNCC, Xcel Street Light Reporting System, Grand Valley Rural Power Street Light Reporting System, Street Light Xcel Data Base, and Access Traffic Signal Data base to compile, analyze, and report specific information as it relates to Traffic/Transportation Engineering.	Collecting information, data entry, calculating/formulating, reporting. Knowledge of policy and procedures.	Daily	15%
			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.

Duty #	Knowledge – Skills
1,2,3,4,5,6	Communication /Customer Service Skills – The knowledge of communication techniques and practices in order to best serve the City of Grand Junction and its customers.
1,2,3,4,5,6	Familiarity and clear understanding of procedures, policies and standards of Traffic/Transportation and the City of Grand Junction.
1,2,3,4,5,6	Wisdom in business and administrative standards.
1,2,3,4,5,6	Experience in report preparation and business writing
1,2,3,4,5,6	Education in a multitude sophisticated programs such as GBA, UNCC, Crystal Reports, GIS, New World, and Banner.
3	Knowledge of MUTCD (Manual on Uniform Traffic Control Devices). TEDS (Transportation Engineering Design Standards).
1,2,3,4,5,6	Experience and understanding of a multitude computer programs. i.e., Microsoft Office CCSEr, and Novell GroupWise.
1,2,3,4,5	Capacity to compile analyze and report information.
3,5,6	The capability to understand mapping and coordinates.
2,3,4,5	The ability to comprehend specific terminology as it relates to Traffic/Transportation Engineering.
1,2,3,4,5,6	Diligence – The ability to coordinate, process, and present information.
1,2,3,4,5,6	Competence – The ability to establish priorities, work independently and get the job done!

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.

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 type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain):
X	<input type="checkbox"/>	Business course from Heald Business College in San Diego (one-year course), plus two years (nights) at Mesa College and various other seminars and classes.

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	35 years	5	5 years
Customer Service	35 years	5	5 years
	years		years

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

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	Computer	Daily/65%
1, 2	Copier, Fax, Printers, Scanner, Radio Base Station	18%
1, 2, 3, 4	Telephone	10%
1, 2	Calculator	2%
3, 4	Radio Base Station	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. I make decisions daily that involve technical/administrative/business areas that require interpretation of procedures, processes, and programs.

2. I receive, dispatch and report information pertaining to street lights, traffic lights, street signs, striping, street lighting, school zones, crosswalks, and traffic situations/calming. It's crucial that I make sound/prompt and accurate judgments when responding to any of these issues.

3. I research, collect, compile, and organize information as it relates to Traffic/Transportation. Based on my findings, I assist Transportation Engineering with budget analysis and invoicing/payables.

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.	O – Never	O – 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.	O – Never	O – 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	O – Not Important	
Crouching: Bending the body downward and forward by bending leg and spine.	4 -Weekly	1 – Somewhat Important	Archiving
Crawling: Moving about on hands and knees or hands and feet.	O – Never	O – Not Important	
Reaching: Extending hand(s) and arm(s) in any direction.	4 -Weekly	1 – Somewhat	Archiving

		Important	
Standing: Particularly for sustained periods of time.	5 - Daily	2 - Very Important	Counter/Copier Printing
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5 - Daily	2 - Very Important	Counter/Copier Printing
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, stapling, typing, phone
Grasping: Applying pressure to an object with the fingers or palm.	5 - Daily	2 - Very Important	Computer, Calculator, phone, stapling,
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.	3 - Monthly	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	Counter/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, radio base station, 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, radio base station, 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 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	5 - Daily	3 - Extremely Important	All Duties

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/Telephone/ Calculator
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/Telephone/ Calculator
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/Copy machine paper
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.**

X 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: *Sandra K Numpin* Date: 10-7-08

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
	The position requires skills beyond what the current classification of administrative clerk describes. Sandi has accurately described the duties, knowledge and skills required.
	Based on the volume of work and the consistent deadlines which must be met for accounts payables, monitoring the budget accounts, inputting payroll and providing good customer service to our citizens, the position needs to be full time.

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: *Samira K. Rimeri* Date: 10/7/08
Supervisor Signature: *Ray K. Kade* Date: 10-7-08
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? ☐ Yes ☒ No

If yes, please list all employee names.

Division: Administration

Department: Human Resources

For Individual Questionnaires Only:

Employee Name: Kovschak Catherine M
(Last) (First) (Middle Initial)

Current Classification Title: Administrative Clerk

Division Administration **Department** Human Resources

Total Length of Time with organization 2 Years 8 months

Total Length of Time in Current Position 2 Years 8 months

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

Email: cathyk@gjcity.org **Work Phone:** 970-256-4015

Immediate Supervisor:

Immediate supervisor reports to:

Name: Laura Conant **Name:** Claudia Hazelhurst

Title: Assistant HR Manager **Title:** HR Manager

Work Phone 970-244-1553 **Work Phone:** 970-244-1552

E-mail: lconant@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.

To serve as receptionist for the Human Resources Division, respond to routine telephone and in-person requests for information and assistance from applicants, employees and others relative to recruitment and selection, city policy, city benefit programs and related areas; provide administrative and clerical support in the above areas.

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

Sr. Administrative Assistant
HR Assistant
HR Analyst
HR Analyst

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	Daily	HR-related issues
Police Department	Daily	Applications, 911 Testing Schedules, Letters
Purchasing	Weekly	Ordering Supplies
Information Services	Weekly	Computer Issues
Parks & Recreation	Weekly	Background Checks & Drug Screen

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public	Daily	Directing phone calls, answering questions
Banks, Lenders	Daily	Employment Verifications

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	Serve as receptionist for Human Resources Division, greeting visitors, answering telephone and in-person requests for information regarding recruitment and selection, city policy, employee benefit programs. Screens and routes phone calls to other staff members.	Whether I can answer questions or they must be referred to someone else.	Daily	15
2	Process employment applications by entering them in the computer, making copies and sending to other staff when necessary, keeping them filed for analyst review. Contacting applicants if applications are incomplete. Prepare job interest cards if position is not open.	Determine if any other information is necessary to complete application.	Daily	6
3	Begin background investigations for prospective employees by entering data into computer. Send final information to supervisor for review. Track charges for background checks. Schedule drug screens for prospective employees by working with occupational health clinic, and then sending results to supervisors.	Pertinent information to be entered into computer. Time frame for scheduling drug screens.	Daily	5
4	Schedule applicants by phone for interviews for City positions. Prepare schedule in spreadsheet and provide copies to analyst and other administrative staff. Schedule rooms for interviews via Groupwise program and order lunch if necessary.	Where to best place applicants on schedule and who should receive copies of schedule. Which room would be best for interviews. What to order for lunch.	Weekly	5
5	Check availability and schedule Training Room and HR Conference Room for meetings. Work with other departments to schedule rooms in other areas of City Hall.	How long room is needed and what room is best for meeting.	Occasionally	5
6	Prepare letters, including letters to candidates following interview process and letters to applicants who are disqualified from certain positions.	How letter should be worded, which analyst should sign.	Occasionally	5

7	Prepare welcome kits for new employees by making copies of all forms to be included and placing in folder. Send to employees as soon as they have been hired.	How many to keep on hand.	Occasionally	5
8	Prepare application packets by including job description and any other forms necessary for each position. Keep supply of applications for every open position, keeping track of closing dates and removing packets when position is closed.	How many packets to keep on hand and what to place inside each application.	Weekly	5
9	Keep job posting board up to date by posting open positions and removing job descriptions of positions that are closed.	When to post and remove job descriptions.	Weekly	5
10	Assist other staff members in setting up meeting rooms, providing coffee, water, food, etc. , and cleaning up after meeting is finished.	What food and drinks to provide.	Occasionally	5
11	Open and distribute mail to Administrative staff. Take interoffice and outgoing mail to mail distribution area downstairs.	How often to check mail, when to take mail downstairs.	Daily	5
12	Scan documents to be sent to other entities (RMHP) and email copies of scanned material.	How m any scanned items to attach to each email.	Daily	5
13	Schedule employee meetings with ICMA representative. Schedule meeting room for this function. Call or email employees to remind them of their meeting time. Make sure meetings stay on schedule. Provide copy of schedule to ICMA representative.	How long employee meetings should be, what meeting room to use, when to interrupt meetings that have gone over schedule.	Monthly	5
14	Provide verbal employment verification to lending institutions or other entities needing such information on current or previous employees.	What information to provide.	Occasionally	3
15	Keep job interest card file up to date by preparing job interest cards for prospective employees interested in jobs which are not yet open. Mailing job interest cards when positions open.	When to send cards.	Occasionally	3
16	Prepare and send Congratulations cards to all new employees once they've been hired. This involves writing on the inside of the card and then circulating it through the HR Department for staff signatures.	How many cards to prepare, when to send to employees.	Occasionally	3
17	Prepare a list of employees who are celebrating birthdays each month. Send list to participating department heads, along with cards and envelopes. Maintain supply of enough cards to last one year.	When to send list and how many cards to order each year.	Monthly	5
18	Order and maintain stock of office supplies for HR Division, including some kitchen items and breakroom items.	When to place order. How much to order. How to save money.	Daily	5
19	Maintain office machines, such as copier, printers and fax machine. Keep supplies such as toner, cartridges and paper on hand at all times.	When to place order. When to call for repairs.	Occasionally	5

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 phone system, customer service, some benefit information, policies and procedures
2	Understanding of job requirements and deadlines. Computer skills.
3	Computer skills for background checks.
4	Computer skills, organizational and planning skills.
5	Computer skills for scheduling.
6	Typing and computer skills. Knowledge of grammar, spelling, professional business letters.
7	Knowledge of contents of folders; computer and copying skills.
8	Knowledge of job requirements, opening and closing dates. Organizational skills.
9	Knowledge of opening and closing dates. Computer skills to prepare bulletins.
10	Organizational skills.
11	Knowledge of personnel, mail policies.
12	Skill in operation of scanner and email program.
13	Organizational and scheduling skills. Knowledge of City personnel.
14	Computer skills. Knowledge of what information can be given to whom.
15	Organizational skills. Knowledge of job openings.

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 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>
Clerical	> 30 years	Clerical	2-3 years
	years		years
	years		years

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

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
	Computer	Daily
	Copier	Daily
	Fax Machine	Daily
	Printer	Daily
	Microfiche	Occasionally
	Telephone	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. What information can be shared regarding personnel.
 - 2. What issues and questions I can handle on my own, and which ones need to be referred to other staff members.
 - 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

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	
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.	5--Daily	1--Somewhat 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.	5--Daily	1--Somewhat Important	
Kneeling: Bending legs at knee to come to a rest on knee or knees.	3--Monthly	1--Somewhat Important	
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	1--Somewhat 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	
Standing: Particularly for sustained periods of time.	0--Never	0--Not Important	
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	4--Weekly	1--Somewhat 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	4--Weekly	1--Somewhat Important	

order to draw, drag, haul or tug objects in a sustained motion.			
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	
Grasping: Applying pressure to an object with the fingers or palm.	3--Monthly	0--Not Important	
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	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.	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.	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 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.	3--Monthly	2--Very 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: Charlene M. Novichak Date: 10-8-08

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
IV ADA	work is primarily sedentary or light

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: Catherine Korschak Date: 11-14-08

Supervisor Signature: Laura Sanford Date: 10/20/08

Department Head Signature: William Zukowski Date: 11-13-08

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.
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Division: Administration

Department: City Clerks Office

For Individual Questionnaires Only:

Employee Name:	Pietro	Deana	M.
	(Last)	(First)	(Middle Initial)

Current Classification Title: Administrative Clerk (Part-time to be full-time January 2009)

Division	Administration	Department	City Clerks Office
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Total Length of Time with organization 0 Years 4 months

Total Length of Time in Current Position 0 Years 4 months

Assigned Hours/Week; from 8:30 to 5:00 **Assigned Days/Week** M-F

Email: deanap@gjcity.org **Work Phone:** 970-244-1423

Immediate Supervisor:

Immediate supervisor reports to:

Name:	Stephanie Tuin	Name:	Rich Englehart
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Title:	City Clerk	Title:	Deputy City Manager
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Work Phone	970-244-1511	Work Phone:	970-244-1502
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E-mail:	stepht@gjcity.org	E-mail:	riche@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 support the City Clerks office by answering phones, maintaining records, scanning documents, and assisting with special projects and any administrative duties related to Liquor Licensing, City Council and Boards and Commissions.

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

Deputy City Clerks X2
Records Manager

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		
Other Departmental Administrative Assistants	Weekly	Reserving the Auditorium and Breakroom for various functions
Deputy City Clerks	Daily	All day long communication on projects that are being worked on for City Council, Liquor Licensing and other Administrative tasks that are in process
Purchasing	Monthly	Purchasing supplies, and communication re: missing information on leases and/or contracts that are being prepared to be scanned into ISYS
City Clerk	Daily	Various Tasks and special projects related to City Council, Liquor Licensing and scanning various documents into ISYS and preparing these documents for our filing system
Public Works and Planning	Monthly	Requests for more information on Construction Contracts

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
General Public	Daily	To answer and provide a wide variety of direction and answers to general questions. To also answer questions on codes, resolutions, and ordinances, and anything to do with City Council and Boards and Commissions.
Mesa County Clerk and Recorder	Monthly	Recording Annexations, Ordinances and Resolutions
Outside Supply Vendors	Monthly	When ordering supplies that cannot be ordered through our City Stores location
Business Owners/Managers	Daily	When answering, directing or re-directing them on Liquor Licensing issues

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%)
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1	Preparing documents, such as Contracts, Leases, Power of Attorney, Easements, Deeds and Development Improvement Agreements, for scanning into ISYS	What to name document on cover sheet. Do we have enough documentation required to consider it complete.	Daily	30%
2	Help Deputy Clerk with anything to do with City Council and Boards and Commissions by proofreading, making corrections for final copies, distributing Agendas and Minutes for department heads, and City Council, completing Council Packets for the Public View Book and City Attorney. Assist Deputy Clerk in setting up for Council Meetings. Records Annexations, Ordinances and Resolutions with the County Clerks Office	What corrections should be made on minutes, agendas, and other correspondence related to Council and Boards and Commissions	Daily	20%
3	Help Deputy Clerk with anything to do with Liquor Licensing by distributing Agendas proofreading minutes and related correspondence. Drafting some correspondence for the State Liquor Office. Filing, and addressing basic liquor questions with the general public	What questions regarding liquor need to be forwarded to the Liquor Licensing Clerk	Daily	15%
4	Distribute mail for all departments within the City every morning	Where mail needs to be distributed if there is not a specific department or person noted	Daily	5%
5	Answering Phones and Public Walk-Ins deriving from various questions such as: directions, and requests to get a copy of various Codes, Ordinances, Resolutions, and emailing this and other types of information. Some questions from the general public include Agenda items for particular Council Meetings. Questions can be very specific to very general.	What questions need to be directed to the City Clerk and/or Deputy Clerks	Daily	10%
6	Works on Special Projects for the City Clerk such as putting together presentation binders with all our Boards and Commissions along with their individual by-laws, and creating documents	What and how many supplies are needed for project. Where can I order these supplies in the shortest amount of time/cost effectiveness/and availability	Quarterly	5%

7	Assisting in coordinating meetings, workshops, events and training	Where to reserve space, where to reserve catering. Creating and compiling registration lists	Quarterly	2%
8	Maintaining Office Supplies and Inventory	What office supplies are needing to be ordered and how many. What Office Supply Store to order from, and determining cost effectiveness.	Monthly	3%
9	Reserving Auditorium and Breakroom for meetings for non-profit organizations and internal meetings and training for City employees	Keeping track and helping maintain schedule, making sure we have the equipment set-up properly for meeting, and making sure we have janitorial staff and any audio/visual set-up along with staff who can help facilitate meetings/training.	Select	5%
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
1,2,5,6,9	Excellent Typing Skills
1,2,3,5,6,7,9	Various Software Knowledge
2-7, 9	Customer Service Skills
1,2,3,5,6,9	Literacy, Grammar, Punctuation and Composition Knowledge
1-9	Multi-Tasking Skills
1-9	Excellent Communication Skills
1,2,3,5,6	Knowledge on Procedures for Record Keeping
2,5	Knowledge of Notary Public Law

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

**You
Have**

**You
Need**

☐
☐

Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)

☒
☒

High School Diploma or equivalent (G.E.D.)

☐
☐

Up to one year of specialized or technical training beyond high school

☐
☐

Associate degree (A.S., A.A.) or two-year technical certificate

☐
☐

Bachelor's degree

- ☐
☒
- Other (explain):
Experience and specialized training in records management and a variety of software programs.

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>	
Customer Service	15+	years	5+	5	years
Literacy and Grammar Skills	15+	years	5+	5	years
Computer Skills	15+	years	5+	5	years

a. What field (s) should training or degree be in?
Administrative/Business Professional

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.

Notary Public

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
	Computer	95%
	Copy Machine	35%
	Telephone/Ear piece	95%
	Fax Machine	15%
	Notarial Seal and Stamp	10%
	Audio Visual Equipment in Auditorium	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. What questions from the general public need to be directed to the City Clerk.
 2. Proofreading various correspondence and documents related to the City Clerk's Office.
 3. Where and when to purchase office supplies from outside vendors

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	1--Somewhat Important	Looking through Archives at the Stores location and in the City Hall Storage Room
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 in City Clerks Office and also Stores location when looking through Archives
Kneeling: Bending legs at knee to come to a rest on knee or knees.	3--Monthly	1--Somewhat Important	Filing in the vault in the City Clerks Office
Crouching: Bending the body downward and forward by bending leg and spine.	3--Monthly	1--Somewhat Important	Filing in the vault in the City Clerks Office
Crawling: Moving about on hands and knees or hands and feet.	0--Never	0--Not Important	
Reaching: Extending hand(s) and arm(s) in	5--Daily	2--Very Important	Distributing mail

any direction.			
Standing: Particularly for sustained periods of time.	4--Weekly	2--Very Important	Long copy jobs and putting packets together and preparing binders for various projects
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	3--Monthly	2--Very Important	Walking to the County Courthouse to record Annexations, Ordinances and Resolutions
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	Administrative Tasks that require my computer, such as Council, Liquor and Cover Sheets for Documents
Grasping: Applying pressure to an object with the fingers or palm.	0--Never	0--Not Important	
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	1--Annually	1--Somewhat Important	Moving boxes in City Hall Storage
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	Conversing daily regarding various projects which require excellent communication skills on special projects, messages that need to be relayed, City Council projects and Liquor issues
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	5--Daily	3--Extremely Important	Answering Phones, and communication with co-workers

oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.			and the public
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	Working with the computer for various functions, and also 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 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	Sitting for long periods of time when typing or scanning
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	2--Very Important	Sitting for long periods of time when typing or scanning
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	Moving Storage boxes in Storage 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	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).

I have been in my position for 4 months and will be working towards my CMC Certification in 2009. Currently, I am a 3/4 time employee averaging about 37 hours per pay period. My position has been approved for a full-time status effective January 1, 2009.

EMPLOYEE CERTIFICATION

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

Signed: Jana Pietro

Date: 10.14.08

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: _____

Supervisor Signature: Stephanie Tuin Date: 10/21/08

Department Head Signature: [Signature] Date: 10/24/08

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: VCB

Department: TRCC

For Individual Questionnaires Only:

Employee Name:	Gray	Chasity	D
	(Last)	(First)	(Middle Initial)

Current Classification Title: Administrative Clerk

Division	VCB	Department	TRCC
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Total Length of Time with organization **Years** 7 **months**

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

Assigned Hours/Week; from 8am **to** 5pm **Assigned Days/Week** 5

Email: chasityg@gjcity.org **Work Phone:** 970-263-5705

Immediate Supervisor:

Immediate supervisor reports to:

Name: Tim Seeberg

Name: Debbie Kovalik

Title: General Manager

Title: Director

Work Phone 263-5710

Work Phone: 244-1480

E-mail: tims@gjcity.org

E-mail: debbiek@gjcity.org

II. POSITION INFORMATION

1. POSITION SUMMARY: This section asks for a short paragraph, one to three sentences, regarding the purpose of your position and/or your primary responsibilities. This summary helps us to quickly understand the essence of your job. Usually it is better to write this after you have completed the remainder of the questionnaire. Briefly describe what you consider to be the major purpose or objective of the job. Simply stated, what are you attempting to accomplish in your position?

Example: Computer Support Technician

Summary: To operate, maintain and repair computer equipment and to provide technical assistance to users.

To provide administrative services to both internal and external customers in the way of answering and posting public event information, directing calls to sales and marketing staff, process payroll and new hire documentation, creating signage for patrons, and provide assistance to all Two Rivers and Avalon Theatre Staff.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

Yes	Duty	Number of Employees
<input type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	0
<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
<input 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.	3
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	1

- 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

Director of Sales & Marketing
Event Planner
Accounting Clerk
Banquet Manager and Banquet Staff
Set-up and Maintenance Supervisor and Set up Staff
Sales and Planning Assistant
Kitchen Staff
General Manager

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		
HR	WEEKLY	Following up on pending applications, drug screenings, back ground checks, maintaining up to date HR paper work, risk management inquiries, and assisting with job postings.
PAYROLL	BI-WEEKLY	ENSURE ALL TIME ENTRIES ARE CORRECT, CREATING PAYMENT CODES, VERIFYING PAYROLL POLICIES AND PROCEDURES.
STORES/PURCHASING	WEEKLY	ORDERING OF OFFICE SUPPLIES, RETRIEVING CITY ACCOUNTS FOR UPS AND FED EX,
TRCC STAFF	DAILY	CREATE SIGNAGE FOR BUILDING, PROCESS PAYROLL, MANAGING OF ALL HR FILES, TASK FOLLOW UP, COMPLETING MISC. LAST MINUTE TASKS FOR COWORKERS.

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
GENERAL PUBLIC	DAILY	TO PROVIDE UP TO DATE INFORMATION REGARDING PUBLIC EVENTS, TICKET SALES INFORMATION, INQUIRIES FOR FUTURE EVENTS
MOUNTAIN WEST	MONTHLY	Order items not carried with in City stores,
FED EX	WEEKLY	SCHEDULING SHIPMENTS BACK TO VENDORS OR CLIENTS
UPS	WEEKLY	SCHEDULING SHIPMENTS BACK TO VENDORS OR CLIENTS
AVALON THEATRE ADVISORY COMMITTEE	MONTHLY	COMPILING MONTHLY MEETING MINUTES, DISTRIBUTING HISTORIC DOCUMENTS TO NEW COMMITTEE MEMBERS, EMAILING OF MINUTES TO CITY HALL FOR PUBLIC RECORD
EVENT CLIENTS	DAILY	ROUTING CALLS TO APPROPRIATE PERSONEL, RELAYING EVENT INFORMATION AND CHANGES TO STAFF, DOCUMENTING GUARANTEE NUMBERS FOR BANQUET, SET

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%)
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1.	Answer all phone calls which include the responsibility of directing phone calls to appropriate personnel, answering questions regarding upcoming public events, obtain vital information regarding inquiries for sales staff, provide information to prospective employees in regards to hiring process, available positions, and status of current applications, assist current employees with updates on work schedules and event schedules.	Who the best person is to answer questions, discretion in giving out names and phone numbers of clients, what is essential information for sales staff.	Daily	25%
2	Process all payroll records by collecting all in and out punches via our time entry system, print and complete all time sheets, calculate all server hours that must be placed toward gratuity pay out, collect all times from concession crew employees that do not have access to time clock system, ensure all pay rates are correct for those employees who work outside of their home account, verify all payroll entries, run payroll reports, apply any PTO necessary to full time employees.	Knowing who is given meal breaks and those who don't take one, what is considered over time, who is eligible for gratuity, which accounts employees time needs to be assigned to, pay rates for those employees who work outside of their home account	Daily	30%
3	Count and verify all cash deposits that were earned from concession sales, cash bars, host bars, and merchandise fees. Payments must be entered into accounting software for sales records, tax recording, invoicing, and to prepare City recap sheets for finance reconciliations.	Which revenue account each deposit is applied to, when and where events take place, and ensuring all sales taxes are inputted for accounting clerk.	Daily	10%
4	Design display signs that are featured outside of each room, create reader board signs that direct clients to appropriate rooms for events, create menus and food cards for buffets and butler style serving.	Which rooms are assigned to each event, color coordinate signs for season and décor, which events receive menus and those that receive food cards	Daily	5%
5	Create web calendar that shows all upcoming public events, ticket information, and special announcements for Two Rivers Convention Center, the Avalon Theatre, as well as Cinema at the Avalon showtimes and current presentations.	Which events are public and if contact information is available	Monthly	5%

6	<p>Manage, process and maintain new hire paper work which includes coordinating interviews with banquet manager, executive chef, and the set up and maintenance supervisor, issue uniforms and name badges, compiling all new employee documentation that includes AVERTS, I-9, W-4s, proper identification, process all PA forms for the purpose of separation, transfers and step pay increases, which are all according to state and federal laws.</p>	<p>What information is required by the City in regards to all employee paper work, what proper identification is accepted under federal law, understanding how to schedule interviews based on the daily events scheduled at the facility and with in each department schedules, what clothing items are needed for each employee based on the department they are assigned to</p>	Daily	5%
7	<p>Processing of all client deposit payments and updating client files with guarantee numbers and inform proper internal staff of these updates</p>	<p>Need to know monetary amount due for deposit per signed contracts, which customer account they are to be assigned to. Must know proper contact person's name to retrieve guarantee for the purpose of proper set up, food ordering, and staffing needs.</p>	Daily	5%
8	<p>Supervise all office inventory to ensure all items are in stock as well as schedule maintenance repairs of all office equipment when necessary</p>	<p>Knowledge of items needed on hand on a daily basis, need to understand inventory levels at various vendor locations, trouble shoot possible causes of machine malfunctions to call proper service repair personnel.</p>	Monthly	5%

9.	Sort, distribute, ship and log all incoming and out going packages and mail which includes ensuring all contracts and deposits are given to the sales director, all bills and payments are sent to the accounting clerk. all packages are documents and stored for future events, shipping of all packages left behind by clients and returning of incorrect inventory	Knowledge of where packages need to be sent, what vendor is best used for shipping, where all items are stored for easy access	Daily	5%
10	Create, mail, and publish all minutes from the Avalon Theatre Advisory Committee meetings	Ensure all important information is including in the meetings for public as well as using discretion on what needs to be published versus items that are only in the discussion process	Monthly	5%
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
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2,6	Must know current city policies, state and federal requirements, and basic HR procedures
ALL	Basic data entry skills - 60 wpm and 10 key typing
1	Hierarchy of personnel in office, basic phone operating skills,
3,7	Basic accounting practices - debit, credits, addition, subtraction
2,3,4,5,7,8, 10	Basic windows applications - creating word documents, spreadsheets, email system, web applications,
All	Basic knowledge of operating office equipment - computer, phone, fax, copy machine, calculator.
7	Basic Knowledge of Banquet/Hospitality Operations.
4,5,6,10	Letter and Correspondence writing skills
All	Ability to make sound judgements
1,2,3,4,5,6,7,9,10	Multi - tasking abilities
1,2,5,6,7,9,10	Ability to communicate clearly and concisely, both orally and in writing
4,5,7,9	Knowledge of event planning and organizing

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 checked="" 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

- ☒ Bachelor's degree
☐ 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>	
Front Office Experience	4	years	Front Office Experience	2	years
Customer Service in Hospitality Industry	12	years	Customer Service in Hospitality Industry	2	years
Bachelors Degree in Business Management	4	years	HS Diploma or Associates Degree in Business Management or Human Resources		years

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

A minimum of a high school diploma, however, an associated degree would be preferred with an emphasis in business administration. Human Resources experience would also be a plus along with some bookkeeping experience.

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.

Must have food handler certification from the County.

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
2,3,4,5, 7,8,10	Computer	Daily -all through out the day
1,6,7	Phone	Daily - all through out the day
2,3, 7	Calculator	Daily - all through out the day
All	Printer	Daily - all through out the day
2,3,4,6,7, 8,,10	Copier	Daily - used on a daily basis
6	Fax	Fax
6	Label Maker	Weekly - 10 minutes of my time when used

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. When scheduling interviews, I must judge on when the best time would be to hold them based on the events that are taking place in and outside of the building, other meetings with in the department, as well as knowing if and when the supervisor is going to be in or out of the office.

2. Using discretion in regards to possible events that may be coming to the grand valley that have not been publicly announced based on office hersay, as well as interoffice conversations, using discretion in what information need to be placed in the Avalon Theatre Advisory Committee minutes, and using disrection with regards to HR sensitive material including pay rates, hiring requirements, employee files, and employee's personal information.

3. What and when to raise questions in regards to discrepancies with cash deposits, payroll hours, and other operations that effect all financial operations of Two Rivers Convention Center.

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	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.	5--Daily	2--Very Important	Retrieving files, folders, office supplies, helping clients load items into room.
Kneeling: Bending legs at knee to come to a rest on knee or knees.	1--Annually	1--Somewhat Important	To reach low lying areas where items are stored
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	3--Extremely Important	To retrieve client and employee files, gathering office supplies, throwing

			away trash, to pull money from safe for counting,
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	Reaching for all desk items, transfer phone calls, retrieve papers, obtain shared files, shaking hands with clients
Standing: Particularly for sustained periods of time.	3--Monthly	2--Very Important	Assisting servers with food, drinks, set up
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	Place signs in display stanchions through out building, deliver food menus and food cards to staff, escorting clients to appropriate rooms, assisting servers in delivering food, walking confidential documents to City Hall.
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	4--Weekly	2--Very Important	To move deliveries out of walking area until maintenance can store them
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	4--Weekly	2--Very Important	To move deliveries out of walking area until maintenance can store them
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	Doing all computer work, typing emails, processing deposits, payroll, purchasing requests, ordering items.
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	Writing notes in client files, filling out revenue recap sheets, filling out payroll time sheets, fillout new employee information
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	Moving files, organizing office supplies, moving packages received for events, lifting food trays, plates, glasses

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	Feeling plates, glassware, understanding customer moods to ensure correct reaction and direction
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	Explaining upcoming events, ticket information, event start times, who is best to handle bookings and event details, conveying concerns to coworkers and managers, supplying vital changes to events to other departments
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	Ensure clients have the quiet environment needed for their event by stopping unnecessary outside noise, in order to receive proper direction from coworkers and managers, to understand customer concerns and questions so a quick and accurate response can be given
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	To view room for possible hazards, to look for debris blocking exits, entry ways or walkways, viewing all emails, account records, payroll records and entries, review reports, reading and reviewing other coworkers notes and work,

			reading of contracts for proper documentations, ability to apply all payments, process payroll records.
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	Typing, dialing phone numbers, using office equipment which include computers, calculator, printer, fax machine, copy machine,
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	Sitting at desk, lifting office supplies and storing them in their rightful place, faxing, copying, and filing documents
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	Storing of packages for up coming events, delivering packages to coworkers, lifting reams of paper, hanging display signs
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	Being able to lift trays with food, glasses, and plates.
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 current position has evolved in the short time that I have been here. Originally this position was set up for administrative services, answering phones, filing, and creating signs and menus. Since becoming employed this position has taken on aspects of completing payroll, processing of all separation, performance analysis forms, and step increase forms, scheduling of interviews, creating new way of accounting cash and inventory at large events, and ordering of all office supplies. I am also the back up for the accounting clerk in regards to accounts payable.

EMPLOYEE CERTIFICATION

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

Signed: Charly Ray Date: 10/28/08

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:

Charly Gray

Date:

10/28/08

Supervisor
Signature:

[Signature]

Date:

10/28/08

Department Head
Signature:

Debbie Kovalik

Date:

10-28-08

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: VCB

Department: VCB-TRCC

For Individual Questionnaires Only:

Employee Name:

Wilken
(Last)

Becky
(First)

R
(Middle Initial)

Current Classification Title:

Admin Clerk

Division

VCB

Department

VCB-TRCC

Total Length of Time with organization

Years 7 **months**

Total Length of Time in Current Position

Years 7 **months**

Assigned Hours/Week:: from 8 to 5

Assigned Days/Week 40

Email: bekyw@gjcity.org

Work Phone: 970-256-4054

Immediate Supervisor:

Immediate supervisor reports to:

Name:

Irene Carlow

Name:

Debbie Kovalik

Title:

Administrative Specialist

Title:

Executive Director

**Work
Phone**

970-256-4050

**Work
Phone:**

970-244-1480

E-mail:

irene@gjcity.org

E-mail:

debbiek@gjcity.org

II. POSITION INFORMATION

1. POSITION SUMMARY: This section asks for a short paragraph, one to three sentences, regarding the purpose of your position and/or your primary responsibilities. This summary helps us to quickly understand the essence of your job. Usually it is better to write this after you have completed the remainder of the questionnaire. Briefly describe what you consider to be the major purpose or objective of the job. Simply stated, what are you attempting to accomplish in your position?

Example: Computer Support Technician

Summary: To operate, maintain and repair computer equipment and to provide technical assistance to users.

To represent the City of Grand Junction for Tourism inquiries and provide administrative support to individual VCB staff members.

To provide customer support for Grand Valley events, services and general visitor information via phone, direct mailings and web calendar input. To facilitate VCB Accounting: payables, payroll and City credit card reconciliation. To support VCB Staff members with word processing, scheduling and technical assistance.

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	
<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 checked="" type="checkbox"/>	I make work assignments for others.	volunteers
<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

Sales Assistant
Admininstative Clerk
Public Relations Assistant
Visitor Services Coordinator
Administrative Specialist

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		
ACCOUNTING	WEEKLY	DIRECT PAYS OR PAYROLL
SHOPS	MONTHLY	VCB VAN ISSUES
PARKS	MONTHLY	BANNER INSTALLATIONS
POLICE	OCCASIONALLY	PARKING LOT SECURITY
ADMIN	OCCASIONALLY	DIRECTOR'S AGENDA/ITINERARY

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Event Organizers	Weekly	Web calendar updates
Gen Public	4 PER HOUR	Answer questions, give instructions
VENDORS	DAILY	Billing, delivery, utilities
VISITOR CENTER VOLUNTEERS	WEEKLY	Customer answers, mass mailing directions
Lodging Properties	Weekly, 3 seasons	Counts of available rooms

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 VCB 800 line and business lines	Website searches, research customer questions	Daily	30
2	Mail and document VCB publication requests	Access DB categories. If large volume, instruct volunteers	Daily	10
3	Enter Act Payables, Payroll, and Credit card reconciliation.	Confirm vendor in system, Account number entry, check accuracy	Daily	20
4	Generate accounting reports	Export to Excel, sort	Monthly	5
5	Order City stores and Office Depot supplies.	When to check supplies	Weekly	5
6	Create spreadsheets and create simple Access databases for Director.	Instructions from direct supervisor	Monthly	10
7	Input Website calendar event items	Read email confirm validity, determine if item should be the featured event.	Daily	5
8	Support team members office functions, availability coordination, and maintain shared documents directory.	Sort, inform staff, move outdated files.	Monthly	5
9	Phone survey area hotels for occupancy.	Determine need from calls stating lodging shortage, or staff request.	Weekly	5

10	Update Admin Clerk desk manual	Analyze change from previous procedure, document, index	Occasionally	5
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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
1	Phone etiquette, Grand Valley, Mesa County resources, Community Websites & search engines
2	Postal codes, Access database management, Word mail merge, printer adjustments.
3	Basic accounting principles, web-application New World Accounting.
4	Software Excel, particularly the sort and filter features.
5	Groupwise to request staff supply order, New World Accounting system for Inventory order placement.
6	Software Excel and Access knowledge to create multiple user-friendly spreadsheets and database organization.
7	Some web page creation principles, simple data entry to form URL.
8	Office procedures and organization for maximum Ten staff member formation sharing: Groupwise share Calendar and Resources, Proxy. All MS Office 2000 software. Inquiry, sort skills in Sales software - IDSS.
9	Phone etiquette, Excel spreadsheet creation, GroupWise attachment data share.
10	MS Word, Manual writing knowledge.

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 type="checkbox"/>	Bachelor's degree
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (explain): BA plus 15 hrs - was beginning a Master's program in 1997.

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>
Customer Service	25 years	5	2 years
Office procedures	35 years	5	2 years
Teamwork	35 years	5	2 years

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

Business administration, computer applications, customer service and marketing.

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.

No certifications or licenses.

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
1-9	Computer	Constantly
1,7,9	Phone	5 per hr/10 min
3-8	Calculator	Daily/15 min
4,7-9	Fax	Daily/15 min
3-9	Printer	Daily/1 hr
8	Cash register	Occasionally/5 min
8	Digital camers	Monthly/10 min

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. Customer service: 1) Based on knowledge of functions and activities of the sales division, screen and refer calls to appropriate staff member. 2) Answer large variety of caller questions, for example "what would you do in Grand Junction if you had only 2 hrs, one day, traveling with children?" 3) Answer fellow government employees and travel industry partners questions regarding the Executive Director's and Division Manager's schedules.
 2. Create simple databases after getting supervisor input for possible future queries/reports needed.
 3. When to conduct lodging surveys, communicate with staff -room availability.

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.	4--Weekly	1--Somewhat Important	2
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	4--Weekly	1--Somewhat Important	2-5

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	1-10
Grasping: Applying pressure to an object with the fingers or palm.	0--Never	0--Not Important	
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	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 word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	1-9
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	1-9
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	1-10
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1-10
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	1-10
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	2,5

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: Betty R. Wilken Date: 10-22-08

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: Betty R. Wilken Date: 10-29-08

Supervisor Signature: Jane Wilson Date: 10/22/08

Department Head Signature: Debbie Kovach Date: 10-28-08

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.