

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.

Senior Administrative Assistant to the Chief of Police

My purpose is to assist and support the Chief of Police and allow him to utilize his time to the fullest in his executive position. I am his primary point of contact, performing a wide variety of complex, responsible and confidential duties. I assist in resolving complex technical and administrative issues. I manage all of the competing priorities of the Chief.

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

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|--------------------------------|
| Deputy Chief - Operations |
| Deputy Chief - Services |
| Professional Standards Manager |
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YOUR DIRECT REPORTS' JOB TITLES

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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 | Information Sharing resulting in JOB PROFICIENCY |
| CITY ATTORNEY | Regularly | ADVISE/INFORM CHIEF OF ISSUES |
| CITY MANAGER /DEPUTY CITY MANAGER AND STAFF | Usually Daily | Schedule Coordination/Information Sharing |
| DEPUTY CHIEFS | Usually DAILY | Advise/Inform Chief of Issues |
| Human Resources Staff | Usually Daily | Advise/Inform Chief of Issue |
| Commanders | Daily/Weekly | Advise/Inform Chief of Issues |
| | | |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---|---------------------------|--|
| Ex: Vendors, Gen. Public | DAILY | APPOINTMENTS /ISSUES/TO BE DISCUSSED WITH THE CHIEF OR REDIRECTED |
| SHERIFF / UNDERSHERIFF | REGULARLY | ADVISE/INFORM CHIEF OF ISSUES/INFORMATION |
| OUTSIDE LAW ENFORCEMENT AGENCIES (LOCAL, STATE AND FEDERAL) COLORADO BUREAU OF INVESTIGATION/FEDERAL BUREAU OF INVESTIGATION/COLO RADO STATE PATROL, ETC. | REGULARLY | ADVISE/INFORM CHIEF OF ISSUES |
| DISTRICT ATTORNEY AND STAFF | REGULARLY | ADVISE/INFORM CHIEF OF ISSUES |
| COUNTY ADMINISTRATORS | QUARTERLY | ADVISE/INFORM CHIEF OF ISSUES/ SCHEDULE APPOINTMENTS/MEETING |
| CHIEF'S ADVISORY COUNCIL | WEEKLY/MONTHLY/ QUARTERLY | TAKE MINUTES AT MEETINGS. THESE MEETING VARY WITH THE TOPIC OF DISCUSSION OR ISSUES OF THE TIME. |
| | | |

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 | Briefing with the Chief to assist in daily planning and/or scheduling of appointments. | Prioritizing Chief's calendar and schedules | Daily | 15% |
| 2 | Managing Chief's calendar or events to include coordination of scheduling with other agencies/parties | Prioritization of urgencies and coordinating with other parties to meet deadlines/commitments. | Daily | 25% |
| 3 | Attend Command Staff meetings to take notes and provide information and feedback | Discuss staff meetings and offer input to Chief | Select | 12% |

| | | | | |
|----|--|--|---------|-----|
| 4 | Discussions with Chief on Sensitive and Confidential Information, related to personnel issues/disciplinary reviews, etc. and take action as directed by the Chief. | | Daily | 5% |
| 5 | Manage Chief's E-mail by prioritizing correspondence and responding to same; bringing necessary correspondence to his attention for further action | | Daily | 25% |
| 6 | Compiling Various Data and Information for Chief during projects and/or presentations | | Monthly | 5% |
| 7 | Respond to various complaints/issues via written and or oral correspondence | | Daily | 5% |
| 8 | Weekly Professional Standards meetings to discuss issues of staffing/projects/personnel with the Chief and Professional Standards Unit | | Select | 5% |
| 9 | Attend Various meetings with the Chief as an administrative support system and information scribe | | Monthly | 3% |
| 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 |
|--------|--------------------|
|--------|--------------------|

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|-----|--|
| 1-9 | Accounting, bookkeeping, data entry, word processing, Microsoft Word, Excel, and Powerpoint. Secretarial and receptionist experience, typing, 10-key, principles of office equipment and office practices. Mid-level managerial experience to include budget preparation, personnel hiring and evaluations. Training opportunities include First Line Supervisory Institute (96 hours); Colorado Command Leadership Symposium (80 hours); Law Enforcement Related Seminars and Training (approx. 600 hours); Colorado Crime Information Center (CCIC) Coordinator Seminar; Mountain States Employers Council to include Employment Law, Human Relations and Personnel, FMLA/ADA/WM Comp, Supervisory Skills, Legal Issues in Managing Employees, Performance Documentation for Public Employers; Teleconference - Worldwide Lessons in Leadership; CCIC Colorado Juvenile Information Exchange Laws; Colorado Criminal Justice Records Dissemination; Colorado Open Records Act; Professional Bail Agents of Colorado and Individual Right to Privacy. |
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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 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 |
| | | Other (explain): |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | A combination of education, common sense, compassion, patience and the ability to make good decisions. |

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> | |
|--|-------------------------|-------|------------------------|-------------------------------------|-------|
| Office Administrator Experience-major duties include mid-level management, solving complex challenges while mentoring and giving support and guidance to staff. | 6 | years | 3 years | 3 | years |
| Section Supervisor Experience | 2 | years | 0 | 0 | years |
| Administrative Services Specialist in Criminal Justice | 8 | years | 5 | 5 | years |

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

Office practices and Administrative Support related to Criminal Justice.

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.

Colorado 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 |
|--------|--|----------------|
| 1-9 | Computer and Microsoft Office Programs, Telephone, Fax Machine, Copy Machine, Calculator | 100% |
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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. Consulting and providing confidential leadership advice to the Chief of Police on emerging threats and problems and/or successes with the organization.
 - 2. Prioritization and constant management of the Chief's Schedule/Time. I assist the Chief in annual, bi-annual, quarterly and monthly planning of his top projects and priorities.
 - 3. When to direct a call or complaint directly to the Chief, handle it myself or delegate the issue elsewhere. Being politically sensitive to the meetings/appointments that he is asked to attend and knowing which ones he should personally attend.

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 | Select | |
| Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | 0--Never | Select | |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | 3--Monthly | 2--Very Important | Filing |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 3--Monthly | 2--Very Important | Filing |
| Crouching: Bending the body downward and forward by bending leg and spine. | 3--Monthly | 2--Very Important | Filing |
| Crawling: Moving about on hands and knees or hands and feet. | 0--Never | Select | |
| Reaching: Extending hand(s) and arm(s) | 5--Daily | 3--Extremely Important | Phones/Mail/Everyday |

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|---|--------------|------------------------|--|
| in any direction. | | | Work Processes |
| Standing: Particularly for sustained periods of time. | 0--Never | Select | |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 0--Never | Select | |
| Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | 2--Quarterly | 0--Not Important | Setting up training room for meetings/celebrations |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 2--Quarterly | 0--Not Important | Setting up training room for meetings/celebrations |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 5--Daily | 3--Extremely Important | typing/writing |
| Grasping: Applying pressure to an object with the fingers or palm. | 5--Daily | 1--Somewhat Important | stapeling/compiling notebooks |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 0--Never | Select | |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 0--Never | Select | |
| Talking: Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly. | 5--Daily | 3--Extremely Important | Communicating to ensure goal is understood |
| 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 | Being able to understand and react to a conversation |
| 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 | Select | Select | |

| | | | |
|--|----------|-----------------------|---|
| are fixed on a given point) and color vision (ability to identify and distinguish colors). | | | |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5--Daily | 2--Very Important | Allow the ability to accomplish tasks using necessary equipment |
| Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. | 5--Daily | 1--Somewhat Important | Answering phones, typing, scheduling appointments, sitting in meetings. |
| Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work. | 0--Never | Select | |
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | 0--Never | Select | |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 0--Never | Select | |
| Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. | 0--Never | Select | |

2. WORKING CONDITIONS.

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

☒ **Does Not Apply**

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

I think my primary responsibility is to keep the Chief informed as to the status of the department in regard to issues and/or current events/activities. Prior to my employment with the GJPD, I worked with Chief Gardner at the Mesa County Sheriff's Office. My motivation for leaving a mid-level managerial position at the Sheriff's Office was because of the relationship I had built with Chief Gardner during his tenure there. Our relationship was built on trust, confidentiality, support and teamwork. I have worked closely with Chief Gardner in organizing, planning and completing complex and demanding duties. Because of this relationship, I see my position here at GJPD as more of a confidant and advisor than an administrative aid.

EMPLOYEE CERTIFICATION

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

Signed: Susan Johnston Date: 11/7/08

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

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

| Question No. | Comments |
|---|--|
| II-1 Position Information/ Summary | Susan wrote a great description. This position collects and organizes my workload so I can leverage my time and energies for my department's highest priorities. |
| II -1 Position Information/ Essential Duties #4 | Without the confidentiality, trust and insight this position provides me, I could NOT be nearly as effective in my analysis of organizational human behavior and work performance and thus this position - Susan-must have exceptional and extensive prior workplace high level experience in order to provide confidential perspective to me. |
| II-4 Required Knowledge and skills | I would add - prior managerial and leadership experience resulting in exceptional conceptual skills. This position demands conceptual skills which translates into understanding the complexity of the Chief of Police's overall priorities and responsibilities. |
| V. Additional Comments | It's important to note I could not replace Susan without a search for an experienced executive assistant with prior law enforcement experience successfully managing a top leader's office. |
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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:

Susan Wabliston

Date:

11/7/08

Supervisor
Signature:

[Signature]

Date:

Department Head
Signature:

Date:

11/7/2008

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

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

I. EMPLOYEE BACKGROUND: In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

| | |
|--|---|
| Is this a group questionnaire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, please list all employee names. |
|--|---|

Division:

Department:

For Individual Questionnaires Only:

Employee Name: Aragon Maria
(Last) (First) (Middle Initial)

Current Classification Title: Senior Administrative Assistant

Division Police **Department** Community Advocacy Program

Total Length of Time with organization 12 Years 4 months

Total Length of Time in Current Position 7 Years 4 months

Assigned Hours/Week:: from 0700 t o 1600 **Assigned Days/Week** Mon-Fri

Email: mariaa@gjcity.org **Work Phone:** 244-3630

Immediate Supervisor:

Immediate supervisor reports to:

Name: Matt Smith **Name:** Andy Martinez

Title: Sergeant **Title:** Commander

Work Phone 244-3571 **Work Phone:** 244-3744

E-mail: matts@gjcity.org **E-mail:** andym@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.

Senior Administrative Assistant

Achieve a good working relationship with the community and other agencies, keep accurate records and operate within the approved budget accounts. Process purchasing cards statements, invoices and travel vouchers. Manage and schedule the use of the Mesa Mall Community Room. Designated back-up for front counter to answer questions and/or direct the public to the appropriate police official. Supervise the volunteers and manage the Police Substation when Supervisor/Officers are out of the office. Prepare monthly statistical reports for Chief and Executive Staff. Handle sensitive/confidential information for Crime Stoppers. Serve as a liaison on the Crime Stoppers board and GJ Traffic Safety Council. Assistant to the Law Enforcement Assistance Fund (L.E.A.F.) Project Director, by handling the accounting responsibilities(track overtime paid and arrest information) and processing quarterly reports to the Colorado Department of Transportation.

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 checked="" type="checkbox"/> | I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties). | |
| <input type="checkbox"/> | I make work assignments for others. | |
| <input type="checkbox"/> | I make hiring and hiring pay recommendations. | |
| <input type="checkbox"/> | I make hiring and hiring pay decisions. | |
| <input type="checkbox"/> | I recommend termination for poor performance. | |
| <input 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

| |
|------------------------------|
| 3- CAP Officers |
| 5- School Resource Officers |
| 1- Police Service Technician |
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YOUR DIRECT REPORTS' JOB TITLES

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

☐ Full Time ☐ Part-Time ☐ Seasonal/Temp ☒ Volunteer 10 ☐ Contract

c. Describe with whom, or with what departments/organizations, you have regular contact.

1. Inside your organization (other City Departments):

| Title of Person or Department | How Often | For What Purpose |
|--------------------------------|--------------|--|
| Ex: Peers, Subordinates | (Peers)DAILY | Customer requests, Statistical information and Coordinating Events |
| SERGEANTS | DAILY | Budget monitoring, Statistical reports, Payroll Approval, Outside Agency requests and Grant Fund reports |
| COMMANDER | WEEKLY | Approve Purchasing Card Stmts, Payroll, Invoice Pymts and Statistical Reports |
| VOLUNTEER COORD. | MONTHLY | VOLUNTEER ISSUES |
| Financial Analyst | MONTHLY | BUDGET QUESTIONS |
| RECORDS MANAGER | MONTHLY | Records database questions and statistical reports |
| POLICE INFORMATION COORDINATOR | Monthly | MEDIA REQUESTS |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---|-----------|---|
| Ex: Vendors, Gen. Public | | |
| VENDORS | WEEKLY | PROCESS PURCHASING CARD/INVOICE PYMTS |
| General Public | Daily | PROCESS INCIDENT REPORTS, COMPLAINTS, PROGRAM ACTIVITY REQUESTS, RESPOND TO QUESTIONS ABOUT THE DEPARTMENT AND EXPLAIN OUR PROCEDURES |
| MEDIA | MONTHLY | REQUEST FOR INFORMATION (BACKUP ONLY) |
| CDOT, State Assist. LEAF Administrator & Law Enf. Coordinator - Captain | QUARTERLY | GRANT REPORTING |
| CRIME STOPPERS OF MESA COUNTY | MONTHLY | Provide administrative support to board, respond to questions about the calls and stats reports |
| MESA MALL MGMT. | MONTHLY | Facility questions |

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

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

| | List of Essential Duties | Decisions Required | Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally | % of Time Spent (Not to exceed 100%) |
|---|---|---|---|---|
| 1 | Process purchasing card statements and budget requests then prepare them for payments and enter them into Acctg. database | Items requested within budget and the invoices match items received | Daily | 5% |
| 2 | Process Program Activity Requests from the community | Determine if business/agency is within jurisdiction | Monthly | 3% |

| | | | | |
|----|--|--|-----------|----|
| 3 | Collect information, design, edit, assemble and distribute publications, newsletters, brochures, guides, surveys and other specialized documents using appropriate computer software | Exercise independent judgment and provide recommendations in the design and creation of informational material | Quarterly | 2% |
| 4 | Create/Design D.A.R.E. brochures, certificates and event flyers | Determine the proper format to use | Quarterly | 2% |
| 5 | Compile Community Advocacy Program (CAP)/School Resource Officers (SRO) monthly statistical reports to generate the units monthly report | Determine which information to use on monthly report to Cmdr. | Monthly | 5% |
| 6 | Combine CAP/SRO statistical reports to generate Monthly Activity Report | Determine which information to use on monthly actvty report to Chief and Executive Staff | Monthly | 5% |
| 7 | Generate monthly Crime Stoppers calls and prepare monthly Statistical report for board | Verify if the call report matches actual calls received | Monthly | 1% |
| 8 | Assist in coordinating and monitoring assigned budget and recommend expenditure requests for designated accounts | Anticipate needs of the program | Monthly | 3% |
| 9 | Organize and maintain filing system and records for Community Advocacy unit | Determine if records and documents meet the City of GJ standards | Monthly | 2% |
| 10 | Organize and maintain filing system and records for Crime Stoppers of Mesa County | Determine if records and documents are in accordance with State Law requirements | Select | 2% |
| 11 | Organize and maintain records for L.E.A.F. (Law Enforcemnt Assistance Fund) | Determine if records and reports are in accordance with State Law requirements | Select | 1% |
| 12 | Enter required arrest information into L.E.AF. report | Verify all DUI arrest are reported, if not must cross-check with LRMS database | Monthly | 2% |
| 13 | Complete L.E.A.F. quarterly reports | Verify all DUI overtime charged toward L.E.A.F. grant is accurate | Quarterly | 2% |
| 14 | Serve as Department Liaison on the Crime Stoppers Board and GJ Traffic Safety Council (current status of Council still being evaluated) | Verify GJPD statistical information and respond to questions | Monthly | 1% |

LIST OF ESSENTIAL DUTIES (continued)

| | | | | |
|----|---|---|---|----|
| 20 | Type and proofread Crime of the week segments(back-up), overtime memos and variety of documents | Correct use of grammar | M | 1% |
| 21 | Attend and participate in department support staff meetings | Voice my suggestions | O | 1% |
| 22 | Contact local Law Enforcement and government agencies in regards to Crime Stopper tips | Determine which tips require immediate attention | W | 3% |
| 23 | Manage PD Mall Substation (when Sgt./Officers are absent) | Provide customer service | W | 6% |
| 24 | Supervise Volunteer staff (when Sgt. absent) | Determine work assignment | W | 6% |
| 25 | Create Lost License Police reports (when Officers are absent) | Collect appropriate information needed to process report | O | 1% |
| 26 | Collect overtime sheets to accurately calculate time sheets and enter them into accounting database | Determine which OT hours are in the current pay period | W | 3% |
| 27 | Compile training materials to create class books for upcoming training programs | Determine which materials are needed to create the books | M | 5% |
| 28 | Inventory office supplies | Determine how much stock is needed to operate the unit | M | 4% |
| 29 | Primary contact for the use of the Mesa Mall Community Room | Determine if agency or organization is authorized to use the meeting room | W | 4% |
| 30 | Organize and track Safety video library/catalog | Assign number to track in database | O | 1% |
| 31 | Take minutes coordinate agendas GJTSC (current status of Council still being evaluated, but once the council resumes I will assume my Secretarial duties) | Determine if information and dates are accurate | M | 0% |
| 32 | Point of contact for Xerox support | Determine which toners to replace/restock paper supply and direct users on Xerox capabilities | W | 1 |

| | | | | |
|----|--|---|-----------|----|
| 15 | Take overtime requests and generate Memo for Sgt. to approve for posting | Verify date and time and billing information | Quarterly | 1% |
| 16 | Screen mail and calls from the public, provide customer service to walk in visitors | Respond and provide information on departmental programs and procedures or direct them to the appropriate person/department | Daily | 7% |
| 17 | Perform a wide variety of confidential and complex duties related to Crime Stoppers tips and maintenance of records and documents | Ability to interview tipster to obtain more information | Daily | 8% |
| 18 | Assist co-workers with Travel Vouchers | Verify dates/amounts on the request and the proper accounts to charge | Quarterly | 4% |
| 19 | Assist in coordinating Community Events (National Night Out, Neighborhood Watch mtgs, Bike Rodeos, Safety Fair, Halloween Mall Crawl, Junior Law Enf. Academy, Shop With A Cop, Bowl With A Cop) | Assist in preparing the notifications, training materials and ordering of supplies for each event | Quarterly | 8% |

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 |
|------------|---|
| #1,8,18,26 | Knowledge of accounting principals and practices. Ability to utilize accounting software. |
| #5,6,12 | Knowledge of methods of fiscal, statistical and administrative research and report preparation. |
| #7,13,17 | Knowledge of department policies and procedures of the program. Ability to communicate clearly and correctly translate information into the database to generate reports. |
| #9,11 | Knowledge of principals and procedures of record keeping. |
| #2,19 | Knowledge of methods and techniques of public relations. |
| #3,4,15,20 | Knowledge of the principals of business letter writing and english usage, spelling and grammar |

| | |
|--------------|---|
| | and punctuation. |
| #27,28,30,32 | Knowledge of modern office procedures, methods and equipment. |
| #21 | Knowledge of operating details of the department. |
| #22 | Ability to use independent judgement and personal initiative. |
| #23 | Knowledge of office management principals and practices |
| #14,16 | Ability to effectively represent the City to outside individuals and agencies to accomplish the goals and objectives of the unit. |
| #25 | Ability to interpret and apply administrative and departmental policies and procedures. |
| #29,31 | Ability to perform responsible administrative support duties involving the use of independent judgment and personal initiative. |
| #24 | Ability to train volunteers on work needed to perform. |
| #10 | Ability to maintain confidential records and reports. |

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

| You Have | You Need | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | High School Diploma or equivalent (G.E.D.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Up to one year of specialized or technical training beyond high school |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate degree (A.S., A.A.) or two-year technical certificate |
| <input type="checkbox"/> | <input type="checkbox"/> | Bachelor's degree |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Other (explain): Supplemental Training in Business Administration and various Computer Applications |

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> |
|--|-------------------------|--|---|
| Increasingly responsible administrative and programmatic support | 15 years | Increasingly responsible administrative and secretarial support experience | 5 years |
| Law Enforcement Support | 12 years | Law Enforcement Support | 2 years |
| | years | | years |

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

Public Relations and Office management, Record Keeping, Report Preparation, Accounting Principles and Practices.

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 required at this time.

Although, I have the following certifications:

- * Crime Free Multi-Housing Certificate
- *Basic Community Policing Certificate -CO Regional Community Policing Institute
- *Leadership & Supervisory Skills for Women Training Certificate
- *Certified Crime Prevention Practitioner - CO Crime Prevention Association
- *Crime Stoppers International -Training Certificate
- *Verbal Judo for Support Staff Certificate

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

| Duty # | Machines, Tools, Equipment | Frequency/Time |
|---------------------------------|---|----------------|
| #1-8,12,13,15,17-18,20,26,30-31 | Personal Computer | 85% |
| 19,27 | HP Laserjet 3330 Printer/Copier/Fax Machine | 1% |
| 9-11,25 | Xerox Workcentre Pro C3545 Machine/Printer Copier | 5% |
| 3 | Typewriter | 1% |
| 16,22,29 | Eight-Line Telephone | 5% |
| 9-11 | Shredder Machine | 1% |
| 26,28 | Ten Key Calculator | 1% |
| 3 | Laminator | 1% |
| | | |
| | | |
| | | |
| | | |
| | | |

5. DECISION-MAKING & JUDGMENTS.

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

1. I decide which purchases to make and allocate the accounts to charge when I reconcile the unit's Purchasing Card statements and processing invoices, but if charge is made by another person I check with Supervisor.

2. Based on the Volunteer's capabilities, I decide which work to assign them.

3. When I am working alone or with a Volunteer in the Substation I decide how to provide customer service to the public (ie. creating Incident reports for lost license plates, explaining department policies and procedures, ect.)

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

This section helps us understand the physical activities and requirements that are absolutely necessary for you to be able to do in order to perform your job. Please list the frequency and the importance of each of the physical requirements listed in this section. These physical activities/requirements will help in ensuring the City of Grand Junction remains in compliance with the Americans with Disabilities Act.

The City of Grand Junction is required to document any physical requirements in order to legally defend restrictions that are imposed. The definitions for the physical activities/requirements are taken directly from the guidelines established by the federal government. Your answers in this section will not affect how your job is classified.

Frequency

Importance

How frequently is the activity performed?

How important is the activity in accomplishing the job's purpose?

0 – Never

0 – Not Important

1 – Annually

1 – Somewhat Important

2 – Quarterly (at least 3 per year)

2 – Very Important

3 – Monthly (at least 8 per year)

3 – Extremely Important

4 – Weekly (at least 3 per month)

5 – Daily (at least 3 per week)

| Physical Activity | Frequency | Importance | Duties |
|---|------------|-----------------------|--------|
| Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion. | 0--Never | 0--Not Important | |
| Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | 0--Never | 0--Not Important | |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | 3--Monthly | 2--Very Important | #28,32 |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 3--Monthly | 1--Somewhat Important | #28,32 |
| 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. | 3--Monthly | 2--Very Important | #28 |
| Standing: Particularly for sustained periods of time. | 0--Never | 0--Not Important | |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 0--Never | 0--Not Important | |
| Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | 0--Never | 0--Not Important | |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 0--Never | 0--Not Important | |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 5--Daily | 3--Extremely Important | #1- 8,12,13,15,17,18,20,26,30,31 |
| Grasping: Applying pressure to an object with the fingers or palm. | 5--Daily | 3--Extremely Important | (same as above) Computer Mouse |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 3--Monthly | 1--Somewhat Important | #28 |
| 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 | #15,16,24 |
| Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts. | 0--Never | 0--Not Important | |
| Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects | 0--Never | 0--Not Important | |

| | | | |
|--|----------|------------------------|-------------------------------------|
| 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). | | | |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5--Daily | 3--Extremely Important | #1- 8,12,13,15,17,18,20,26,30,31 |
| 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. | 0--Never | 0--Not 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. | 0--Never | 0--Not Important | |
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | 0--Never | 0--Not Important | |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 0--Never | 0--Not Important | |
| Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. | 0--Never | 0--Not Important | |

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).

My hard work, good time management skills and dedication to this department reflects in my work production. I do my best to keep the Mall Substation operating during business hours when my Supervisor and co-workers are out in the field, in training or on PTO. I work with minimal supervision and possess the advanced business administrative skills that are required for this position.

In addition, I would like to note that the estimated percentages requested for time spent on each "essential duty" is to equal the assumed 100% annually, but these percentages do not reflect my actual day to day workload because I handle multiple tasks throughout each day.

EMPLOYEE CERTIFICATION

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

Signed: _____

Maria Aragon

Date: _____

October 7, 2008

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

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

| Question No. | Comments |
|--------------|----------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Please check the appropriate statement:

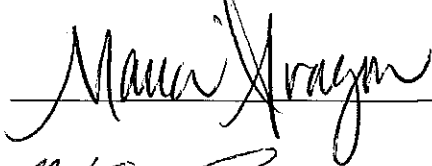
☒ I agree with the incumbents' position questionnaire as written.

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

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

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

Employee Signature:



Date:

10-31-08

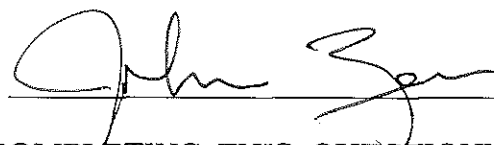
Supervisor
Signature:



Date:

10/30/08

Department Head
Signature:



Date:

11-3-08

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: Utility Administration

Department: Utility and Street Systems

For Individual Questionnaires Only:

Employee Name:

Wilkinson
(Last)

Darlene
(First)

J
(Middle Initial)

Current Classification Title:

Senior Administration Assistant

Division

Administration

Department

Utility and Street Systems

Total Length of Time with organization

7 Years 9 months

Total Length of Time in Current Position

7 Years 9 months

Assigned Hours/Week:: from 8 a.m. **to** 5 p.m.

Assigned Days/Week Mon-Fri

Email: darlenew@gjcity.org

Work Phone: 970-244-1555

Immediate Supervisor:

Immediate supervisor reports to:

Name:

Gregory O. Trainor

Name:

Laurie Kadrich

Title:

Director, Utility and Street Systems

Title:

City Manager

**Work
Phone**

970-244-1564

**Work
Phone:**

970-256-4154

E-mail:

gregt@gjcity.org

E-mail:

lauriek@gjcity.org

II. POSITION INFORMATION

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

Example: Computer Support Technician

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

The majority of my responsibilities fall into the following two categories:

1. Ensure that quality customer service is provided by this office to the general public, outside engineers, consultants and contractors, as well as to fellow employees from all departments of the City.
2. Relieve immediate Supervisor and other Utility or Public Works department Administration Management team members of routine administrative tasks.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

| Yes | Duty | Number of Employees |
|-------------------------------------|---|---------------------|
| <input checked="" type="checkbox"/> | I do not officially supervise other employees (sign performance reviews). | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of other full-time employees. | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of part-time, temporary or contract employees. | |
| <input checked="" type="checkbox"/> | I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties). | |
| <input type="checkbox"/> | I make work assignments for others. | |
| <input type="checkbox"/> | I make hiring and hiring pay recommendations. | |
| <input type="checkbox"/> | I make hiring and hiring pay decisions. | |
| <input type="checkbox"/> | I recommend termination for poor performance. | |
| <input 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

| |
|--|
| Senior Administrative Assistants |
| Utility & Street Department Director |
| Public Works & Planning Director |
| Engineering Manager and Utility Engineer, Engineering Projects Manager |
| Project Engineers, Development Engieners and Engineering Technicians |
| Real Estate Manager, City Surveyor, Real Estate Specialists, Real Estate Technicians |
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YOUR DIRECT REPORTS' JOB TITLES

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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 | Continuously | Confer/coordinate and often work together to ensure tasks required by Public Works & Planning Engineering and Real Estate Divisions, and Utility and Street Systems Administration personnel are completed correctly and on a timely basis. |
| Greg Trainor, Director, Utility and Street Systems | Daily, (my direct supervisor) | Provide Administrative Support; discuss work assignments as needed. |
| Tim Moore, Director, Public Works and Planning | Daily | Provide Administrative Support |
| Trent Prall, Engineering Manager; Bret Guillory, Utility Engineer; Don Newton, Engineering Projects Manager | Daily | Provide Administrative Support |
| Public Works Engineers and Engineering Technicians | Daily | Capital Improvement Project-related Administrative Support. |
| Peggy Hunter & Real Estate Staff | Daily | Provide Administrative Support |
| See Supplemental page #1 for additional information. | | |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|--|-----------|--|
| Ex: Vendors, Gen. Public | Daily | General Public. Reception & determine which staff member can best help them with requests. |
| Construction Contractors Consultants | Daily | Process contract documents; provide/sell documentation on upcoming bids for Capital Improvement Projects & process payments for same. |

| Title of Person or Department | How Often | For What Purpose |
|-------------------------------|----------------------|--|
| Budget and Finance | Several times Weekly | Accounts Payable, Accounts Receivable, Budget, Payroll |
| Human Resources | Weekly | Training, benefits, payroll and personnel changes |
| City Administration office | Weekly | Coordinate meetings for staff. Process various types of documents for signature |
| Information Services | Several times Weekly | Computer/data handling related issues |
| Customer Service | Several times Weekly | Revenue; in particular processing credit card sales of Capital Improvement Project bid packages, manuals, maps. |
| Development Engineers | Weekly | Provide Administrative Support |
| City Clerk's office | Weekly | Document processing, such as signatures for contracts and ensuring appropriate copies thereof are filed with City Clerk as official City documents. Questions regarding archiving important documents. |
| Streets Division staff | Weekly | Coordinate items for Department Director. Relay citizen concerns about road conditions, storm & irrigation drainage. |
| Solid Waste Div. staff | Semi-weekly | Coordinate items for Department Director. Relay citizen concerns. |
| Water Division staff | Semi-weekly | Coordinate items for Department Director. Relay citizen concerns about water main breaks. |
| Wastewater Division Staff | Semi-weekly | Coordinate items for Department Director. Relay citizen concerns about sewer main service disruptions. |

| | | |
|-------------------------------------|-------------|--|
| Consultants | Daily | Assist |
| Other Governmental Agencies' staffs | Semi-weekly | Coordinate meetings with City staff members. Provide information and documents as requested. |
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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 | Walk-in customer service & phone answering | If I can't help personally, determine which department or other City staff member can best assist the caller or visitor. | Daily | 15 |
| 2 | Various financial transactions: Payment processing; payroll data entry; credit card transaction reports & receipts; travel reservations & payment of hotel & other costs; sales of various manuals and bid documents for Capital Improvement Projects; reporting of cash register revenues. | Verify account numbers & make corrections if necessary; which hotel and method of transportation for travel; which manuals will be of most benefit to customer; | Daily | 20 |
| 3 | Prepare and periodically update several types of mailing lists, including from Geographical Information System; perform mail merge and mass mail-outs for Capital Improvement Projects and other projects. | Which addresses to include; edit list for format and accuracy; edit newsletter or other item form for errors; which mailing method to use. | Daily | 18 |
| 4 | Prepare and track multiple types of documents (both hard copy and electronic) to ensure proper action and distribution. This includes correspondence, reports and contract/bond documents for Capital Improvements and other projects. | If and what action needs to be taken next and by whom, who signs at what stage, who is next to receive the documents and final distribution | Daily | 20 |
| 5 | Schedule/coordinate meetings | When/where, refreshments or not | Daily | 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 | Use of telephone equipment; knowledge of what department/division performs specific functions to meet the visitors'/callers' needs, customer relations skills |
| 2 | Banner and New World Financial systems for data input; Budget Wells Fargo Credit Card data input system Internet travel reservation programs Basic knowledge of which City Manual has what contents/purpose. Cash register operations |
| 3 | Microsoft Excel 2007 used as a database City Geographical Information System Microsoft Word 2007 or Publisher 2007 for merging with database Use of folding machine and settings changes. |
| 4 | Microsoft Word 2007, Microsoft Excel 2007, Microsoft Publisher 2007, scanning machine, |
| 5 | GroupWise calendaring |
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III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

| You Have | You Need | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | High School Diploma or equivalent (G.E.D.) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Up to one year of specialized or technical training beyond high school |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate degree (A.S., A.A.) or two-year technical certificate |
| <input type="checkbox"/> | <input type="checkbox"/> | Bachelor's degree |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Other (explain): Completion of various courses in use of computer software applications, particularly Microsoft Office Suite. |

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

You Have

Your Time

You Need

**Minimum
Time
Required**

| | | | | | |
|--------------------------------------|----|-------|---|---|-------|
| Administrative Assistant/secretarial | 38 | years | 5 | 3 | years |
| | | years | | | years |
| | | years | | | years |

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

Business, computer applications, customer care

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

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

| Duty # | Machines, Tools, Equipment | Frequency/Time |
|---------------|------------------------------------|-----------------------|
| 1 | Telephone | almost continuous |
| 2 | computer | almost continuous |
| 3 | computer, printer, folding machine | daily |
| 4 | computer, FAX machine, printer | daily |
| 5 | computer | daily |
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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. Prioritization of assigned tasks. Depending upon multiple factors, determine which tasks need immediate attention, which can wait and how long they can be postponed.

2. Tactfulness in assisting customers. It is sometimes a challenge when certain people need to be assisted a little differently . Often it's just a matter of listening attentively to their concerns and others its trying to defuse a temper.

3. Determine appropriate budget account numbers to use for expenses and revenues, often without input from project engineer/manager.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

This section helps us understand the physical activities and requirements that are absolutely necessary for you to be able to do in order to perform your job. Please list the frequency and the importance of each of the physical requirements listed in this section. These physical activities/requirements will help in ensuring the City of Grand Junction remains in compliance with the Americans with Disabilities Act.

The City of Grand Junction is required to document any physical requirements in order to legally defend restrictions that are imposed. The definitions for the physical activities/requirements are taken directly from the guidelines established by the federal government. Your answers in this section will not affect how your job is classified.

Frequency

How frequently is the activity performed?

- 0 – Never
- 1 – Annually
- 2 – Quarterly (at least 3 per year)
- 3 – Monthly (at least 8 per year)
- 4 – Weekly (at least 3 per month)
- 5 – Daily (at least 3 per week)

Importance

How important is the activity in accomplishing the job's purpose?

- 0 – Not Important
- 1 – Somewhat Important
- 2 – Very Important
- 3 – Extremely Important

| Physical Activity | Frequency | Importance | Duties |
|---|------------------|------------------------|---------------|
| Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion. | 2--Quarterly | 0--Not Important | |
| Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | 0--Never | 0--Not Important | |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | 4--Weekly | 1--Somewhat Important | |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 1--Annually | 0--Not Important | |
| Crouching: Bending the body downward and forward by bending leg and spine. | 3--Monthly | 0--Not Important | |
| Crawling: Moving about on hands and knees or hands and feet. | 0--Never | 0--Not Important | |
| Reaching: Extending hand(s) and arm(s) in any direction. | 5--Daily | 3--Extremely Important | |
| Standing: Particularly for sustained periods of time. | 2--Quarterly | 1--Somewhat Important | |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 4--Weekly | 2--Very Important | |
| Pushing: Using upper extremities to press against something with steady force in order to thrust | 0--Never | 0--Not Important | |

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| forward, downward or outward. | | | |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 0--Never | 0--Not Important | |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 5--Daily | 3--Extremely Important | |
| Grasping: Applying pressure to an object with the fingers or palm. | 5--Daily | 2--Very Important | |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 2--Quarterly | 0--Not Important | |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 0--Never | 0--Not Important | |
| Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly. | 5--Daily | 3--Extremely Important | |
| Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts. | 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 | 0--Not 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. | 3--Monthly | 1--Somewhat 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 | 2--Quarterly | 0--Not Important | |

| | | | |
|---|--------------|------------------|--|
| and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work. | | | |
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | 2--Quarterly | 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).

I have attached an internal document with assignments to Senior Administrative Assistants within my immediate work area (Supplemental page #2). Many of my tasks take up less than 5% of my time, so I have not included them above under List of Essential Duties. Others on the detailed list have been grouped together due to being similar in nature.

EMPLOYEE CERTIFICATION

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

Signed: Dorey Wilkins Date: 10/21/08

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

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

| Question No. | Comments |
|--------------|----------|
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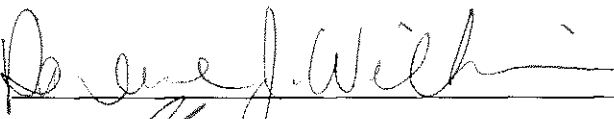
Please check the appropriate statement:

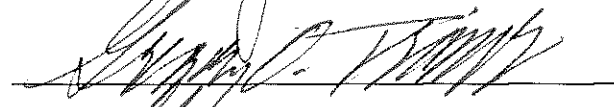
☒ I agree with the incumbents' position questionnaire as written.

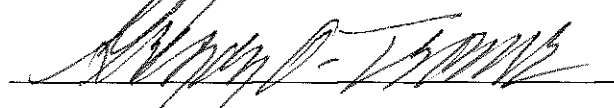
☐ The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.

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

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

Employee Signature:  Date: 10/21/08

Supervisor Signature:  Date: 10/22/08

Department Head Signature:  Date: 10/22/08

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.

Assignments common to all three Senior Administrative Assistants with whom I work directly:

1. Customer service & phone answering.
2. Pay estimate and Invoice processing.
3. Crystal reports.
4. ISYS research.
5. Prepare mailing lists from GIS, mail merges and mass mail outs for Public Works project, announcements, etc.
6. Miscellaneous copying and typing/special projects.
7. Assist other staff with computer application problems & questions.
8. Filing; purging and destruction of old records.
9. Fed-Ex shipping.
10. Schedule and coordinate meetings and webinars, arrange refreshments if appropriate.
11. Vehicle reservations and key check out.
12. Document scanning & reproducing CD's/DVD's.
13. Printed materials ordering & coordination.
14. Postage stamp sales & replacement.
15. Sale of various manuals and record name/address info to roster for future notifications.
16. Errands away from office as needed.

Assignments to Darlene Wilkinson (reports directly to Greg Trainor)

1. Reception at front counter.
2. 7th Street truck traffic (Should these reports be handled by Transportation Engineering?)
3. Office supplies, calendar orders.
4. Sort/distribute incoming and outgoing mail.
5. Prepare and track project contracts and bonds, from inception to execution. Set up project files and project notebooks. Maintain Contract Dockets.
6. Project Planholder lists.
7. Greg's correspondence and miscellaneous tasks.
8. Credit card transaction reports data entry and processing.
9. Project number lists; assign activity codes.
10. Travel Arrangements, Travel Authorization and Advance forms, reservations and conference registrations.
11. Update phone lists.
12. Monthly billings to CDOT for Transportation maintenance and Highway maintenance.
13. Grand Valley Circulation Plan minutes.
14. Contractors' Pre-qualification processing.
15. Cash register operation and revenue reporting.
16. Take Registrations, payments, and coordinate Storm Water Management Training seminars
17. Periodically assist Engineering Projects Manager in modifications to and publishing of Standard Contract Documents for Capital Improvement Construction.

Computer skills required to perform duties:

Microsoft Word
Microsoft Excel
Microsoft Publisher
Microsoft PowerPoint
Banner Financial Reporting
New World Systems Financial Reporting
Crystal Reports
GroupWise calendaring and e-mail
GIS System
Internet

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

I. EMPLOYEE BACKGROUND: In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

Is this a group questionnaire? ☐ Yes ☒ No

If yes, please list all employee names.

Division:

Department:

For Individual Questionnaires Only:

Employee Name:

Greenwald
(Last)

Miriam
(First)

(Middle Initial)

Current Classification Title:

Senior Administrative Assistant

Division

Administration

Department

Fire

Total Length of Time with organization

14 Years 9 months

Total Length of Time in Current Position

14 Years 9 months

Assigned Hours/Week:: from 08:00 **to** 17:00

Assigned Days/Week M-F

Email: miriamg@gjcity.org

Work Phone: 244-1460

Immediate Supervisor:

Immediate supervisor reports to:

Name:

Ken Watkins

Name:

Laurie Kadrach

Title:

Fire Chief

Title:

City Manager

**Work
Phone**

244-1415

**Work
Phone:**

256-4154

E-mail:

kenw@gjcity.org

E-mail:

lauriek@gjcity.org

II. POSITION INFORMATION

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

Example: Computer Support Technician

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

Position: Senior Administrative Assistant

Summary: Performs a wide variety of responsible and complex administrative and secretarial duties for the Fire Chief and/or designee(s) and is the central contact point for undesignated work assignments. This position has frequent, diverse, internal and external contacts that require independent thinking and judgment in resolving customer service issues.

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 checked="" type="checkbox"/> | I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties). | 2 |
| <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. | 2 |
| <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

| |
|---------------------------------------|
| Senior Administrative Assistants (x2) |
| Operations Chief |
| Fire Prevention Officers (x3) |
| Hazmat Coordinator |
| Investigations Coordinator |
| Public Information/Education Officer |
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YOUR DIRECT REPORTS' JOB TITLES

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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 | | |
| Finance Department | Daily | Payroll, budget, billing and other finance questions |
| Human Resources | Daily | Payroll, budget, personnel questions |
| Information Services | Daily | Computer hardware and software issues |
| City Administration | Weekly | Coordinate appointments for Chief and others |
| Police | Weekly | Public Safety Building issues |
| Fire Department line personnel | Daily | To help the Department accomplish its goals |
| All other City departments | Occasionally | As needed or requested |
| Fire District Board | Occasionally | Coordinate meetings for Chief, send information as requested by Chief. |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|--|--------------|---|
| Ex: Vendors, Gen. Public | | |
| Local fire departments | Monthly | Coordinate appointments, hazmat billing |
| Vendors | Monthly | Resolve billing issues |
| General public | Daily | Fire Prevention issues, open burn permits, fireworks permits and all other requests |
| EPA, Colorado Bureau of Investigations | Occasionally | For internal and external investigations done by Investigations/Hazmat Divisions |
| Insurance Companies | Weekly | Answer specific questions related to insurance coverage including ISO ratings |
| Hospitals | Occasionally | Coordinate ambulance transports, request patient face sheets |

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 | Independently prepares annual report and NFPA report | What data to include and in what format. Make sure final totals agree | A | 2% |
| 2 | Ability to independently produce brochures and other forms | What information to include and in what format. Graphics and layouts | M | 5% |
| 3 | Payment of vendor invoices; stores orders for line personnel | Assign correct account #, resolve any issues with vendor; check existing supplies | W | 15% |
| 4 | Resolve issues involving general public (by phone and walk-ins) | Know to whom to refer; independently resolve | D | 35% |
| 5 | Independently collect, compile and analyze data from various sources in specialized areas for use by senior staff, on demand | Where to retrieve data and/or who to call to obtain it. | W | 8% |
| 6 | Complete internal and external requests in a timely fashion | Be able to prioritize requests and meet demands in a timely fashion | D | 10% |
| 7 | Create, proofread, edit documents and reports for Fire Administration/Fire Chief while maintaining confidentiality | What to include and not to include; correct grammar and other formatting issues. Determine what can information can be revealed and what can't | D | 6% |

| | | | | |
|----|---|---|----------|----|
| 8 | Create queries in Fire Manager database | What fields of information need to be included in requested report | M | 1% |
| 9 | Independently create general correspondence for Fire Chief | What information needs to be included in the letter to best reflect what the Fire Chief wants to say | W | 4% |
| 10 | Review Chief's email and create a list of items he needs for follow up. Relieve Fire Chief of administrative work | What is and is not important for the Chief 's consideration | D | 6% |
| 11 | Payroll process | Check all timesheets for accuracy and make necessary changes; follow up on all issues or potential issues to ensure accurate pay checks | Biweekly | 8% |

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 |
|---------------|---|
| 1,2,4,6,7,8,9 | Knowledge of English usage, spelling, grammar and punctuation |
| 1-11 | Very knowledgeable in MS Office and other software applications |
| 4,10,11 | Knowledge of basic office procedures, including excellent interpersonal skills |
| 4,6,11 | Knowledge of and support of the teamwork approach to achieve office goals |
| 1-11 | Ability to work quickly and accurately with multiple interruptions (multi-task) |
| 1-11 | Ability to use independent judgment and personal initiative |
| 1-11 | Possession of excellent customer service skills |
| 1-11 | Ability to work independently, without supervision |
| 1,2,5,6,8,9 | Ability to research, compile, analyze and prepare a variety of reports and documents |
| 1,2,4,5,6,7,9 | Ability to establish and maintain effective working relationships with those contacted in the course of a work day. |
| 6,7,9,10 | Ability to maintain confidentiality on all appropriate issues |
| 3,4,6,7,9 | Ability to communicate effectively with appropriate tact |
| 1,4,5,6,11 | Ability to recognize and understand possible consequences of procedural issues and proactively find solutions |

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

| You Have | You Need | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input type="checkbox"/> | <input type="checkbox"/> | High School Diploma or equivalent (G.E.D.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Up to one year of specialized or technical training beyond high school |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate degree (A.S., A.A.) or two-year technical certificate |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Bachelor's degree |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Other (explain): Knowledge of grammar and excellent writing skills (might require college) |

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> |
|------------------|------------------|-----------------|------------------------------|
| Computer | 35 years | 10 | 5 years |
| Customer Service | 35 years | 5 | 3 years |
| Administrative | 25 years | 5 | 3 years |

a. What field (s) should training or degree be in?
MS Office, Liberal Arts

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.

| <u>Duty #</u> | <u>Machines, Tools, Equipment</u> | <u>Frequency/Time</u> |
|---------------|-----------------------------------|-----------------------|
| 1-11 | Computer | Daily |
| 1-11 | Copier | Daily |
| 1-11 | Fax Machine | Daily |
| 1-11 | Telephone | Daily |
| 3,4,5,7,8,11 | Calculator | 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. **Confidentiality:** I have frequent conversations with the Fire Chief and others that require use of independent judgment on what can and cannot be revealed to others. Additionally, I must apply my knowledge of HIPAA regulations to determine what medical records can be released and to whom.
 2. **Payroll submission.** I make independent decisions regarding what questions must be asked and answered in order to guarantee correct paychecks.
 3. **Relieve Fire Chief of Administrative Work.** Must independently decide what issues the Fire Chief needs to be advised of and what issues that Fire Chief must act on by reviewing the Fire Chief's emails and filtering his phone calls.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

This section helps us understand the physical activities and requirements that are absolutely necessary for you to be able to do in order to perform your job. Please list the frequency and the importance of each of the physical requirements listed in this section. These physical activities/requirements will help in ensuring the City of Grand Junction remains in compliance with the Americans with Disabilities Act.

The City of Grand Junction is required to document any physical requirements in order to legally defend restrictions that are imposed. The definitions for the physical activities/requirements are taken directly from the guidelines established by the federal government. Your answers in this section will not affect how your job is classified.

Frequency

How frequently is the activity performed?

- 0 – Never
- 1 – Annually
- 2 – Quarterly (at least 3 per year)
- 3 – Monthly (at least 8 per year)
- 4 – Weekly (at least 3 per month)
- 5 – Daily (at least 3 per week)

Importance

How important is the activity in accomplishing the job's purpose?

- 0 – Not Important
- 1 – Somewhat Important
- 2 – Very Important
- 3 – Extremely Important

| Physical Activity | Frequency | Importance | Duties |
|---|-----------|------------|------------------|
| Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion. | 5 | 2 | Reaching objects |
| 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 | 0 | 0 |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a | 5 | 2 | Reaching |

| | | | |
|--|---|---|-------------------------------------|
| considerable degree and requires full use of the lower extremities and back muscles. | | | objects |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 5 | 2 | Reaching objects |
| Crouching: Bending the body downward and forward by bending leg and spine. | 5 | 2 | Reaching objects |
| Crawling: Moving about on hands and knees or hands and feet. | 1 | 1 | Reaching objects |
| Reaching: Extending hand(s) and arm(s) in any direction. | 5 | 2 | Reaching objects |
| Standing: Particularly for sustained periods of time. | 0 | 0 | |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 0 | 0 | |
| Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | 2 | 1 | Placing objects on shelves |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 0 | 0 | |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 5 | 3 | Typing; using mouse |
| Grasping: Applying pressure to an object with the fingers or palm. | 5 | 2 | Open burn permits, report collating |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 4 | 2 | Moving supplies around |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 0 | 0 | |
| 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 | 3 | Customer service |
| Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts. | 5 | 3 | Customer service |
| Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors). | 5 | 3 | Customer service |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5 | 3 | Typing, calculator, |

| | | | |
|--|---|---|--------------------------|
| | | | mouse |
| 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 | 3 | Nature of job |
| 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 | 2 | Supplies, Nature of work |
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | 0 | 0 | |
| 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 | 0 | |
| 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 | 0 | |

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) | X | <input type="checkbox"/> | <input type="checkbox"/> |
| Hazardous materials (chemicals, blood and other body fluids, etc.) | X | <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: Miriam Greenwald Date: 10/30/08

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

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

| Question No. | Comments |
|--------------|---|
| II - 3 | This position functions as the lead position for the office. Person must be able to perform essential duties independently. |
| II - 4 | Written, verbal, and electronic communication skills are essential |
| III - 1,2 | Discussed need for higher level education and experience in this position. |
| III - 5 | Independent judgment and confidentiality are essential for this position. |
| | |
| | |
| | |
| | |
| | |

Please check the appropriate statement:

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

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

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

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

Employee Signature:

Miriam Greenwald

Date:

10/30/08

Supervisor
Signature:

JL Wathen

Date:

10/30/08

Department Head
Signature:

JL Wathen

Date:

10/30/08

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

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: Administration, Operations

Department: Fire

For Individual Questionnaires Only:

| | | | |
|-----------------------|---------|-----------|------------------|
| Employee Name: | English | Christine | M |
| | (Last) | (First) | (Middle Initial) |

Current Classification Title: Sr. Administrative Assistant

| | | | |
|-----------------|----------------------------|-------------------|------|
| Division | Administration, Operations | Department | Fire |
|-----------------|----------------------------|-------------------|------|

Total Length of Time with organization 12 Years 11 months

Total Length of Time in Current Position 3 Years 7 months

Assigned Hours/Week:: from 8 AM **t o** 5 PM **Assigned Days/Week** M-F, 5 days

Email: chrise@gjcity.org

Work Phone: 970 244-1416

Immediate Supervisor:

Immediate supervisor reports to:

Name: James Bright

Name: Ken Watkins

Title: Operations Chief

Title: Fire Chief

Work Phone 970 244-1466

Work Phone: 970 244-1415

E-mail: jimb@gjcity.org

E-mail: kenw@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.

Senior Administrative Assistant to Operations Chief - To assist the FD Operations Chief in processing clerical functions such as: accounts payable, minutes of meetings, payroll, newsletters and brochures, overseeing and maintaining FD uniform allowances, correspondence and databases. Also, process HazMat paperwork.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

| Yes | Duty | Number of Employees |
|-------------------------------------|---|----------------------------|
| <input checked="" type="checkbox"/> | I do not officially supervise other employees (sign performance reviews). | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of other full-time employees. | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of part-time, temporary or contract employees. | |
| <input checked="" type="checkbox"/> | I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties). | 110 |
| <input type="checkbox"/> | I make work assignments for others. | |
| <input type="checkbox"/> | I make hiring and hiring pay recommendations. | |
| <input type="checkbox"/> | I make hiring and hiring pay decisions. | |
| <input type="checkbox"/> | I recommend termination for poor performance. | |
| <input type="checkbox"/> | I provide advice to peers that they must consider carefully before making a decision. | |
| <input checked="" type="checkbox"/> | I provide information to supervisors/management that they use in making a decision. | 3 |

- 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

| |
|------------------------------|
| Battalion Chiefs (3) |
| EMS Chief |
| Training Officer |
| Firefighters (110) |
| Fire Prevention (3) |
| Sr. Administrative Assistant |
| Sr. Administrative Assistant |
| PIO |
| HazMat Coordinator |
| FD Investigator |

YOUR DIRECT REPORTS' JOB TITLES

| |
|------------------|
| Operations Chief |
| |
| |
| |
| |
| |
| |
| |

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 | Interaction, problem solving, task completion, instructing on processes |
| Human Resources | weekly | Payroll issues, processes |
| Finance | weekly | Accounts payable, reconciliation of credit cards |
| Purchasing | weekly | Credit card program issues, purchase orders, uniform/clothing issues |
| Police Department | monthly | Response time figures from dispatch center |
| Streets | monthly | Fire hydrant out-of-service and repair |
| GIS | Annually | Maps and banners |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---------------------------------|-----------|---|
| Ex: Vendors, Gen. Public | Daily | Planning clearances, fire and ems reports/records, station tours |
| General Public | Annually | Burn permits-spring and/fall, walk-ins for directions, station tours |
| Fireworks Vendors | Annually | Fireworks permits |
| Uniform Clothing reps | Daily | Uniforms and clothing for firefighters |
| Mesa County Health Dept | monthly | Burn permits, air quality, wood stoves, public programs for customers |
| Building Contractors | weekly | Filing for planning clearances |
| | | |
| | | |

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 | Internal and external customer service including serving as liaison between assigned department and City staff, the general public and outside agencies telephone and front counter | Discerning needs of customer and provide information and assistance as appropriate. Screening calls, visitors and mail, responding to sensitive requests for information and assistance; research information related to City regulations and departmental policies; | Daily | 26% |
| 2 | Initiate, organize and maintain automated and manual records management , retrieval and storage programs-including: High Plains, SunPro,Uniform Clothing, Personnel/Equipment Injury/Accident, Third Rider, Employee Recognition, FD Thank You, Apparatus Statistics, | Utilize numerous computer applications and software package to enter data, maintain and generate reports. | Daily | 9% |
| 3 | Specialized reports for EMS , Operations, firefighters | Information requested and what is required, how to disseminate the information, distribution of final reports | Weekly | 6% |
| 4 | Creation of Quarterly Newsletter -gather information, layout and editing, print preparation, distribution and posting to city internet site | Create from template, gather information from monthly reportfor Fire and EMS activity, dispatch response times, apparatus and training statistics (gathered monthly) | Monthly | 9% |
| 5 | Department calendar, meetings and various events for assigned staff | Schedule and maintain calendar of meetings, schedule FD Conference Room, notify FD Command Staff; FD Staff Meetings-prepare and print agendas, staff meetings, take minutes and transcribe, distribute | Weekly | 4% |
| 6 | Notify Risk Management of any personnel injuries | Fax forms to Risk Management, enter on database, file in central filing | Weekly | 3% |

| | | | | |
|----|--|--|----------|-----|
| 7 | Exposure file | Coordinate proper forms and distribute for signature; file forms in permanent files in FD. | Monthly | 1% |
| 8 | SOG's | Work with committee members to incorporate changes in FD Standards of Operation, finalize changes into document, post on intranet | Annually | 4% |
| 9 | Revenues from plan reviews, Burn permits, records, underground storage tanks, above ground storage tanks, Fireworks displays | Collect monies, write receipt, check fee schedules, prepare revenue recap for Customer Service | Weekly | 1% |
| 10 | Designing brochures, pamphlets, notices | Collecting data, statistics and relevant information, layout, editing, printing and distribution | Monthly | 5% |
| 11 | Reconcile monthly Fire and EMS calls | Collect data from records management database, sort according to Fire and/or EMS calls, mutual aid, HazMat, structure fires, non-structure fires and dual calls (both Fire and EMS calls), reconcile EMS calls with EMS report, distribute statistics to Command Staff | Monthly | 10% |
| 12 | Maintain inventory forms for apparatus | Update forms according to information from engineers | Weekly | 1% |
| 13 | Coordinate and monitor 5 station budgets | Updating station budgets monthly, run report through finance system, format and post on FD shared directory/ | Monthly | 2% |
| 14 | Ordering supplies for office and 5 stations | Maintain office supplies and order/reorder as necessary; order supplies for 5 stations, office, janitorial and equipment | Weekly | 2% |
| 15 | Notary | Perform notary service for both City and official documents, certify copies of records, attest signatures. | Monthly | 2% |

| | | | | |
|----|---|--|---------|-----|
| 16 | Payroll | Record fire department personnel time sheets into finance system, answer questions concerning time sheet entry, City policy, problem solving on payroll issues with HR. | Weekly | 10% |
| 17 | Compose and proofread correspondence | Includes a wide variety of reports, documents, forms letters, memoranda, correspondence, statistical charts | Weekly | 1% |
| 18 | Maintain roster of fire department personnel | Update information on personnel personal information including: address, phone #'s (cell and land line), SS#'s, DOB's, Hire dates, shift, title, station assignment pager # (s), FD and City employee #'s, spouses name and pay rate. | Monthly | 1% |
| 19 | Haz Mat environmental studies and invoicing for HM mitigation | Gather information regarding HM incident, personnel utilized and apparatus, figure hours and pay for each, prepare invoice for billing, send to Finance, attaching copy of additional agency if appropriate, prepare folder and retain for payment. Prepare letter for requests on environmental studies, obtain signature from HM Coordinator and mail. Maintain electronic and permanent paper file. | Monthly | 1% |
| | Reconciliation of purchasing cards | Obtain receipt for purchases on 23 credit cards. Code for input into online reconciliation system | Weekly | 2% |

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 and experience in dealing with a diverse customer base of both internal and external people and skill in where to best obtain information in response to customer inquiries. |
| 2. | Knowledge of and skill in the usage of computer applications especially Excel, Word 2007, Banner, NW Financial system, ISYS, High Plains, SunPro, Publisher, Access and on-line Wells Fargo purchasing card reconciliation. Ability to communicate with diverse personnel and to decimate information. |
| 3. | Knowledge of department functions and processes. |
| 4. | Knowledge of FD schedules and personnel assignments |
| 5. | Skill in scheduling. |
| 6. | Knowledge of Risk Management and forms necessary for record keeping. Skills in communication and forms management. |
| 7. | Diverse communication skills. |
| 8. | Basic knowledge of accounting practices. |
| 9. | Knowledge of effective design methods for newsletters, brochures and pamphlets. |
| 10. | Specialized knowledge of records management system and Fire/EMS reports. Organizational skills in collecting and recording data in a understandable form. |
| 11. | Basic knowledge of budgeting practices and processes. |
| 12. | Knowledge of inventory control. |
| 13. | Knowledge of notary process and skill in determining which process to use. |
| 14. | Knowledge of city payroll process and system. Ability to do calculations with skill in computer applications. |
| 15. | Knowledge of Business English, grammar and current correspondence trends. Skill with computer programs for word processing. |
| 16. | Knowledge of 3 rd Rider process and processing |
| 17. | Skill with office machines including: adding machine, label maker telephone and wireless headset, copier. |

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

| You Have | You Need | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | High School Diploma or equivalent (G.E.D.) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Up to one year of specialized or technical training beyond high school |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate degree (A.S., A.A.) or two-year technical certificate |
| <input type="checkbox"/> | <input type="checkbox"/> | Bachelor's degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (explain): |

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

Type of Experience

| <u>You Have</u> | <u>Your Time</u> | <u>You Need</u> | <u>Minimum Time Required</u> |
|--|------------------|--|------------------------------|
| Administrative Support | 38 years | Increasing level of administrative support experience | 5 years |
| Organizational and prioritizing skills | 38 years | Ability to organize workload and set priorities | 5 years |
| Various computer applications | 20 years | Ability to learn and use various computer applications | 5 years |

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

Understanding of Public Administration or specialized study/training coupled with experience in the field. Office policies and procedures including customer service skills on an increasingly responsible level with independent decision making skills.

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

Notary; numerous computer applications/programs.

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 and keyboarding | Daily |
| | Copier machines | Daily |
| | Fax machines | Daily |
| | telephone system with paging and wireless headset | Daily |
| | Step ladder | Daily |
| | Occasional hammer, screwdriver, nails, push pins | Monthly |
| | Labelmaker | Weekly |
| | Adding machine and calculators | Daily |
| | | |
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| | | |

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. Payroll time sheet corrections regarding single and dual role employees
2. Reconciliation of monthly EMS and Fire calls using specialized reports and computer applications. Preparation of statistical database for recording data.
3. Information and layout for Quarterly newsletter to be sent to City Manager, Department Heads, all Fire personnel, and fire retirees via email.

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 | 0 | |
| Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | 0--Never | 0--Not Important | |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | 4--Weekly | 1--Somewhat Import | 2 |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 2--Quarterly | 1--Somewhat Import | 2 |
| Crouching: Bending the body downward and forward by bending leg and spine. | 0--Never | Select | |
| Crawling: Moving about on hands and knees or hands and feet. | 0--Never | Select | |
| Reaching: Extending hand(s) and arm(s) in any direction. | 5--Daily | 3--Extremely Import | 1, 2, 14 |
| Standing: Particularly for sustained periods of time. | 4--Weekly | 1--Somewhat Import | 1, 2 |
| Walking: Moving about on | 4--Weekly | 2--Very Important | 1,2,6,14 |

| | | | |
|---|--------------|---------------------|---|
| foot to accomplish tasks, particularly for long distances. | | | |
| Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | 5--Daily | 2--Very Important | 1, 2 |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 4--Weekly | 1--Somewhat Import | 1, 2 |
| 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 Import | 1,2,3,4,5,6 7, 8,9,10,11,12,13,14,15,16,17 |
| Grasping: Applying pressure to an object with the fingers or palm. | 5--Daily | 3--Extremely Import | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16, 17 |
| 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 Import | 2 |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 1--Annually | 0--Not Important | 2 |
| Talking: Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly. | 5--Daily | 3--Extremely Import | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17 |
| Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts. | 5--Daily | 2--Very Important | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16, 17 |
| Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs | 5--Daily | 3--Extremely Import | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16, 17 |

| | | | |
|--|------------|---------------------|---|
| 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). | | | |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5--Daily | 3--Extremely Import | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17 |
| 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 Import | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17 |
| 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 Import | 2 |
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, | 0--Never | Select | |

| | | | |
|---|----------|--------|--|
| and/or up to 10 pounds of force constantly to move objects. | | | |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 0--Never | Select | |
| Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. | 0--Never | Select | |

2. WORKING CONDITIONS.

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

☐ **Does Not Apply**

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

At the Fire Department, the need to multi-task is constant. Due to understaffing of administrative personnel, important tasks are only completed with multiple interruptions taking

much longer to complete and making accuracy a real challenge to achieve. Space limitations make for an uncomfortable working atmosphere with no privacy.

EMPLOYEE CERTIFICATION

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

Signed: Christine English Date: 10/31/2008

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 |
|--------------|----------|
| | |
| | |
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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: Christine English Date: 10/31/08
Supervisor Signature: [Signature] Date: 10/31/08
Department Head Signature: [Signature] For Chief Watkins Date: 10/31/08

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: Operations

Department: Police

For Individual Questionnaires Only:

| | | | |
|-----------------------|--------|---------|------------------|
| Employee Name: | Ancell | Rebecca | |
| | (Last) | (First) | (Middle Initial) |

Current Classification Title: Senior Administrative Assistant

| | | | |
|-----------------|------------|-------------------|--------|
| Division | Operations | Department | Police |
|-----------------|------------|-------------------|--------|

Total Length of Time with organization 8 Years 10 months

Total Length of Time in Current Position 8 Years 10 months

Assigned Hours/Week:: from 9:15 am **t o** 3:15 pm **Assigned Days/Week** Mon-Fri

Email: beckya@gjcity.org

Work Phone: 244-3591

Immediate Supervisor:

Immediate supervisor reports to:

Name: John Zen

Name: Bill Gardner

Title: Deputy Chief, Operations

Title: Chief of Police

Work Phone 244-3657

Work Phone: 244-3565

E-mail: johnz@gjcity.org

E-mail: billg@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.

Senior Administrative Assistant

To provide direct administrative support to the Operations Division Deputy Chief of Police and those under his chain of command. Additional responsibilities encompass performing general office procedures to promote the functionality of the PD Administration office and to also provide support to the Chief of Police, Services Division Deputy Chief and their respective staff as needed.

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

| |
|-----------------------|
| Operations Commanders |
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YOUR DIRECT REPORTS' JOB TITLES

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| |

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 | | |
| PATROL/OPS STAFF | DAILY | ADMIN SUPPORT/ASSISTANCE |
| Finance | WEEKLY | ACCOUNTING DOCUMENTATION/PROCESSING |
| Purchasing | FEW TIMES A YEAR | P-CARD ISSUANCE, REQUISITIONS, PO'S |
| CITY ADMIN | MONTHLY | GENERAL COMMUNICATIONS, STAFF CALENDARS |
| CITY IS | MONTHLY | WEB SITE MANAGEMENT, NEW HIRE SET UP |
| | | |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---------------------------------|------------------|--|
| Ex: Vendors, Gen. Public | | |
| CITIZENS | DAILY | CALL TAKING - ANSWERING QUESTIONS, HANDLING REQUESTS, DIRECTING AS APPROPRIATE |
| CITIZENS | FEW TIMES A YEAR | ASSISTING WITH SPECIAL EVENT LOGISTICS, REQUESTS FOR SECURITY |
| Office Vendors | FEW TIMES A YEAR | OFFICE EQUIPMENT/SOFTWARE ISSUES |
| CELL PHONE VENDORS | FEW TIMES A YEAR | SERVICE ISSUES ON EMPLOYEES' BEHALF |
| Facility Rental Locations | FEW TIMES A YEAR | Special Event Planning |
| OTHER LAW ENFORCEMENT | WEEKLY | SCHEDULING APPOINTMENTS / COMMUNICATING |

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 | Attend weekly staff meetings, prepare agendas, record and distribute minutes. | What documentation is pertinent. | Select | 20 |
| 2 | Monitor and update patrol scheduling program and shared files. | When and how they need to be revised. | Select | 10 |
| 3 | Prepare and process employee recognitions as well as maintain gift card inventory. | When / where to purchase gift cards and how to track them. | Select | 10 |
| 4 | Research and make travel arrangements for ops staff; complete required documentation. | Travel itineraries, ticket purchases. | Monthly | 10 |
| 5 | Take calls into the administrative office and direct / handle as necessary. | Direction / information to give callers. | Daily | 5 |
| 6 | Prepare routine correspondence, update / revise department forms, provide miscellaneous information to staff upon request. | What information is pertinent and/or how to obtain requested info. | Select | 5 |
| 7 | Maintain filing systems. | Determine most efficient filing methods. | Select | 5 |

| | | | | |
|----|--|--|--------------|-----|
| 8 | Comply to records retention schedules. | When certain documentation can be destroyed. | Annually | 2.5 |
| 9 | Assist with new employee orientation by providing handouts and discussing general PD info. (v-mail, groupwise, website). | What info. would be most helpful to new employees. | Occasionally | 2.5 |
| 10 | Maintain staff calendars / schedule appointments. | Time management issues. | Select | 5 |
| 11 | Revise and distribute various lists used by PD employees. | When and how they need to be revised. | Monthly | 5 |
| 12 | Download current contacts on individual employee cell phones as requested. | How to negotiate the various phone models with my phonebook program. | Monthly | 5 |
| 13 | Maintain updates to various PD web pages as needed. | What information is pertinent to the public. | Daily | 5 |
| 14 | Coordinate retirement ceremonies. This includes creating invitations and programs, making catering arrangements, obtaining proper awards to be given and determining the event location. | Where to hold the event, what to include on the invitation and program, what the catering should include and where to obtain all items needed. | Occasionally | 5 |
| 15 | Intake requests from public entities for security at special community events and assist patrol Commanders with posting overtime notices. | When to post overtime, timing issues. | Quarterly | 2.5 |
| 16 | Assist staff with preparing and/or revising powerpoint presentations (Citizens Academy). | How to make slides visually appealing. | Occasionally | 2.5 |
| 17 | Provide backup to the finance manager with various accounting functions such as direct pays, travel and credit card reconciliation, requisitions and purchase orders. | Determining when assistance might be needed. | Monthly | 2.5 |
| 18 | Provide backup for timesheet compilation and payroll entry as needed. | How to obtain and calculate accurate information. | Occasionally | 2.5 |
| 19 | | | Select | |

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

| Duty # | Knowledge - Skills |
|--------------------------------|--|
| 2/4/6/10/11/ 12/13/16/17/18 | Modern office procedures, methods and equipment including computers and supporting software applications |
| 6/11/17 | Principles of business letter writing, research and basic report preparation |
| 5/9/10/14/15 | Methods and techniques of public relations and customer service |
| 1/6/11/13/14/ 16 | English usage, spelling, grammar and punctuation |
| 7/8 | Principles and procedures of records management |
| 1 | Principles and practices recording and transcribing meeting minutes |
| 5/7/18 | Maintain confidential records and reports |
| all | Work independently without supervision and perform responsible administrative support |
| 3/5/6/10/13 | Communicate clearly and independently prepare correspondence |
| 3/4/7 | Implement and maintain standard filing systems |
| 3/4/9/15/18 | Apply administrative and departmental policies and procedures |
| 6/9/10/14/15/ 16/17 | Establish and maintain effective working relationships |
| | |
| | |
| | |

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

| You Have | You Need | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | High School Diploma or equivalent (G.E.D.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Up to one year of specialized or technical training beyond high school |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate degree (A.S., A.A.) or two-year technical certificate |
| <input type="checkbox"/> | <input type="checkbox"/> | Bachelor's degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (explain): |

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

| <u>Type of Experience</u> | | | |
|--|------------------|-----------------|--------------------------------------|
| <u>You Have</u> | <u>Your Time</u> | <u>You Need</u> | <u>Minimum Time Required</u> |
| Written and verbal communication skills/ customer service skills | 14 years | same | 2 years |
| Computer & software knowledge / phones/calendar scheduling / office procedures | 14 years | same | 1 years |
| Accounting/budget/travel / recording minutes | 9 years | same | 1 years |

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

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 |
|-----------|----------------------------|----------------|
| 1/2/10/13 | Computer, copy machine | daily |
| 3/6/7 | Computer, copy machine | weekly |
| 4/11/17 | Computer, copy machine | monthly |
| 5 | Phone, computer | daily |
| 9/16/18 | Computer, copy machine | occasionally |
| 12 | Computer | monthly |
| 14 | Phone, computer | occasionally |
| 15 | Computer, copy machine | quarterly |
| | | |
| | | |
| | | |
| | | |
| | | |

5. DECISION-MAKING & JUDGMENTS.

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

1. How to manage a multitude of phone calls that come to the department from community members with various questions and/or concerns.

2. Prioritizing and managing my time in order to effectively and efficiently complete my duties and support my supervisor as needed.

3. What information needs to be documented in the meeting minutes and the timeliness of getting the information disseminated.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

This section helps us understand the physical activities and requirements that are absolutely necessary for you to be able to do in order to perform your job. Please list the frequency and the importance of each of the physical requirements listed in this section. These physical activities/requirements will help in ensuring the City of Grand Junction remains in compliance with the Americans with Disabilities Act.

The City of Grand Junction is required to document any physical requirements in order to legally defend restrictions that are imposed. The definitions for the physical activities/requirements are taken directly from the guidelines established by the federal government. Your answers in this section will not affect how your job is classified.

Frequency

Importance

How frequently is the activity performed?

How important is the activity in accomplishing the job's purpose?

0 – Never

0 – Not Important

1 – Annually

1 – Somewhat Important

2 – Quarterly (at least 3 per year)

2 – Very Important

3 – Monthly (at least 8 per year)

3 – Extremely Important

4 – Weekly (at least 3 per month)

5 – Daily (at least 3 per week)

| Physical Activity | Frequency | Importance | Duties |
|---|------------------|-------------------|---------------|
| Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion. | 0--Never | Select | |
| Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | 0--Never | Select | |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | 0--Never | Select | |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 0--Never | Select | |
| Crouching: Bending the body downward and forward by bending leg and spine. | 0--Never | Select | |
| Crawling: Moving about on hands and knees or hands and feet. | 0--Never | Select | |
| Reaching: Extending hand(s) and arm(s) in any direction. | 0--Never | Select | |
| Standing: Particularly for sustained periods of time. | 0--Never | Select | |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 0--Never | Select | |
| Pushing: Using upper extremities to press | 0--Never | Select | |

| | | | |
|--|----------|------------------------|---|
| against something with steady force in order to thrust forward, downward or outward. | | | |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 0--Never | Select | |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 0--Never | Select | |
| Grasping: Applying pressure to an object with the fingers or palm. | 0--Never | Select | |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 0--Never | Select | |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 0--Never | Select | |
| Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly. | 5--Daily | 3--Extremely Important | 5/9/14/15 |
| 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 | 1/5/10/14/15/16 |
| Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors). | 5--Daily | 3--Extremely Important | All Duties |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5--Daily | 3--Extremely Important | 1/2/3/4/6/10/ 12/13/14/15/16 /17/18 |
| Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. | 5--Daily | 3--Extremely Important | 1-6/10-18 |
| 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 | 0--Never | Select | |

| | | | |
|---|----------|--------|--|
| 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. | | | |
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | 0--Never | Select | |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 0--Never | Select | |
| Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. | 0--Never | Select | |

2. WORKING CONDITIONS.

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

☒ **Does Not Apply**

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed: *Robert Ansell*

Date: 10.30.08

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

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

| Question No. | Comments |
|--------------|--|
| | It should be made clear that BECKY |
| | PROVIDES THOSE ADMINISTRATIVE DUTIES, AS LISTED ON |
| | PAGES 6, 7 AND 8, NOT ONLY FOR MYSELF, BUT |
| | FOR MY STAFF OF 5 COMMANDERS AND 11 SERGEANTS |
| | WHO OVERSEE THE VARIOUS TEAMS AND/OR |
| | SPECIALIZED AREAS MAKING UP OPERATIONS SECTION. |
| | J. Z. |
| | DEPT. CHIEF |
| | |

4. I WOULD ADD THAT THIS POSITION REQUIRES SUPERIOR HUMAN RELATIONS SKILLS AND UNQUESTIONABLE CONFIDENTIALITY. BECKY'S SUPERIOR APPLICATION OF HUMAN SKILLS CONSISTENTLY LEADS TO ELEVATED LEVELS OF TRUST AMONG THE 17 LEADERS SHE SUPPORTS. SUCH TRUST ~~IS~~ LEADS TO INCREASED COOPERATION AMONG THESE LAW ENFORCEMENT LEADERS WHICH THEN LEADS TO INCREASED PRODUCTIVITY.

THIS POSITION MUST MANAGE CONFIDENTIAL & SENSITIVE INFORMATION WHILE BEHAVING IN SUCH WAYS AS TO NOT INDICATE BIAS OR JUDGEMENT.

5. THIS POSITION REQUIRES JUDGEMENT REGARDING PRIORITIES, ASSIGNMENT OF INCOMING SERVICE REQUESTS AND SUPERIOR DIPLOMACY. *[Signature]* Chief of Police

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:

Rebecca Ansell

Date:

10.30.08

Supervisor
Signature:

John Schermerhorn

Date:

10-30-08

Department Head
Signature:

[Signature]

Date:

11/07/2008

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.

Dr. John Schermerhorn, noted management scholar, wrote - "The essence of productivity is cooperation." Beeky Ansell symbolizes that principle in action.

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.

Name: Karen Peterson , karenp@gjcity.org

Job Title: Senior Administrative Assistant

Supervisor: Rob Schoeber / Mike Vendegna

Division: Administration

Department: Parks and Recreation

For Individual Questionnaires Only:

Employee Name: Peterson Karen L
(Last) (First) (Middle Initial)

Current Classification Title: Senior Administrative Assistant

Division Administration **Department** Parks and Recreation

Total Length of Time with organization 17 Years months

Total Length of Time in Current Position 8 Years months

Assigned Hours/Week:: from 10 to **Assigned Days/Week** 4

Email: karenp@gjcity.org

Work Phone: 970-254-3867

Immediate Supervisor:

Immediate supervisor reports to:

Name: Rob Schoeber / Mike Vendegna

Name: Laurie Kadrich

Title: Parks and Recreation Director

Title: City Manager

Work Phone 970-254-3881 / 970-254-3843

Work Phone:

E-mail: robsc@gjcity.org /
mikev@gjcity.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.

Process Account Payables, Requisitions, Payroll, Purchasing Cards, Travel Authorizations, Revenue, budget, monitor Administration account for the director, Journal Entries, Record Archives, filing, prepare reports when needed, and provide support to the department. Also, create three Seasonal Activity Guides per year with the support of the Recreation division, photography for the Parks and Recreation department for Special Events, maintain the Parks Department website, Intranet and Internet, Flyers for events, and presentations.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

| Yes | Duty | Number of Employees |
|-------------------------------------|---|---------------------|
| <input checked="" type="checkbox"/> | I do not officially supervise other employees (sign performance reviews). | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of other full-time employees. | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of part-time, temporary or contract employees. | |
| <input type="checkbox"/> | I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties). | |
| <input type="checkbox"/> | I make work assignments for others. | |
| <input type="checkbox"/> | I make hiring and hiring pay recommendations. | |
| <input type="checkbox"/> | I make hiring and hiring pay decisions. | |
| <input type="checkbox"/> | I recommend termination for poor performance. | |
| <input checked="" type="checkbox"/> | I provide advice to peers that they must consider carefully before making a decision. | 1 - 15 |
| <input checked="" type="checkbox"/> | I provide information to supervisors/management that they use in making a decision. | 5 + |

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

YOUR COWORKERS' JOB TITLES

| |
|---------------------------|
| Administrative Specialist |
| Administrative Assistant |
| Administrative Assistant |
| |
| |
| |
| |
| |

YOUR DIRECT REPORTS' JOB TITLES

| |
|--------------------------------|
| Director |
| Park Superintendent |
| Forestry / Cemetery Supervisor |
| |
| |
| |
| |
| |

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

☐ Full Time ☐ Part-Time ☐ Seasonal/Temp ☐ Volunteer ☐ Contract

c. Describe with whom, or with what departments/organizations, you have regular contact.

1. Inside your organization (other City Departments):

| Title of Person or Department | How Often | For What Purpose |
|-------------------------------|----------------|---|
| Ex: Peers, Subordinates | | |
| PURCHASING SUPERVISOR | DAILY / WEEKLY | REQUISITIONS, PURCHASE ORDERS |
| FINANCE SUPERVISOR | WEEKLY | QUESTIONS ON NEW FINANCE SYSTEM, ACCOUNTS, BUDGET |
| ACCOUNT PAYABLES | WEEKLY | QUESTIONS, NEW VENDORS, ASSISTANCE |
| | | |
| | | |
| | | |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---------------------------------|-----------|--|
| Ex: Vendors, Gen. Public | | |
| XCEL ENERGY | MONTHLY | ACCOUNT QUESTIONS |
| GRAND JUNCTION PIPE | MONTHLY | DISCUSS STATEMENTS |
| LL JOHNSON | MONTHLY | DISCUSS STATEMENTS |
| PUBLICATION PRINTERS | QUARTERLY | DISCUSS ACTIVITY GUIDE DEADLINES AND OTHER 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: | | | |
| Prepares monthly newsletters by gathering information, writing copy, editing, preparing for publication and overseeing distribution. | Articles to include, editorial changes, graphics, layouts | M | 25% |
| Performs inventory spot checks and monthly counts of supplies in warehouse. | When to check supplies | M | 10% |

| | List of Essential Duties | Decisions Required | Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally | % of Time Spent (Not to exceed 100%) |
|---|------------------------------|--|---|---|
| 1 | Prepare Account Payables | check account number for accuracy | Daily | 15% |
| 2 | Purchasing Cards | e-mail everyone that I am responsible for, after they are turned in I go through them making sure the receipts are attached and accounts and amounts are correct | Daily | 10% |
| 3 | Requisitions | | Daily | 10% |
| 4 | Payroll for Golf Maintenance | | Monthly | 5% |
| 5 | Travel Authorization | Check for accuracy and accounts of all Travel vouchers for the department, | Monthly | 5% |
| 6 | Revenue and Journal Entries | All Revenue outside of our POS system is ran through me, Donations, Golf Restaurant lease, Rental properties | Monthly | 5% |

| | | | | |
|----|----------------------------------|---|-----------|-----|
| 7 | Record Archives | Take care of the Record Archives for the Parks Department, gather, label, and destruction of all records | Quarterly | 5% |
| 8 | Seasonal Activity Guides | Create 3 seasonal guides per year, they are 65 pages of activities we offer through our department. | Daily | 20% |
| 9 | Flyers, brochures, presentations | Create Flyers, brochures and presentations as needed for Special Events, Department guides, and presentations for budget and other events as needed | Monthly | 10% |
| 10 | Filing | | Monthly | 5% |
| 11 | Photography | Take pictures at Special Events, Parks Sites, Art work, programs, etc | Monthly | 5% |
| 12 | Maintain Website | Maintain the internet and intranet for the Parks and Recreation Department | Quarterly | 5% |
| 13 | | | Select | |
| 14 | | | Select | |
| 15 | | | Select | |
| 16 | | | Select | |
| 17 | | | Select | |
| 18 | | | Select | |
| 19 | | | Select | |

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

| Duty # | Knowledge – Skills |
|---|---|
| Account Payables, Requisitions, and Journal Entries | Knowledge of Excel, Word, and modern office procedures, methods and computer equipment. Spreadsheets are necessary for some of the accounts such as Xcel Energy and City of Grand Junction Utilities. |
| Payroll | Must be able to operate standard office machines and computer equipment |
| Purchasing Cards | Excel, basic math, knowledge of office procedures, methods and computer equipment and the ability to perform simple mathematical calculations |
| Photography | Must have the confidence and ability to get pictures of Special Events |
| Record Archives | Coordinate and communicate with other work groups, in the department to get all the records boxed and dated. |
| Monitor Administration Accounts | Create spreadsheets including formulas to organize, display and summarize data, ability to perform simple mathematical calculations. |
| Seasonal Activity Guide, Flyers, Brochures, Presentations | Experienced with design software such as Indesign, Photoshop, Illustrator. Ability to work with staff on projects and have brainstorming meetings for projects. Need to be creative and motivated . |
| Website | Experience in web design software |
| | |
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| | |

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 checked="" 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 |
| <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> |
|---|-------------------------|------------------------|-------------------------------------|
| Computer, Customer Service, Finance, budget | 17 years | | 2 years |
| Website Maintenance | 10 years | | 2 years |
| Brochure design, flyers, presentations | 8 years | | 2 years |

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

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.

Should go to classes on Brochure design, photoshop, powerpoint, excel.

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

| Duty # | Machines, Tools, Equipment | Frequency/Time |
|------------|--|----------------|
| All Duties | Computer, Scanner, printer, calculator, fax, telephone | daily |
| | | |
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| | | |

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. Designing brochures, flyers and Presentations, making decisions on design and content but always consulting with the staff .

2. A great deal of decisions are made daily but always through discussions and brain storming.

3.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

This section helps us understand the physical activities and requirements that are absolutely necessary for you to be able to do in order to perform your job. Please list the frequency and the importance of each of the physical requirements listed in this section. These physical activities/requirements will help in ensuring the City of Grand Junction remains in compliance with the Americans with Disabilities Act.

The City of Grand Junction is required to document any physical requirements in order to legally defend restrictions that are imposed. The definitions for the physical activities/requirements are taken directly from the guidelines established by the federal government. Your answers in this section will not affect how your job is classified.

Frequency

Importance

How frequently is the activity performed?

How important is the activity in accomplishing the job's purpose?

- 0 - Never
- 1 - Annually
- 2 - Quarterly (at least 3 per year)
- 3 - Monthly (at least 8 per year)
- 4 - Weekly (at least 3 per month)
- 5 - Daily (at least 3 per week)

- 0 - Not Important
- 1 - Somewhat Important
- 2 - Very Important
- 3 - Extremely Important

| Physical Activity | Frequency | Importance | Duties |
|---|------------------|-----------------------|---------------------------|
| Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion. | 4--Weekly | 1--Somewhat Important | Basement for misc records |
| 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. | 2--Quarterly | 2--Very Important | Record management |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 4--Weekly | 2--Very Important | Photography |
| Crouching: Bending the body downward and forward by bending leg and spine. | 0--Never | Select | |
| Crawling: Moving about on hands and knees or hands and feet. | 0--Never | Select | |
| Reaching: Extending hand(s) and arm(s) in any direction. | 2--Quarterly | 2--Very Important | Record Management |
| Standing: Particularly for sustained periods of time. | 0--Never | Select | |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 0--Never | Select | |
| Pushing: Using upper extremities to press | 0--Never | Select | |

| | | | |
|--|--------------|------------------------|---|
| against something with steady force in order to thrust forward, downward or outward. | | | |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 0--Never | Select | |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 5--Daily | 3--Extremely Important | Working on the computer |
| Grasping: Applying pressure to an object with the fingers or palm. | 5--Daily | 2--Very Important | |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 2--Quarterly | 2--Very Important | Record management |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 0--Never | Select | |
| Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly. | 5--Daily | 3--Extremely Important | Activity Guide, Financial System, Instruction on Computer programs. |
| Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts. | 0--Never | 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--Daily | 3--Extremely Important | Always observing safety in the field and discuss with supervisors |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5--Daily | 3--Extremely Important | Computer |
| 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. | 2--Quarterly | 2--Very Important | Record Management |

| | | | |
|--|----------|--------|--|
| Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work. | 0--Never | Select | |
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | 0--Never | Select | |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 0--Never | Select | |
| Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. | 0--Never | Select | |

2. WORKING CONDITIONS.

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

☒ **Does Not Apply**

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed: Karen Peterson Date: 11/03/08

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 |
|--------------|----------|
| | |
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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: *Rob S. Lee* Date: *11/3/08*
Mike Vondra *11-3-08*

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

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

I. EMPLOYEE BACKGROUND: In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

| | |
|--|---|
| Is this a group questionnaire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, please list all employee names. |
|--|---|

Division: _____ **Department:** _____

For Individual Questionnaires Only:

Employee Name: _____
Mueller Sue M
(Last) (First) (Middle Initial)

Current Classification Title: _____
Sr. Administrative Assistant

Division _____ **Department** _____
Public Works and Planning Public Works and Planning

Total Length of Time with organization _____
12 Years months

Total Length of Time in Current Position _____
1 Years 10 months

Assigned Hours/Week; from 8 a.m. **to** 5 p.m. **Assigned Days/Week** 5

Email: suem@gjcity.org **Work Phone:** 970/256-4016

Immediate Supervisor:

Immediate supervisor reports to:

Name: Tim Moore **Name:** Laurie Kadrich

Title: Public Works and Planning Director **Title:** City Manager

Work Phone 970/244-1557 **Work Phone:** 970/256-4154

E-mail: timm@gjcity.org **E-mail:** lauriek@gjcity.org

II. POSITION INFORMATION

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

Example: Computer Support Technician

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

Reports directly to the Public Works and Planning Director. Must exhibit independent judgment and initiative. Must provide all aspects of administrative support. Computer skills mandatory. Must be able to multi-task and adapt to constant change.

Must understand and comprehend the operation of Municipal Government.

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 |
| Public Information Coordinator |
| Engineering Manager |
| Utility Manager |
| Project Manager |
| Real Estate Manager/Real Estate Technicians |
| Planning Manager/Planners and Planning Technicians |
| Project Engineers/Development Engineers and Engineering Technicians |

YOUR DIRECT REPORTS' JOB TITLES

| |
|------------------------------------|
| Public Works and Planning Director |
| |
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| |
| |
| |

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

☐ Full Time

☐ Part-Time

☐ Seasonal/Temp

☐ Volunteer

☐ Contract

c. Describe with whom, or with what departments/organizations, you have regular contact.

1. Inside your organization (other City Departments):

| Title of Person or Department | How Often | For What Purpose |
|-------------------------------|--------------|--------------------------------|
| Ex: Peers, Subordinates | | |
| City Clerk | WEEKLY | CITY COUNCIL AGENDAS |
| PLANNING | WEEKLY | CITY COUNCIL AGENDAS |
| HUMAN RESOURCES | WEEKLY | VARIOUS |
| ADMINISTRATION | Weekly | VARIOUS |
| INFORMATION SVCS. | WEEKLY | Technological/System Questions |
| UTILITY/STREET SYSTEMS | DAILY/WEEKLY | REFERRING CUSTOMER PHONE CALLS |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---------------------------------|-----------|------------------------------------|
| Ex: Vendors, Gen. Public | | |
| GENERAL PUBLIC | DAILY | Various INQUIRIES |
| DEVELOPERS | WEEKLY | Various Inquiries/Scheduling Mtgs. |
| | | |
| | | |
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| | | |

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 | Review of Council Staff Reports | Revising | Select | 10% |
| 2 | Purchasing Card Reconciliation | Assigning Account # | Select | 5% |
| 3 | Accounts Payable Processing | Assigning Accounts # | Select | 5% |
| 4 | Scheduling various meetings | Location/Cost Comparisons | Monthly | 5% |
| 5 | Budget Preparation and Review | Re-allocating/Analysis | Monthly | 5% |
| 6 | Right-of-Way Permits | Review of Submitted Report | Select | 10% |
| 7 | Travel Arrangements | Investigating and determining cost efficiencies | Occasionally | 5% |
| 8 | Public Works/Engineering Website Updates and Revisions | Information provided | Select | 10% |
| 9 | Records Management Liason | Records Retention | Monthly | 5% |
| 10 | Telephone Inquiries | Referring to appropriate Dept. | Daily | 15% |
| 11 | Scheduling Webinars | Location/Equipment Required | Occasionally | 5% |
| 12 | TEDS Exceptions Letters | Procedures | Quarterly | 5% |
| 13 | Recording Meeting Minutes | Timliness of Distribution | Monthly | 10% |

| | | | | |
|----|------------------|---|--------------|----|
| 14 | Office Equipment | Cost effectiveness to replace or repair/Budget Analysis | Occasionally | 5% |
| 15 | | | Select | |
| 16 | | | Select | |
| 17 | | | Select | |
| 18 | | | Select | |
| 19 | | | Select | |

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

| Duty # | Knowledge – Skills |
|--------|--|
| 1 | Knowledge of predetermined standards |
| 2 | Budget accounting knowledge and knowledge of accounting software |
| 3 | (Same as above) |
| 4 | Requires phone and organizational skills |
| 5 | Knowledge of employer's philosophy and basic accounting knowledge |
| 6 | Knowledge of timeline and importance of event |
| 7 | Organizational skills |
| 8 | Knowledge of website design and layout |
| 9 | Knowledge of Federal and State standards for Electronic and Paper records |
| 10 | Knowledge of City Departments and their respective responsibilities so that calls or customers are referred properly |
| 11 | Organizational skills and equipment requirements |
| 12 | Procedure |
| 13 | Listening skills and keyboarding |
| 14 | Analysis skills to determine needs and equipment specifications |
| | |

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

| You Have | You Need | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | High School Diploma or equivalent (G.E.D.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Up to one year of specialized or technical training beyond high school |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate degree (A.S., A.A.) or two-year technical certificate |
| <input type="checkbox"/> | <input type="checkbox"/> | Bachelor's degree |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other (explain): Membership in International Association of Administrative Professionals (IAAP) which provides leadership opportunities for many of the Board positions. |

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/Administrative Professional Training | 35 | years | Same | 3 | years |
| Organizational and Decision Making Abilities | 35 | years | Same | 3 | years |
| Internal and External Customer Service Skills | 35 | years | Same | 3 | years |

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

Administrative/Clerical course work on-th-job, or a Administrative Associates Degree from a Community College.

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 required, but Notary Public recommended.

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 (laptop and desktop) | |
| | Binding Machine | |
| | Telephone | |
| | Calculator | |
| | Photocopier | |
| | Scanner | |
| | | |
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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. Organize and establish daily priorities of tasks.

2. Customer referrals and/or questions.

3. Determine training needs

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. | 4--Weekly | 1--Somewhat Important | Supplies |
| 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. | 1--Annually | 1--Somewhat Important | Records Destruction |
| Standing: Particularly for sustained periods of time. | 5--Daily | 2--Very Important | Comb Binding/Photo work |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 5--Daily | 2--Very Important | |

| | | | |
|--|-------------|------------------------|---------------------|
| Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | 0--Never | 0--Not Important | |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 0--Never | 0--Not Important | |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 5--Daily | 3--Extremely Important | Keyboarding |
| Grasping: Applying pressure to an object with the fingers or palm. | 3--Monthly | 2--Very Important | Comb Binder |
| 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 | Records Destruction |
| 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 | Customer Service |
| Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts. | 0--Never | 0--Not Important | |
| Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors). | 0--Never | 0--Not Important | |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5--Daily | 3--Extremely Important | 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. | 0--Never | 0--Not Important | |
| Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force | 0--Never | 0--Not Important | |

| | | | |
|---|----------|------------------|--|
| 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. | | | |
| 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: Susan Mueller Date: 10/31/2008

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 |
|--------------|----------|
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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: Susan Mueller Date: 10/31/2008

Supervisor Signature: Tom M Date: 11-3-08

Department Head Signature: _____ Date: _____

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

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

I. EMPLOYEE BACKGROUND: In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

| | |
|--|---|
| Is this a group questionnaire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, please list all employee names. |
|--|---|

Mary Sparks

Senior Administrative Assistant

Tim Moore

Division: Public Works & Planning

Department: Public Works & Planning

For Individual Questionnaires Only:

| | | | |
|-----------------------|--------|---------|------------------|
| Employee Name: | Sparks | Mary | E |
| | (Last) | (First) | (Middle Initial) |

Current Classification Title: Senior Administrative Assistant

| | | | |
|-----------------|-------------------------|-------------------|-------------------------|
| Division | Public Works & Planning | Department | Public Works & Planning |
|-----------------|-------------------------|-------------------|-------------------------|

Total Length of Time with organization 7 Years 10 months

Total Length of Time in Current Position 7 Years 10 months

Assigned Hours/Week:: from 7:30 **t o** 4:00 **Assigned Days/Week** 5

Email: marysp@gjcity.org **Work Phone:** 244-1540

Immediate Supervisor:

Immediate supervisor reports to:

| | | | |
|--------------|-----------|--------------|----------------|
| Name: | Tim Moore | Name: | Laurie Kadrach |
|--------------|-----------|--------------|----------------|

| | | | |
|---------------|----------------------------------|---------------|--------------|
| Title: | Public Works & Planning Director | Title: | City Manager |
|---------------|----------------------------------|---------------|--------------|

| | | | |
|-------------------|----------|--------------------|----------|
| Work Phone | 244-1557 | Work Phone: | 256-4154 |
|-------------------|----------|--------------------|----------|

| | | | |
|----------------|------------------|----------------|--------------------|
| E-mail: | timmo@gjcity.org | E-mail: | lauriek@gjcity.org |
|----------------|------------------|----------------|--------------------|

II. POSITION INFORMATION

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

Example: Computer Support Technician

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

Perform a variety of administrative and financial duties for Public Works and Planning; and administrative support to management staff as assigned.

Assist in coordinating and monitoring the Public Works and Planning budget as directed. Maintain accounting records and reporting to provide assistance to department heads. Reconcile accounts, maintain databases and/or spreadsheets for monitoring and tracking financial information.

Serve as primary contact for all correspondence for tracking and monitoring deadlines and budget for Development Improvement Agreements for Planning Department.

Web Content Management and Development, implement and maintain Public Works and Planning, web pages. Monitor web pages and keep information updated and accurate.

Public Works Capital Improvement Project support for the Riverside Parkway and 29 Road and I-70B Interchange CIP project and other projects as directed.

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 |
| Project/Development Engineers |
| Engineering Manager |
| Engineering Project Manager |
| Utility Manager |
| Real Estate and Real Estate Manager |
| Draftsman |
| |

YOUR DIRECT REPORTS' JOB TITLES

| |
|------------------------------------|
| Public Works and Planning Director |
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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 | |
| CITY CLERK | DAILY | CONTRACTS, MISC ENGINEERING |
| PLANNING DEPT | DAILY | DIA'S AND FILING |
| ADMINISTRATION | DAILY | ATTORNERY |
| IS | DAILY | WEBSITE UPDATES, COMPUTER PROGRAM |
| Finance | DAILY | BUDGET, PROCESS INVOICES, ETC. |
| | | |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---------------------------------|--------------|-----------------------|
| Ex: Vendors, Gen. Public | DAILY | |
| CONTRACTORS | DAILY | CONSTRUCTION PROJECTS |
| General Public | DAILY | CITY BUSINESS |
| MESA COUNTY | OCCASIONALLY | CITY BUSINESS |
| CDOT | OCCASIONALLY | CITY BUSINESS |
| | | |
| | | |

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

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

| | List of Essential Duties | Decisions Required | Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally | % of Time Spent (Not to exceed 100%) |
|---|--|--|--|--|
| 1 | Prepare and submit payments for Riverside Parkway and Public Works | Assign account codes | Daily | 10 |
| 2 | Prepare Riverside Parkway Newsletters | Edit, graphics, layouts and overseeing distribution | Daily | 5 |
| 3 | Monitor and track Riverside Parkway budget | Reconcile \$110 million budget | Monthly | 5 |
| 4 | Manage 29 Rd & I-70B project and Riverside Parkway and Public Works and Planning web site | Manage and design and update web pages | Occasionally | 10 |
| 5 | Manage and coordinate Primavera Expedition Contract Management Program for Riverside Parkway | Scan all transmittals, submittals and RFI's | Daily | 10 |
| 6 | Answer phones and greet public and mail for Riverside Parkway and Public Works at City Hall | screen calls, visitors and routing mail | Daily | 20 |
| 7 | Primary contact for Development Improvement Agreements (DIA's) for Planning Department | Track, monitor, and coordinate deadlines,budget, and staff | Daily | 30 |
| 8 | Manage and organize ROW files and submit for ROW payments for the 29 Road and I-70B project | | Daily | 5 |
| 9 | Develop, maintain and organize filing systems | | Daily | 5 |

| | | | | |
|----|--------------------|---|----------|--|
| 10 | Records management | File storage and retention schedule for Riverside Parkway files | Annually | |
| 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 |
|--------|--|
| | Operate and use modern office equipment including a computer and software packages |
| | Principles and procedures of record keeping |
| | English usage, spelling, grammar and punctuation |
| | Implement and maintain standard filing systems |
| | Communicate clearly and concisely both orally and in writing |
| | Independent judgement and self motivated |
| | Independently prepare correspondences and memoranda |
| | Methods and techniques of public relations |
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III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

| You Have | You Need | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | High School Diploma or equivalent (G.E.D.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Up to one year of specialized or technical training beyond high school |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate degree (A.S., A.A.) or two-year technical certificate |
| <input type="checkbox"/> | <input type="checkbox"/> | Bachelor's degree |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (explain): |

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

Type of Experience

| <u>You Have</u> | <u>Your Time</u> | <u>You Need</u> | <u>Minimum Time Required</u> |
|---------------------------------------|-------------------------|-------------------------------------|-------------------------------------|
| Administrative Assistant experience | 15 years | Administrative Assistant experience | 4 years |
| Accounting and bookkeeping experience | 15 years | Accounting and bookkeeping | 4 years |
| Computer and software programs | 15 years | Computer and software programs | 4 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.

GED

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 |
|---------------|-----------------------------------|-----------------------|
| | Computers | 80 |
| | Telephone | 20 |
| | Copy machine | 20 |
| | Fax machine | |
| | Scanner | |
| | | |
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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. Greeting public by phone or at front counter, deciding where to route their concerns
 2. Meeting deadlines and managing workload
 3. Understanding City procedures and policies

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 | 3--Extremely 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. | 5--Daily | 2--Very Important | |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 5--Daily | 2--Very Important | |
| Crouching: Bending the body downward and forward by bending leg and spine. | 4--Weekly | 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 | 3--Extremely Important | |
| Standing: Particularly for sustained periods of time. | 5--Daily | 2--Very Important | |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 5--Daily | 3--Extremely Important | |
| Pushing: Using upper extremities to press against something with steady force in order to thrust | 5--Daily | 2--Very Important | |

| | | | |
|--|-----------|------------------------|--|
| forward, downward or outward. | | | |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 5--Daily | 3--Extremely Important | |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 5--Daily | 3--Extremely Important | |
| Grasping: Applying pressure to an object with the fingers or palm. | 5--Daily | 2--Very Important | |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 5--Daily | 2--Very Important | |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 5--Daily | 2--Very Important | |
| Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly. | 5--Daily | 3--Extremely Important | |
| Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts. | 5--Daily | 3--Extremely Important | |
| Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors). | 5--Daily | 3--Extremely Important | |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5--Daily | 3--Extremely Important | |
| Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. | 5--Daily | 2--Very Important | |
| Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm | 4--Weekly | 1--Somewhat Important | |

| | | | |
|---|--------------|-----------------------|--|
| and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work. | | | |
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | 2--Quarterly | 1--Somewhat Important | |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 0--Never | 0--Not Important | |
| Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. | 0--Never | 0--Not Important | |

2. WORKING CONDITIONS.

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

☐ Does Not Apply

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed: Mary Sparks Date: 10/31/08

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 |
|--------------|----------|
| | |
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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: Mary Sparks Date: 10/15/08

Supervisor Signature: Tom Ma Date: 11-3-08

Department Head Signature: _____ Date: _____

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

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

I. EMPLOYEE BACKGROUND: In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

| | |
|--|---|
| Is this a group questionnaire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, please list all employee names. |
|--|---|

Division: Information Systems

Department: Administration

For Individual Questionnaires Only:

Employee Name: Longenecker Linda M
(Last) (First) (Middle Initial)

Current Classification Title: Sr. Administrative Assistant

Division Information Systems **Department** Administration

Total Length of Time with organization 1 Years 8 months

Total Length of Time in Current Position 1 Years 8 months

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

Email: lindal@gjcity.org **Work Phone:** 970-244-1524

Immediate Supervisor:

Immediate supervisor reports to:

Name: Jim Finlayson **Name:** Rich Englehart

Title: IS Manager **Title:** Deputy City Manager

Work Phone 970-244-1525 **Work Phone:** 970-244-1502

E-mail: jimf@gjcity.org **E-mail:** riche@gjcity.org

II. POSITION INFORMATION

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

Example: Computer Support Technician

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

Provide administrative support to management and technical staff; perform a wide variety of complex and confidential duties; process invoices through accounts payable and allocate revenues; coordinate and monitor the division budget; maintain division and IS project web pages; perform research on technical topics; develop and interpret policies and procedures; write process documentation and procedure manuals; maintain calendars and schedules for staff; coordinate staff training and travel; serve as liaison between the Information Services division and City staff, general public and outside agencies to provide information and assistance; originate and prepare correspondence; prepare reports, charts, presentations and other complex documents utilizing various computer applications; prepare documents from rough draft and verbal instruction; initiate, organize, and maintain filing systems and records; track and order supplies.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

| Yes | Duty | Number of Employees |
|-------------------------------------|---|---------------------|
| <input checked="" type="checkbox"/> | I do not officially supervise other employees (sign performance reviews). | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of other full-time employees. | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of part-time, temporary or contract employees. | |
| <input type="checkbox"/> | I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties). | |
| <input type="checkbox"/> | I make work assignments for others. | |
| <input type="checkbox"/> | I make hiring and hiring pay recommendations. | |
| <input type="checkbox"/> | I make hiring and hiring pay decisions. | |
| <input type="checkbox"/> | I recommend termination for poor performance. | |
| <input type="checkbox"/> | I provide advice to peers that they must consider carefully before making a decision. | |
| <input checked="" type="checkbox"/> | I provide information to supervisors/management that they use in making a decision. | 4 |

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

YOUR COWORKERS' JOB TITLES

| |
|--------------------------------|
| IS Manager (1) |
| Systems Analyst Supervisor (1) |
| Systems Support Supervisor (1) |
| GIS Supervisor (1) |
| Systems/Network Analysts (7) |
| Telecommunications Analyst (1) |
| Web Coordinator (1) |
| GIS Analysts (2) |
| IS Support Specialists (4) |
| GIS Tech II's (3) |

YOUR DIRECT REPORTS' JOB TITLES

| |
|--|
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| |

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 | | |
| Budget & Acct. | Daily | Provide assistance and help troubleshoot problems with New World Finance System use, annual budget, Accounts Payable, Payroll |
| Purchasing | Daily | Provide assistance and help troubleshoot problems with New World Purchasing System; provide training Purchasing and Inventory modules |
| Customer Service | Weekly | Oversee Utility bill printing, revenue receipts |
| Administrative Assistants | Daily | Budget questions, invoice questions, general IT related questions, New World questions/ issues, New World Training |
| All Departments | Daily | Questions regarding computers, phones, or other equipment and provide guidance on who can help with the questions or concerns |
| All New World Users | Ongoing | Provide training or guidance on the use of New World systems, policies, and procedures as well as security setup and maintenance. |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|------------------------------------|--|--|
| Ex: Vendors, Gen. Public | | |
| Vendors | Weekly | Accounts Payable issues, purchasing issues, purchase requests, service requests, vendor inquiries |
| Other Cities/ Municipalities | Varies depending on timing of purchase | Perform reference checks on providers of new technology applications and equipment such as New World and Northstar Provide information related to the IS Division |
| Mesa County IT Staff | Weekly | Provide administrative support for joint projects that includes document management, scheduling, minutes, etc. |
| Mesa County Sheriff's Office Staff | Weekly | Provide administrative support for joint projects that includes document management, scheduling, minutes, etc. |
| | | |
| | | |

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 | Support management and technical staff with a wide variety of complex, responsible, and confidential duties related to information technology operations including: budget, accounting, purchasing, employees, payroll, general city policies, and procedures. | Determine policies or procedures that apply to a particular situation. Determine chain of command, and importance/severity of issues. Recommend improvements or solutions to daily workflow or issues/problems. | Daily | 15% |
| 2 | Provide a variety of accounting functions and financial analysis related to accounts payable, purchasing, journal entries, revenue allocation, payroll, travel authorization, credit card reconciliation, general ledger account reconciliation. | Determine which General Ledger accounts to charge expenses or revenues to. Ensure accuracy of G/L accounts co-workers use. Determine and recommend budgetary needs for general operating supplies and equipment for IS Division. | Weekly | 5% |
| 3 | Coordinate annual budget preparation and data entry, monitor division budget appropriations, provide expense forecasts for ongoing operating supplies and equipment. | Use of general Acct. /Budgeting practices and procedures to support decisions. Analyze past usage and recommend needs for new budget year. | Monthly | 2% |
| 4 | Develop training documents for new technology projects such as New World Systems. Work with Analysts and software providers to develop training plans and schedules. Assist with training classes providing additional information to trainer and students as necessary and make recommendations for content and/or presentation changes to improve overall class | Determine subject matter to cover in training classes and create handouts/instruction manuals to support. Determine relevance of subjects being covered. | Monthly | 20% |
| 5 | Collect, compile, and analyze information from various sources related to new computer systems, policies and procedures. Assist with development and analysis of Request for Proposals for technology related systems and equipment projects. Research requirements and develop supporting documents, review and analyze proposals, perform reference checks on vendors, coordinate on-site visits and demonstrations | Determine functional requirements based on department input. Develop scenarios to be used by vendors to show functionality of their system. Analyze proposals for completeness and relevance and rank vendors accordingly. Create scoring criteria | Monthly | 5% |
| 6 | Develop and interpret policies and procedures including topics such as electronic messaging and e-mail policy and procedures, New World training policies and procedures, Records Management Task Force strategic plan | Analyze issues and rank by importance to create comprehensive policy and procedure documents | Monthly | 5% |

| | | | | |
|----|---|--|-----------|-----|
| 7 | Provide technical assistance and training to City staff related to new technology systems and projects and/or policies & procedures. | Answer questions, suggest process changes Create project plans and documents | Weekly | 5% |
| 8 | Develop and maintain procedure/troubleshooting manuals for critical Information Technology applications and equipment to provide a resource for troubleshooting problems with a system. | Work with Systems/ Network Analysts to determine what information is needed during critical situations, i.e., staff and vendor contact information, server locations, security passwords, critical functions and develop documentation to support. | Quarterly | 1% |
| 9 | Collaborate with new technology project teams such as New World and NorthStar on implementation project requirements, timelines, resources needed, communication tools, etc. Coordinate on-site visits with both vendor and staff. | Participate in on-site visits providing recommendations for policy decisions, user & system security/setup, project timelines, training, required staff etc. | Daily | 10% |
| 10 | Participate on various project teams within the City including the 2007 Finance/Budget Committee, Records Management Task Force, Electronic Messaging Workgroup, New World and NorthStar Project teams, etc. | Collaborate and make recommendations on decisions, policies, strategies, project team members, training etc. | Monthly | 2% |
| 11 | Create and maintain web pages for the IS division and for new applications and policy changes such as New World, NorthStar, Office 2007 upgrade, and E-messaging Policy to communicate information throughout the City | Determine pertinent subject matter, and develop visually appealing content & layout that communicates new or changing policies, new IT applications, or provide training opportunities | Weekly | 5% |
| 12 | Initiate, organize, and maintain filing systems and records (both paper and electronic records). Determine records to be destroyed annually. | Determine what constitutes a record and how long those records must be retained in accordance with City Records Retention Policy. | Daily | 2% |
| 13 | Serve as liaison between IS and other City Staff, the public, and outside agencies. Answer and direct phone calls to appropriate staff. | Determine appropriate staff member to direct person or caller to. Answer questions when possible | Daily | 2% |
| 14 | Prepare reports, spreadsheets, charts, presentations, and other complex documents that interpret, analyze, and present data for both internal and external customers related to technology projects, budget, staff, etc. | Analyze and research topics to make recommendations to staff or create documentation to present information | Daily | 10% |
| 15 | Write monthly Techno Tips article for City Lights newsletter. | Determine what topic(s) are relevant and what information to cover | Monthly | 1% |
| 16 | Perform general clerical duties for the IS Division | Determine when daily tasks and deadlines need to be completed by. | Daily | 8% |

| | | | | |
|----|---------------------------------|--|--------|----|
| 17 | Oversee Utility Bill Print Jobs | Determine when to process, when to change paper, how to handle jams and problems | Weekly | 2% |
|----|---------------------------------|--|--------|----|

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

| Duty # | Knowledge – Skills |
|--|---|
| All | Administrative support experience including public relations/customer service skills |
| 1,2,3,9,10,14 | Knowledge of general accounting and budgeting principals and practices |
| 1,2,3,4,5,6,7, 8,9,10,13,14,15, 16 | Ability to communicate effectively, both verbally and written |
| 1,6,7,12,13,14, 16 | Knowledge of modern office practices, procedures, methods, and equipment |
| All | Requires strong organizational skills and the ability to work on a variety of projects concurrently with frequent interruptions |
| All | Ability to analyze and interpret policies, procedures, rules, regulations, financial data, etc. |
| All | Ability to work independently with little supervision |
| All | Ability to organize and present information to individuals and groups |
| 1,2,6,7,9,10, 12,13,16 | Knowledge of personnel policies and procedures, ability to maintain confidentiality |
| All | Knowledge of IT application such as Microsoft Office software, financial and payroll systems, computers, and other office equipment |
| 11 | Knowledge of Web Page Editing Software |
| | |
| | |
| | |

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 type="checkbox"/> | <input type="checkbox"/> | Bachelor's degree |
| Other (explain): | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | I have 24 years experience in the fields of Accounting, Budgeting, Administrative, and Project Management, as well as many hours of course work at accredited colleges in Colorado and California in the field of Business Administration/Management and Teaching. 20 years of my career have been spent in Federal and Local Government. I have also had specialized training from organizations such as GFOA in the fields of Accounting and Budgeting. |

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> |
|------------------------|------------------|------------------------|------------------------------|
| Accounting/Budgeting | 20 years | Supervisory | 5 years |
| Project Management | 5+ years | Upper Level Management | 5 years |
| Administrative Support | 20 years | | 5 years |

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

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

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

| Duty # | Machines, Tools, Equipment | Frequency/Time |
|--------|--|----------------|
| All | Office equipment including Computers, phones, calculators, copiers, fax machines, printers, projectors, etc. | 90% |
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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. Information Content - In order to create documentation for critical systems, web page content, training documentation, etc. I must first determine the relevant content, importance, logical order for presentation. I have created all training documentation for the New World Financial and Payroll systems, created a web page for the Office 2007 upgrade, New World and NorthStar systems, emessaging policy, etc. to communicate the new applications or new/changing policies and procedures.
 - 2. Budgetary Decisions - I regularly determine what G/L accounts should be used to charge expenses or revenues to in accordance with annual budget appropriations and review invoices or purchases for accuracy and completeness, work with the managers and supervisors to determine budgetary needs the next year based on annualization of previous years expenses and anticipated projects in coming year(s).
 - 3. Policy and Procedures - Since beginning work with the City, I have collaborated on new and changing policies helping to write the records management strategic plan and the new e-mail policy.

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 | Select | |
| Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | Select | Select | |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | 4--Weekly | 1--Somewhat Important | 16 |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | Select | Select | |
| Crouching: Bending the body downward and forward by bending leg and spine. | Select | Select | |
| Crawling: Moving about on hands and knees or hands and feet. | Select | Select | |
| Reaching: Extending hand(s) and arm(s) in any direction. | Select | Select | |
| Standing: Particularly for sustained periods of time. | Select | Select | |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | Select | Select | |
| Pushing: Using upper extremities to press against something with steady force in order to thrust | Select | Select | |

| | | | |
|--|-----------|------------------------|--------------------------|
| forward, downward or outward. | | | |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | Select | Select | |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 5--Daily | 3--Extremely Important | All |
| Grasping: Applying pressure to an object with the fingers or palm. | Select | Select | |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 4--Weekly | 1--Somewhat Important | 16 |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | Select | Select | |
| Talking: Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly. | 5--Daily | 3--Extremely Important | All |
| Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts. | 5--Daily | 3--Extremely Important | All |
| Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors). | 5--Daily | 3--Extremely Important | All |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5--Daily | 3--Extremely Important | 1,2,3,4,5,8,11,14,15,16, |
| Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. | 5--Daily | 1--Somewhat Important | All |
| Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm | Select | Select | |

| | | | |
|---|-----------|-----------------------|----|
| and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work. | | | |
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | 4--Weekly | 1--Somewhat Important | 17 |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | Select | Select | |
| Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. | Select | Select | |

2. WORKING CONDITIONS.

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

☒ **Does Not Apply**

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

During the last year, I have been heavily involved in the New World and NorthStar software implementation projects. Some of the tasks that I have completed, such as planning and creating the training plan and manuals are outside the Administrative Assistant job description and I anticipate that my knowledge and skills will be used in future IT projects as well.

EMPLOYEE CERTIFICATION

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

Signed: Linda Longenecker Date: 10/31/08

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 |
|--------------|----------|
| | |
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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: Linda Longenecker Date: 10/31/08
Supervisor Signature: [Signature] Date: 10/31/08
Department Head Signature: [Signature] Date: 10/31/08

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: Administration

Department: Fire

For Individual Questionnaires Only:

| | | | |
|-----------------------|--------|---------|------------------|
| Employee Name: | Berry | Susan | J |
| | (Last) | (First) | (Middle Initial) |

Current Classification Title: Sr. Administrative Assistant

| | | | |
|-----------------|----------------|-------------------|------|
| Division | Administration | Department | fire |
|-----------------|----------------|-------------------|------|

Total Length of Time with organization 25 Years 2 months

Total Length of Time in Current Position 21 Years 7 months

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

Email: sueb@gjcity.org **Work Phone:** 970-244-1419

Immediate Supervisor:

Immediate supervisor reports to:

| | | | |
|--------------|-------------|--------------|----------------|
| Name: | Ken Watkins | Name: | Laurie Kadrich |
|--------------|-------------|--------------|----------------|

| | | | |
|---------------|------------|---------------|--------------|
| Title: | Fire Chief | Title: | City Manager |
|---------------|------------|---------------|--------------|

| | | | |
|-------------------|--------------|--------------------|----------|
| Work Phone | 970-244-1415 | Work Phone: | 256-4154 |
|-------------------|--------------|--------------------|----------|

| | | | |
|----------------|---------------------|----------------|---------------------|
| E-mail: | Kwatkins@gjcity.org | E-mail: | LKadrich@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.

Senior Administrative Assistant

Summary: To perform a wide variety of responsible, complex administrative duties for Administrative Officers, provide support, information, guidance, and instruction for our internal and external customers, perform a variety of complex administrative and secretarial duties, and complete a variety of detailed, technical and administrative duties in my realm of assignments and responsibility. The ability to work in a fast-paced environment requiring skill and ability in teamwork and multi-tasking .

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

| Yes | Duty | Number of Employees |
|-------------------------------------|---|---------------------|
| <input checked="" type="checkbox"/> | I do not officially supervise other employees (sign performance reviews). | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of other full-time employees. | |
| <input type="checkbox"/> | I evaluate and sign performance reviews of part-time, temporary or contract employees. | |
| <input checked="" type="checkbox"/> | I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties). | 128 |
| <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. | 128 |
| <input checked="" type="checkbox"/> | I provide information to supervisors/management that they use in making a decision. | 13 |

- 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 Assistants x3 |
| Operations Chief |
| Hazmat Coordinator |
| Investigations Coordinator |
| Public Information Officer |
| Fire Prevention Officers x 3 |
| EMS Officer |
| Training Officer |

YOUR DIRECT REPORTS' JOB TITLES

| |
|-----|
| N/A |
| |
| |
| |
| |
| |
| |
| |

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

☐ Full Time

☐ Part-Time

☐ Seasonal/Temp

☐ Volunteer

☐ Contract

c. Describe with whom, or with what departments/organizations, you have regular contact.

1. Inside your organization (other City Departments):

| Title of Person or Department | How Often | For What Purpose |
|-------------------------------|-----------|--|
| Ex: Peers, Subordinates | D | Information exchange, assistance with tasks, training purposes, comic relief. |
| Fire Admin. | D | Assist with special projects, confer with Administrative Staff for necessary information pertaining to on-going tasks and projects. Requests on entries in the inspection program. |
| Firefighters | D | Assist w/required certification processes, answer questions/computer assistance, instruction w/travel details. |
| Human Resources | W | Deliver F.D. paperwork/mail, pick up travel and pay checks, provide information, assist with FF recruitments upon request. |
| Finance/Acctng | D | Deliver completed payables & credit card processing, deliver payroll, pick up paychecks and travel checks. Request accounting-related assistance with programs/processes. |
| City Clerk's | D | Pickup and deliver Department mail and revenue. |
| Customer Service | O | Deliver miscellaneous revenues. |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---------------------------------------|-----------|--|
| Ex: Vendors, Gen. Public | D | Provide information and guidance w/various permits and processes, receive and disburse plans, process fee payments; communicate Department policies and procedures as needed. Research and prepare Fire and EMS reports requested by the public, referrals to appropriate personnel. |
| State Division of Fire Safety | W | Dept. Liaison to administer the Fire Department's State Fire Certification Program. |
| State Proctors & training instructors | O | Determine availability and interest of out-of-town proctors and instructors to provide a variety of required training modules. |

| | | |
|----------------------------|---|--|
| State EMS Office | M | Dept. Liaison-questions, problem-solving |
| CBI | O | Dept. Liaison for questions regarding personnel fingerprinting, problem-solving. |
| National Registry of EMT's | A | Dept. Liaison for questions and assistance w/certifications. |
| | | |

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 | <p>Assist and guide our external customers with the burn permit process, complete the forms for them if needed, assist with a variety of other permits and processes that often require verbal guidance. These include installation and removal of above ground storage tanks and permits for fireworks sales and/or display, provide copies of Fire & EMS reports to citizens upon request when valid, receive and process all permit fee payments, periodically update the permits and as changes occur,</p> <p>Interpret, communicate, and clarify City, County, State, and National processes, procedures, requirements & regulations to external customers for the purpose of determining their ability to understand and adhere to required regulations.</p> | <p>What they need, do we have the required information to assist them, if not, to whom do I refer them, determine their ability to understand & comply with required processes and regulations & complete the paperwork.</p> <p>Have I communicated the information in a manner that is clear to the employee and, if not , what additional methods can I use to ensure their understanding.</p> | Daily | 35% |
|---|--|--|-------|-----|

| | | | | |
|---|---|--|-------|-----|
| 2 | <p>As the primary State Fire Proctor I am responsible for all written phases and processing all paperwork at each level. Receive & review applications, type cover letters, confirm that all related paperwork, such as JPR's, certificates, etc., are provided, assemble, mail, track & record delivery and receipt of certification requests. Department Liaison to address issues related to Department Fire certifications.</p> <p>One of four Department members authorized to contact Division of Fire for information and research purposes.</p> <p>Train new firefighter's in the Fire Certification Program's processes and provide guidance and clarification to existing firefighters in the certification requirements and processes for each level of testing.</p> <p>Establish annual fire certification exam calendar.</p> | <p>Candidate's eligibility for each level, forms and study guides to provide. What additional paperwork is required. Confirm that all paperwork is complete and correct. Mailing date is within the Division's parameters for testing. Research historical records of testing and certification to be able to address issues that arise.</p> <p>What is the complete issue to be researched, do I have all information from the employee. Is there a time-line we are working with. If information is lacking, who do I contact.</p> <p>For new firefighters I need to determine if their current Fire certifications might qualify for reciprocity at any levels. Where they obtained their current certifications, did they obtain them by testing or being grandfathered in.</p> <p>Determine conflicting events and whether the calendar can allow a minimum 30-day time period between monthly testing dates.</p> | Daily | 35% |
|---|---|--|-------|-----|

| | | | | |
|----|--|--|--------------|----|
| 3 | Dept. Liaison for National Registry certifications and renewals. Assist candidates with applications. Review, complete payment process, mail, track and trouble- shoot required National Registry certifications. | All paperwork is correct, complete and timely. Is the fingerprint process required. What research is required to correct problems and issues that arise. | Annually | 2% |
| 4 | Dept. Liaison for State EMS certifications. Review paperwork for completeness, including signatures and timeliness. Mail, track, record, and research/troubleshoot issues. | All paperwork is complete, correct and timely. Review processes and complete research when problems or questions arise. | Monthly | 8% |
| 5 | Provide accurate & timely internal customer service for administrative needs, create brochures, certificates, reports, research and compile data for special projects, proof and prepare for completion. Assist personnel with office equipment. | Using Microsoft applications determine time element for assignments, layout, contents, graphics to be included, what type of research is needed, where do I find the information, who is the best contact person for additional information. | Occasionally | 5% |
| 6 | Compile, reconcile, and process Department credit cards, charges and accounts payables. | Do I have all required information and receipts. Confirm the accuracy of the account numbers that are provided. Determine if research is required for missing information. | Daily | 5% |
| 7 | Enter quarterly building inspections . | Is paperwork completed. | Daily | 5% |
| 8 | Plan, purchase, set- up and clean-up for quarterly officer's meetings and other meetings as requested. | Number of people attending, time element, food items needed, expenses approved. | Quarterly | 5% |
| 9 | | | Select | |
| 10 | | | Select | |
| 11 | | | Select | |
| 12 | | | Select | |
| 13 | | | Select | |
| 14 | | | Select | |

| | | | | |
|----|--|--|--------|--|
| 15 | | | Select | |
| 16 | | | Select | |
| 17 | | | Select | |
| 18 | | | Select | |
| 19 | | | Select | |

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

| Duty # | Knowledge – Skills |
|-----------|--|
| 1,5,6,7,8 | Knowledge of City and Department regulations, processes and procedures, and knowledge of necessary resources, skill in applying customer service practices and the ability to clearly verbalize applicable regulations and processes, ability to clearly guide the customer through all phases of the process they require. |
| 2,3,4 | Knowledge and comprehension of the applicable local, State and National policies, processes, and regulations related to our required certifications. Knowledge of who to contact in each office for specific questions, skill in communicating the issue and applying information received from the various entities to various issues and problem certifications. Skill in interpreting and applying their policies to our Department program and processes. Ability to schedule and validate all requests for certification at any level. Skill in establishing and maintaining professional working relationships with outside contacts for the purpose of trouble-shooting, which results in open communication and mutual respect. Knowledge of and skill in Excel applications to create, utilize and maintain a tracking method both for outgoing mailings/ receipts and returns of certificates and exams. Knowledge of and ability to communicate pre-requisites and required paperwork to be included with requests for exams. |
| 5,8 | Knowledge of, and skill in using, a variety of computer applications and the ability to research and complete special projects as requested. The ability to receive, clarify and apply directions received from Department personnel and to complete the project on time. Experience and skill in proof-reading and research practices, skill in identifying required information from a variety of resources and individuals and utilizing the information to complete the project. The ability to employ active listening skills, apply time management skills, teamwork and multi-tasking skills, and ability to complete special projects on time without neglecting my regular duties. |
| 6 | Knowledge and proficiency in City accounting applications to complete accounts payables and credit card processes. Ability to research and |

| | |
|---|---|
| | retrieve copies of unavailable receipts. Skill in entering the correct information for tracking purposes and reconciliation. |
| 7 | Knowledge of the processes and paperwork involved in the inspection program, skill in deciphering provided information entering the information in a timely manner for the program to work properly, knowledge of when information is incorrect or incomplete and skill in how to correct it. |
| 8 | Time management skills, ability to understand needs, skill in communicating clearly and concisely, planning and purchasing skills required to stay within budget, ability to enjoy providing for others. |
| 1 | Skill in demonstrating patience with difficult or confused internal and/or external customers, tact and skill when assisting customers who have experienced recent personal tragedies and demonstrate a willingness to go the extra mile, not only to meet their needs but also to empathize with them. |
| | |
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III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

| You Have | You Need | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | High School Diploma or equivalent (G.E.D.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Up to one year of specialized or technical training beyond high school |
| <input type="checkbox"/> | <input checked="" 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> |
|--|------------------|--|--------------------------------------|
| Advanced Administrative & Customer Service Skills | 28 years | Intermediate to Advanced Customer Service Skills | 5 years |
| Basic to Intermediate Computer Skills | 20 years | Advanced Computer Skills | 7 years |
| Proficient Multi-tasking, time management and math skills. | 35 years | Proficient multi-tasking, teamwork and time management skills and intermediate math skills | 7 years |

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

Advanced training in Microsoft computer applications is required, as is advanced, demonstrated customer service skills. Seven years experience in a professional office atmosphere including demonstrated abilities in advanced multi-tasking, teamwork, communication skills, and time management should be required.

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.

As the Fire Department's Lead proctor for the Colorado Division of Fire Safety I am required to obtain and retain my State Proctor Certification.

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

| Duty # | Machines, Tools, Equipment | Frequency/Time |
|--------|--|----------------|
| 1 | Desk, chair, computer, telephone system, copy machine, fax machine, adding machine, paper cutter, laminator, scanner | D |
| 2, | Desk, chair, computer, telephone, copy machine, Fax machine, filing cabinet. | W |
| 3 | Same as above. | O |
| 4 | Same as above | M |
| 5,6,7 | Same as above | D |
| 7 | Desk, chair, computer | D |
| 8 | Vehicle for Post Office, City Hall pickups, meetings | D |
| | | D |
| | | |
| | | |
| | | |
| | | |
| | | |

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. A correct understanding of what internal and external customers are requesting, when clarification is required, and if I have the resources and ability to provide what they are requesting. If required, who should I refer them to if I don't have the requested information.

Additionally, when issues are raised due to policies and procedures being disregarded on a regular basis by Department employees, I try to discern where the breakdown is in the process, verbally relate the information to the employee, determine that the employee understands the procedures and ask them to apply the information properly in the future. If the employee continues to neglect the same policy/procedures, after 2 additional occurrences after being reminded of the proper procedures, I will notify the immediate supervisor of the situation and act on the supervisor's response.

2. In relation to my duties with Department travel, certifications, special projects and staff requests, I regularly need to decide if I have obtained all required information to be able to carry out the duties I am responsible for, or have been requested to complete. I use my judgment, based on various City, State, and National regulations and procedures to decide the appropriate action which will result in acceptable outcomes. Additionally, in the multi-tasking environment we function in, it

is imperative to review and prioritize the demands on my time. I review and update the jobs I have scheduled, the time element attached to each task , and address them in the appropriate order.

3. With so many varying personalities represented in our Department, there exists many opportunities for misunderstandings and confrontational situations to arise. I have learned, through much experience, to listen to all of the facts, to be as impartial as possible, not to take things personally and to take the time and effort that is required to communicate my thoughts and preferences, even when it's difficult. By employing clear, concise direction and a willingness to be patient and hear the suggestions of others we can usually come to positive results.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

This section helps us understand the physical activities and requirements that are absolutely necessary for you to be able to do in order to perform your job. Please list the frequency and the importance of each of the physical requirements listed in this section. These physical activities/requirements will help in ensuring the City of Grand Junction remains in compliance with the Americans with Disabilities Act.

The City of Grand Junction is required to document any physical requirements in order to legally defend restrictions that are imposed. The definitions for the physical activities/requirements are taken directly from the guidelines established by the federal government. Your answers in this section will not affect how your job is classified.

Frequency

Importance

How frequently is the activity performed?

How important is the activity in accomplishing the job's purpose?

- 0 – Never
- 1 – Annually
- 2 – Quarterly (at least 3 per year)
- 3 – Monthly (at least 8 per year)
- 4 – Weekly (at least 3 per month)
- 5 – Daily (at least 3 per week)

- 0 – Not Important
- 1 – Somewhat Important
- 2 – Very Important
- 3 – Extremely Important

| Physical Activity | Frequency | Importance | Duties |
|---|--------------|------------------------|---------|
| Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion. | 4--Weekly | 1--Somewhat Important | 1- |
| Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | 0--Never | 0--Not Important | 0 |
| 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 | 3--Extremely Important | 1-6 & 8 |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 3--Monthly | 1--Somewhat Important | 6,8 |
| Crouching: Bending the body downward and forward by bending leg and spine. | 4--Weekly | 2--Very Important | 6,8 |
| Crawling: Moving about on hands and knees or hands and feet. | 2--Quarterly | 3--Extremely Important | 5,8 |
| Reaching: Extending hand(s) and arm(s) in any direction. | 5--Daily | 3--Extremely Important | 1-8 |
| Standing: Particularly for sustained periods of time. | 5--Daily | 2--Very Important | 1-6,8 |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 5--Daily | 3--Extremely Important | 1-6,8 |
| Pushing: Using upper extremities to press against something with steady force in order to thrust | 3--Monthly | 1--Somewhat Important | 2-6,8 |

| | | | |
|--|------------|------------------------|---------|
| forward, downward or outward. | | | |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 3--Monthly | 2--Very Important | 1-6 & 8 |
| 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 | 1-8 |
| Grasping: Applying pressure to an object with the fingers or palm. | 5--Daily | 3--Extremely Important | 1-8 |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 5--Daily | 3--Extremely Important | 1 |
| 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 | 0 |
| 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 | 1-8 |
| 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 | 1-8 |
| 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 | 1-8 |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5--Daily | 3--Extremely Important | 1-8 |
| 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 | 1-8 |
| 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 | 5--Daily | 3--Extremely Important | 1-8 |

| | | | |
|---|------------|-----------------------|-----|
| and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work. | | | |
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | 3--Monthly | 1--Somewhat Important | 1,8 |
| 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 | 0 |
| 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 | 0 |

2. WORKING CONDITIONS.

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

☐ Does Not Apply

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed:  Date: 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 |
|--------------|--|
| II - 4 | Discussed common K/S/A's for the different certification programs. |
| III - 1 | Discussed level of education needed for position. |
| III - 5 | Discussed how ethical judgement is used when making decisions related to certification and and travel issues. |
| IV - 2 | Sue feels that all conditions listed are relevent in the administrative office. While I understand her perspective, I don't agree that this is the case. |
| | |
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| | |
| | |
| | |

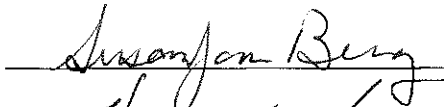
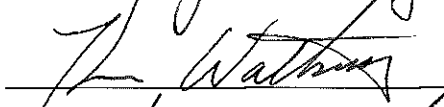
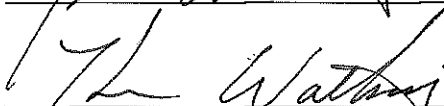
Please check the appropriate statement:

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

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

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

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

| | | | |
|----------------------------|--|-------|-----------------|
| Employee Signature: | <u></u> | Date: | <u>10/30/08</u> |
| Supervisor Signature: | <u></u> | Date: | <u>10/30/08</u> |
| Department Head Signature: | <u></u> | Date: | <u>10/30/08</u> |

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

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

I. EMPLOYEE BACKGROUND: In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

| | |
|--|---|
| Is this a group questionnaire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, please list all employee names. |
|--|---|

Division:

Department:

For Individual Questionnaires Only:

| | | | |
|-----------------------|--------|---------|------------------|
| Employee Name: | Ottman | Becky | L |
| | (Last) | (First) | (Middle Initial) |

Current Classification Title: Senior Administrative Assistant

| | | | |
|-----------------|----------------|-------------------|------|
| Division | Administration | Department | Fire |
|-----------------|----------------|-------------------|------|

Total Length of Time with organization 2 Years 6 months

Total Length of Time in Current Position 2 Years 6 months

Assigned Hours/Week;; from 08:00 **t o** 17:00 **Assigned Days/Week** M-F

Email: becky@gjcity.org **Work Phone:** 244-1467

Immediate Supervisor:

Immediate supervisor reports to:

| | | | |
|--------------|-------------|--------------|------------|
| Name: | John Howard | Name: | Jim Bright |
|--------------|-------------|--------------|------------|

| | | | |
|---------------|--------------------|---------------|------------------|
| Title: | EMS Division Chief | Title: | Operations Chief |
|---------------|--------------------|---------------|------------------|

| | | | |
|-------------------|----------|--------------------|----------|
| Work Phone | 244-1412 | Work Phone: | 244-1466 |
|-------------------|----------|--------------------|----------|

| | | | |
|----------------|------------------|----------------|-----------------|
| E-mail: | johnh@gjcity.org | E-mail: | jimb@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.

Position: Senior Administrative Assistant

Summary: Perform a wide variety of responsible and complex administrative functions for the EMS Division of the Fire Department as well as instructing/training coworkers in the use of a variety of software programs. Currently, the main emphasis of this job is on ambulance transport billing. (It is anticipated that this position's job description will change to a more supervisory position in the near future). This position is required to have diverse internal and external contacts to independently resolve frequent internal and external customer issues.

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 checked="" type="checkbox"/> | I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties). | 3 |
| <input checked="" type="checkbox"/> | I make work assignments for others. | 3 |
| <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. | 2 |
| | I provide information to supervisors/management that they use in making a decision. | |

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

YOUR COWORKERS' JOB TITLES

| |
|----------------------------------|
| Senior Administrative Assistants |
| EMT-I |
| Data Entry Volunteer |
| |
| |
| |
| |
| |

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 | | |
| EMS Chief | Daily | Go over daily duties and ask or answer any questions pertaining to long distance transfers, standbys and staffing. |
| Battalion Chief | Daily | Coordinate out of town transfers and staff who are covering those events. Arrange ambulances for long distance travel. |
| EMS Single Role Part Time Employees | Daily | Callbacks to find staffing for any out of town transfers, standbys or any other staffing needs. Provide information on various office processes. Provide instruction for records management systems. |
| Full Time Fire Department Employees | Daily | Call to find staffing for out of town transfers, standbys or other staffing needs. Provide information on various office processes. Provide instruction for records management systems |
| Senior Administrative Assistants | Weekly | Instruct on correct process for EMS billing. To receive help with the data input of the patient care reports and the end of the month report calculations. |
| Finance Department | Monthly | Billing questions pertaining to EMS ambulance transports. Track cumulative totals for ambulance billing and dispatch billing per Finance Department requests. |
| EMT-I | Monthly | Enter Patient Care Reports into system for billing. |
| | | |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|--|-----------|--|
| Ex: Vendors, Gen. Public | | |
| St Mary's Hospital | Daily | Obtain patient information necessary for correct billing of patient transports. |
| VA Hospital | Daily | Verify payment on all VA patients that are transported to and from the VA Hospital. Independently resolve VA patient related issues. |
| Pridemark | Daily | Send copies of Patient Care Reports and to review and resolve patient billing issues. Independently resolve dispatch and patient related issues. Check monthly bills for accuracy. |
| Mesa County Medicaid and other County Medicaid | Daily | Obtain Medicaid approval for Medicaid patient transports. |
| Hospice | Daily | Obtain Hospice approval for Hospice patient transports. |

| | | |
|---------------------------------------|--------------|---|
| St Mary's Hospital Discharge planners | Weekly | Schedule out of town transfers. |
| Nursing Homes | Weekly | Obtain necessary forms for accurate Medicare billing and required signatures. Check completed forms for accuracy. |
| Community Hospital | Weekly | Obtain patient information necessary for correct billing of patient transports. |
| Doctors' Offices | Weekly | Obtain necessary insurance forms to ensure accurate and timely billing. |
| Standby Coordinators | Occasionally | Obtain information needed for the standby event. Create contract for these events and obtain signatures. |
| Local Fire Departments | Occasionally | Help with their billing problems. |
| General Public | Weekly | Independently resolve billing issues and multiple other customer requests. |
| Department of Health EMS Section | Quarterly | Check on current Paramedic, EMT and CPR certification. |

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

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

| | | | |
|---|------------------------|---|-----|
| Performs inventory spot checks and monthly counts of supplies in warehouse. | When to check supplies | M | 10% |
|---|------------------------|---|-----|

| | List of Essential Duties | Decisions Required | Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally | % of Time Spent (Not to exceed 100%) |
|---|--|--|---|---|
| 1 | Internal and External customer service | Provide requested information: refer to appropriate person or agency. Independently resolve customer service related issues, | Daily | 15% |
| 2 | Standby Events | Arrange for adequate staffing; ensure contracts are properly completed and signed. Ensure that information is entered under training calendar for Battalion Chiefs. Forward information to dispatch. | Daily | 10% |
| 3 | Staffing | Assist Battalion Chief in ensuring adequate staffing. Responsible for call backs to staff for long distance transfers. | Daily | 10% |
| 4 | Data Input | Check each transport record for accuracy; do necessary research to ensure accuracy. | Daily | 25% |

| | | | | |
|---|---------------------------------|--|----------------------|-----|
| 5 | Long Distance Transfers | Coordinate pickup time with hospital and Fire Department Staff; create invoice for patient being transported; when necessary, call insurance company for approvals or other information needed to bill for transport. Complete out of town package for transport team; including copies of paperwork. | Daily | 15% |
| 6 | Billing (aside from Data Input) | Advise billing company of total transports. Decide what information needs to be communicated to billing company for accurate billing; to whom to refer customers to properly resolve issues; decide what paperwork needs to be copied to billing company; determine what agencies need follow up payer billing process | Daily | 15% |
| 7 | Reports | Consolidate, track and accumulate data for end-of-month and end-of-year report. Ensure accuracy. | Monthly/ Annually | 8% |
| 8 | EMS Certification process | Determine who needs to update various certifications. Check forms for accuracy. | Quarterly | 2% |
| | | | | |
| | | | | |

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 |
|-------------|---|
| 1,2,4,5,6 | Knowledge of HIPAA Regulation and Medicare/Medicaid laws |
| 1-8 | Knowledgeable in MS Office and other software applications |
| 1-8 | Knowledge of basic office procedures, including excellent interpersonal skills |
| 1,2,3,4,5,7 | Knowledge of and support of the teamwork approach to achieve office goals |
| 1-8 | Ability to work quickly and accurately with multiple interruptions (multi-task) |
| 1-8 | Ability to use independent judgment and personal initiative |
| 1-8 | Possession of excellent customer service skills |
| 1-8 | Ability to work independently, without supervision |
| 2,4,5,6,7 | Ability to research, compile, analyze and prepare a variety of reports and documents |
| 1-8 | Ability to establish and maintain effective working relationships with those contacted in the course of a work day. |
| 1-8 | Ability to maintain confidentiality on all appropriate issues |
| 1-8 | Ability to communicate effectively with appropriate tact |
| 1-8 | Ability to recognize and understand possible consequences of procedural issues and proactively find solutions |
| 4,6 | Knowledge of billing practices and ability to determine allowable charges. |
| 4,6,7 | Ability to complete accuracy check for 500 to 700 Patient Care Reports per month. |

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 checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Up to one year of specialized or technical training beyond high school |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate degree (A.S., A.A.) or two-year technical certificate |
| | | Bachelor's degree |

X X Other (explain):
Medicare and Medicaid laws, HIPAA Laws.

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> |
| Customer Service | 32 years | 10 | 5 years |
| Supervisor | 10 years | 5 | 3 years |
| EMS Billing | 16 years | 3 | 1 years |
| Administrative | 5 Years | 5 | 3 years |

a. What field (s) should training or degree be in?
Medicare and Medicaid laws, HIPAA Compliance, Customer Service.

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

Certified Ambulance Coder (CAC) also including Medicare, Medicaid and Private Insurance billing codes.

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

| Duty # | Machines, Tools, Equipment | Frequency/Time |
|---------------|-----------------------------------|-----------------------|
| 1-8 | Computer | Daily |
| 1-8 | Copier | Daily |
| 1-8 | Fax Machine | Daily |
| 1-8 | Telephone | Daily |
| 2,5,6,8 | Calculator | 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. **Confidentiality:** I have frequent conversations with the individuals who require use of independent judgment on confidentiality and decisions on what issues can be discussed with others. Additionally, I use independent judgment through my knowledge of HIPAA regulations to determine what medical records can be release and to whom.

2. **Billing issues:** I independently identify and resolve patient care billing issues.
3. **Staffing:** I independently arrange staffing for any standby events, out of town transfers, and other staffing needed on very short notice.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

This section helps us understand the physical activities and requirements that are absolutely necessary for you to be able to do in order to perform your job. Please list the frequency and the importance of each of the physical requirements listed in this section. These physical activities/requirements will help in ensuring the City of Grand Junction remains in compliance with the Americans with Disabilities Act.

The City of Grand Junction is required to document any physical requirements in order to legally defend restrictions that are imposed. The definitions for the physical activities/requirements are taken directly from the guidelines established by the federal government. Your answers in this section will not affect how your job is classified.

Frequency

How frequently is the activity performed?

- 0 – Never
- 1 – Annually
- 2 – Quarterly (at least 3 per year)
- 3 – Monthly (at least 8 per year)
- 4 – Weekly (at least 3 per month)
- 5 – Daily (at least 3 per week)

Importance

How important is the activity in accomplishing the job's purpose?

- 0 – Not Important
- 1 – Somewhat Important
- 2 – Very Important
- 3 – Extremely Important

| Physical Activity | Frequency | Importance | Duties |
|---|------------------|-------------------|------------------------|
| Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion. | 4 | 2 | Reaching objects |
| 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 | 0 | 0 |
| 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 | 2 | Reaching objects |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 5 | 2 | Reaching objects |
| Crouching: Bending the body downward and forward by bending leg and spine. | 5 | 2 | Reaching objects |
| Crawling: Moving about on hands and knees or hands and feet. | 0 | 0 | |
| Reaching: Extending hand(s) and arm(s) in any direction. | 5 | 2 | Reaching objects |
| Standing: Particularly for sustained periods of time. | 5 | 2 | Talking with customers |

| | | | |
|--|---|---|---------------------------|
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 2 | 2 | Walking to meetings |
| Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | 1 | 2 | End of year boxes |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 1 | 2 | End of year boxes |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 5 | 3 | Typing; using mouse |
| Grasping: Applying pressure to an object with the fingers or palm. | 5 | 3 | PCR Contracts |
| 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 | 2 | Monthly Reports |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 0 | 0 | 0 |
| Talking: Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly. | 5 | 3 | Customer service |
| Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts. | 5 | 3 | Customer service |
| Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors). | 5 | 3 | Customer service |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5 | 3 | Typing, calculator, mouse |
| 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 | 3 | Supplies |
| 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 | 2 | Supplies |
| Medium Work: Exerting up to 50 pounds of force | 0 | 0 | 0 |

| | | | |
|---|---|---|---|
| occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | | | |
| 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 | 0 | 0 |
| 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 | 0 | 0 |

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) | X | <input type="checkbox"/> | <input type="checkbox"/> |
| Hazardous materials (chemicals, blood and other body fluids, etc.) | X | <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 | X | <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: Becky Altman Date: 10-29-08

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 |
|--------------------|---|
| NA | Responsibilities will increase significantly min 2009 to include supervisory responsibilities when all of our ambulance billing services will be brought in-house |
| 2 Duty | Position provides information to supervisors/management that they use in making a decision |
| 2 Outside Org. | Schedules training classroom space with Museum, Credit Union, St. Mary's Hospital, CDOT, etc |
| 3 Essential Duties | Training: Provides quality assurance training to FD personnel and outside agencies related to documentation and billing practices |
| 4 Knowledge | Knowledge of emergency medical services standard practices, federal, state and county laws and regulations |
| 4 Knowledge | Medical Terminology, medical coding, medical insurance practices |
| 5 Decision Making | Contracts; set up and compliance with various EMS contracts with facilities, special events, and organizations |
| | |
| | |

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: Becky Ottman Date: 10-29-08

Supervisor Signature: John Haward Date: 10/30/08

Department Head Signature: Jim Watkins Date: 10/30/08

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

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

I. EMPLOYEE BACKGROUND: In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

| | |
|--|---|
| Is this a group questionnaire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, please list all employee names. |
|--|---|

Division:

Department:

For Individual Questionnaires Only:

| | | | |
|-----------------------|--------|---------|------------------|
| Employee Name: | Rice | Carol | A. |
| | (Last) | (First) | (Middle Initial) |

Current Classification Title: Sr. Administrative Assistant

| | | | |
|-----------------|-----------------|-------------------|----------------|
| Division | Human Resources | Department | Administration |
|-----------------|-----------------|-------------------|----------------|

Total Length of Time with organization 8 Years 7 months

Total Length of Time in Current Position 1 Years 3 months

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

Email: carolr@gjcity.org **Work Phone:** 970-256-4081

Immediate Supervisor:

Immediate supervisor reports to:

| | | | |
|---------------|-------------------------------|---------------|-------------------------|
| Name: | Laura Conant | Name: | Claudia Hazelhurst |
| Title: | Asst. Human Resources Manager | Title: | Human Resources Manager |

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

| | | | |
|----------------|-------------------|----------------|---------------------|
| E-mail: | laurac@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.

Provide a wide variety of administrative and technical support for the Human Resources Division, primarily assisting the Asst. Human Resources Manager and the two Human Resources Analysts.

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 checked="" type="checkbox"/> | I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties). | 2 |
| <input checked="" type="checkbox"/> | I make work assignments for others. | 1 |
| <input type="checkbox"/> | I make hiring and hiring pay recommendations. | |
| <input type="checkbox"/> | I make hiring and hiring pay decisions. | |
| <input type="checkbox"/> | I recommend termination for poor performance. | |
| <input 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

| |
|--------------------------|
| Human Resource Analysts |
| Administrative Assistant |
| Administrative Clerk |
| |
| |
| |
| |
| |

YOUR DIRECT REPORTS' JOB TITLES

| |
|----------------------|
| Part-time File Clerk |
| |
| |
| |
| |
| |
| |
| |

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

- ☐ Full Time
 ☐ Part-Time
 ☒ Seasonal/Temp 1
 ☐ Volunteer
 ☐ Contract

c. Describe with whom, or with what departments/organizations, you have regular contact.

1. Inside your organization (other City Departments):

| Title of Person or Department | How Often | For What Purpose |
|---|-----------|--|
| Ex: Peers, Subordinates | | |
| Clerical Staff - All | Daily | Provide information, Collect Information |
| Professional/Technica - Various departments | Daily | Coordinate Projects |
| Managers/Supervisors | Daily | Discuss recruitment procedures, details, ads, etc. |
| Records Mgmt. Committee | Monthly | Discuss/solve records retention issues. |
| General Employees | Daily | Answer questions, give direction, information. |
| | | |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---------------------------------|-----------|---|
| Ex: Vendors, Gen. Public | | |
| Newspapers | Weekly | Placing ads for recruitment. |
| Various websites | Weekly | Placing ads for recruitment. |
| General Public | Daily | Provide information about the City's jobs, etc. |
| Other Employers | Yearly | Salary survey information - give/receive. |
| Applicants | Daily | Provide hiring information. |
| | | |

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

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

| | List of Essential Duties | Decisions Required | Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally | % of Time Spent (Not to exceed 100%) |
|----|--|---|--|--|
| 1 | Provide admin. support to Asst. Mgr., Analysts | | Daily | 15 |
| 2 | Prepare and post job bulletins on City website. | What to include in bulletin. | Daily | 10 |
| 3 | Place job ads in publications and websites. | Where to advertise; what type of information to include. | Weekly | 5 |
| 4 | Maintain Jobs Page on City Website. | When to add and when to remove bulletins. | Weekly | 5 |
| 5 | Assist with assesment centers/interviews. | | Monthly | 5 |
| 6 | Coordinate Seasonal Hiring | When to begin advertising; where to advertise; when to hold training for supervisors; what to include in training. | Annually | 5 |
| 7 | Complete salary surveys | | Occasionally | 5 |
| 8 | Complete quarterly turnover report. | | Quarterly | 5 |
| 9 | Coordinate records retention for division | Where to find additional filing space; how to better utilize the space we have; what should be archived and what is not required. | Annually | 5 |
| 10 | Administer testing for recruitment: 911, Police... | | Monthly | 5 |
| 11 | Draft job descriptions. | Content of job descriptions - what should be included.. | Occasionally | 5 |
| 12 | Provide clerical support for United Way | Who should receive information (supervisors). When to get final numbers to those who need the information. | Annually | 5 |

| | | | | |
|----|--|---|--------------|---|
| 13 | Track Performance Evaluations | | Daily | 5 |
| 14 | Create fillable forms in Dreamweaver | What documents to make into fillable forms; how to set up the forms. | Occasionally | 5 |
| 15 | Supervise File Clerk | When/what tasks to assign. | Daily | 5 |
| 16 | Backup to front desk and Risk Management | What information to be given out; who should people be referred to for correct answers/direction. | Daily | 5 |
| 17 | Create Personnel Action forms and enter new seasonals into Payroll system. | | Weekly | 5 |
| 18 | Provide Notary services. | Appropriate use of notary. | Weekly | |
| 19 | Prepare HR updates for City Lights. | What should be included in updates. | Monthly | |

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

| Duty # | Knowledge – Skills |
|-------------|--|
| 1,5,6,9,16 | Knowledge of modern office procedures, methods and equipment including computers and supporting software applications; city structure & services; city-wide policies & procedures; and basic state and federal employment law. Knowledge of business letter and report writing. Principles and procedures of records management. |
| 2,1,3,10,14 | Working knowledge of positions within the City. Proficient knowledge of Microsoft Word, Excel, Dreamweaver, and the City's finance and HR software. |
| 3 | Knowledge of media, advertising agencies on the web as well as newspapers and publications. |
| 2,4 | Working knowledge of Dreamweaver for maintaining jobs page on the City websites. |
| 1,5. | Good understanding of assessment center procedures. |
| 1,5,6,9,16 | Public Relations/Customer Service Skills and Practices. |
| 1,5,6,9,16 | Good communication skills, both orally and in writing; English, spelling, grammar and punctuation usage. |
| 7,8 | Research and compile data from various sources for preparation of reports. |
| 1,6,10,16 | Maintain highest degree of confidentiality. |
| All | Work independently with little supervision. |
| 1,6,9,11,16 | Keep abreast of changes to HR programs, policies & procedures & employment law as needed. |

| | |
|----------------|---|
| All | Ability to multi-task and prioritize work load. |
| 1,2,3,4,6,9,15 | Good use of independent judgement; make informed decisions when required. |
| 7,8,12,17 | Basic mathematical principles. |
| 3,5,7,10,12,16 | Effectively represent the City to outside individuals and agencies. |

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

| You Have | You Need | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | High School Diploma or equivalent (G.E.D.) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Up to one year of specialized or technical training beyond high school |
| <input 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> |
|---------------------------|-------------------------|---------------------------|-------------------------------------|
| Administrative Assistant | 27 years | Administrative Assistant | 4 years |
| Human Resource Background | 15 years | Human Resource Background | 2 years |
| | years | | years |

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

Equivalent to completion of the twelfth grade supplemented by specialized training in business administration and computer science, or a related field.

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.

Colorado Notary Public Commission

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 thru 17 | Computer and necessary software applications. | Daily - 60% |
| 1 thru 17 | Telephone System | Daily - 25% |
| 1,5,7,8,11 | Copier | Daily - 5% |
| 1 thru 17 | Printer | Daily - 10% |
| 9, 16 | Microfiche | Weekly - 1% |
| 1 thru 17 | Fax Machine | Weekly - 2% |
| | | |
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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. To draft and place advertisements for open positions within the City requires making decisions of where and how to advertise those positions.

2. Making the decision to approve or disapprove a candidate in view of questionable background results.

3. As coordinator for Records Retention for the Division/Department, I make judgments as to the retention, destruction, and records keeping process used.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

This section helps us understand the physical activities and requirements that are absolutely necessary for you to be able to do in order to perform your job. Please list the frequency and the importance of each of the physical requirements listed in this section. These physical activities/requirements will help in ensuring the City of Grand Junction remains in compliance with the Americans with Disabilities Act.

The City of Grand Junction is required to document any physical requirements in order to legally defend restrictions that are imposed. The definitions for the physical activities/requirements are taken directly from the guidelines established by the federal government. Your answers in this section will not affect how your job is classified.

Frequency

Importance

How frequently is the activity performed?

How important is the activity in accomplishing the job's purpose?

0 – Never

0 – Not Important

1 – Annually

1 – Somewhat Important

2 – Quarterly (at least 3 per year)

2 – Very Important

3 – Monthly (at least 8 per year)

3 – Extremely Important

4 – Weekly (at least 3 per month)

5 – Daily (at least 3 per week)

| Physical Activity | Frequency | Importance | Duties |
|---|-----------|------------|--------|
| Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion. | 0--Never | Select | |
| Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | 0--Never | Select | |
| Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | 0--Never | Select | |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 0--Never | Select | |
| Crouching: Bending the body downward and forward by bending leg and spine. | 0--Never | Select | |

| | | | |
|---|----------|------------------------|-------------|
| Crawling: Moving about on hands and knees or hands and feet. | 0--Never | Select | |
| Reaching: Extending hand(s) and arm(s) in any direction. | 0--Never | Select | |
| Standing: Particularly for sustained periods of time. | 0--Never | Select | |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 0--Never | Select | |
| Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | 0--Never | Select | |
| Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | 0--Never | Select | |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 0--Never | Select | |
| Grasping: Applying pressure to an object with the fingers or palm. | 0--Never | Select | |
| Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles. | 0--Never | Select | |
| Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips. | 0--Never | Select | |
| Talking: Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly. | 5--Daily | 2--Very Important | 1,5,6,10,16 |
| Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts. | 5--Daily | 2--Very Important | 1,5,6,10,16 |
| 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 | 5--Daily | 3--Extremely Important | All |

| | | | |
|--|-----------|------------------------|----------------------------|
| 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). | | | |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5--Daily | 3--Extremely Important | All |
| Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. | 5--Daily | 2--Very Important | 1,2,3,4,7,8,11,12,13,14,17 |
| 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 | 1,5,9 |
| Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | 0--Never | Select | |
| Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | 0--Never | Select | |
| Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. | 0--Never | Select | |

2. WORKING CONDITIONS.

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

☒ **Does Not Apply**

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

EMPLOYEE CERTIFICATION

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

Signed: Carol A. Rice Date: 10-13-08

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

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

| Question No. | Comments |
|--------------|---|
| II, 3, # 12 | United Way support is performed but not essential |
| | |
| | |
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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: Laura Conant Date: 11/14/08

Department Head Signature: [Signature] 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. |
|--|---|

Division: _____ **Department:** _____

For Individual Questionnaires Only:

Employee Name: _____
Church (Last) Christine (First) n/a (Middle Initial)

Current Classification Title: _____
Sr. Administrative Assistant

Division Services **Department** Police

Total Length of Time with organization 12 Years months

Total Length of Time in Current Position 12 Years months

Assigned Hours/Week:: from 8:00 to 5:00 **Assigned Days/Week** Mon-Fri

Email: chrisc@gjcity.org **Work Phone:** 244-3561

Immediate Supervisor: **Immediate supervisor reports to:**

Name: Troy Smith **Name:** Bill Gardner

Title: Deputy Chief **Title:** Police Chief

Work Phone 244-3563 **Work Phone:** 244-3565

E-mail: troys@gjcity.org **E-mail:** billg@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.

I support the deputy chief, and the services division personnel, and backup to the police chief by taking responsibility of administrative detail on projects, coordinate work flow, take initiative to keep projects on schedule and assist in confidential/sensitive information. I am the primary contact for the services division (approximately 19 people) for internal and external customers; providing assistance/information, screen calls, scheduling of calendars. I coordinate and maintain the budget for the public safety facility project, prepare performance reports and pay the bills for the project. Create and maintain paper and electronic record keeping for the division and for the public safety facility project.

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

| |
|--|
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YOUR DIRECT REPORTS' JOB TITLES

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| |

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 | | |
| Fire Chief & personnel | WEEKLY | schedule meetings, working closely on projects, information coordinator |
| City Hall Finance | WEEKLY | accounting & budget related items; public safety facility budget |
| City Hall HR | WEEKLY | Personnel files & routine duties |
| PW & Engineering | DAILY | PUBLIC SAFETY FACILITY PROJECT, BILLING, PROJECT UPDATE, WEEKLY MEETINGS, COORDINATE INFORMATION |
| 911 Center | WEEKLY | TRANSFERRING CALLS & PROVIDE BACKUP SUPPORT FOR THE ADMIN ASSISTANT |
| co-workers | DAILY | ROUTINE DUTIES, BACKUP SUPPORT, SHARING OF RESPONSIBILITIES |

2. Outside your organization:

| Title of Person or Organization | How Often | For What Purpose |
|---------------------------------|-----------|---|
| Ex: Vendors, Gen. Public | | |
| Law enforcement agencies | MONTHLY | SCHEDULE MEETINGS, OBTAINING INFO. |
| Architectural firms | WEEKLY | PROJECT WORK |
| Contractors | WEEKLY | PROJECT WORK |
| Citizens/Public | DAILY | ROUTINE CALLS, ANSWERING QUESTIONS, SCHEDULE MEETINGS |
| Vendors | WEEKLY | project work |
| | | |

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 | <p>Support the deputy chief of services by relieving him of administrative duties. Coordinate and schedule appointments/meetings on his calendar.</p> <p>Handle internal and external inquiries or redirect to appropriate staff. Assist in confidential/sensitive information.</p> <p>Setup ticker files to ensure deadlines are met.</p> <p>Prepare travel arrangements, trip file, and complete expense report.</p> <p>I am the primary contact person for the services division for internal and external customers providing assistance and delegating to appropriate staff when necessary.</p> <p>Heavy scheduling of multiple calendars for the division personnel, for the public safety facility personnel, consultants, and contractors.</p> | <p>Ability to manage and multi-task on various projects with numerous interruptions; flexibility to change jobs priorities.</p> <p>In the absents of the deputy chief I use problem solving ability to make decisions.</p> <p>Apply computer knowledge to daily tasks.</p> <p>Prioritize duties to be able to make deadlines.</p> <p>Ability to analyze work flow process.</p> | Daily | 30 |
| 2 | <p>Provide backup support to the police chief by scheduling meetings, maintain his calendar and review emails to ensure deadlines are met.</p> <p>Handle inquiries or redirect to appropriate staff. Assist in confidential/sensitive information.</p> <p>Plan and schedule events for the chief and/or department. Coordinate the location, scheduling of personnel, and interface with vendors.</p> | <p>Using judgment and knowledge of policies to make decisions and prioritize duties and handle confidential information.</p> | Daily | 10 |

| | | | | |
|---|--|---|-------------------|----|
| 3 | <p>Plan meetings for the public safety facility with police and fire staff, city staff, architects, and contractors. Schedule personnel, compile information for the meetings, and take minutes. Attend meetings, provide feedback, and participate in the preparation of the work plan.</p> <p>I coordinate and maintain the budget for the entire project, request purchase requisitions, and submit payment of bills, and prepare monthly performance reports.</p> <p>Prepare travel arrangements, trip file, and expense reports for consultants/contractors on the project.</p> <p>Manage paper and electronic information storage and retrieval of all correspondence, programming, and designs.</p> <p>Created an historical book for the project that will be continuously updated throughout the project.</p> | <p>Multi-tasking skills used in coordinating various meetings to meet deadlines.</p> <p>Collect, compile, and track information and decide what information to purge.</p> <p>Ability to photograph and compile data using graphic software to produce photo book.</p> | Daily | 30 |
| 4 | <p>Designed the ID cards for implementation to all city employees. This is a continuous process of updating the database. Schedule employee's photo session, enter photos and employee data into database and print ID cards. Update equipment to meet technology needs.</p> | <p>Deciding on the photos and content and images used.</p> <p>Knowledge of software to be able to manipulate photos for a professional look.</p> <p>Organizing skills to maintain photos and data.</p> | Monthly weekly | 5 |
| 5 | <p>Serve as liaison between the police department and city staff, citizens, law enforcement agencies, and vendors/contractors and provide assistance as appropriate.</p> | <p>Communication skills to interact with others and to build relationships with internal/external personnel and the community.</p> | Daily | 5 |

| | | | | |
|----|---|---|---------|---|
| 6 | Collect information and design presentations using desktop software. | Knowledge of desktop software and graphic software to be able to produce presentations. Collect data to produce layout. | Monthly | 5 |
| 7 | Coordinate documentation preparation for meetings, handle electronic record keeping for various meetings and projects within the services division. | Organizing skills and computer skills. Gather data, type minutes and create folders to organize. | Daily | 5 |
| 8 | Arrange travel for internal employees and external contractors. Prepare trip file and complete expense report. | Ability to search internet and to book needed travel plans. Accounting skills to produce expense reports. | Monthly | 5 |
| 9 | Provide support to other personnel within division and department by maintaining multiple calendars, arranging trip cars, directing calls, and provide information as needed. Provide help with internal and external customers with the shooting range schedule. | Ability to build relationships with staff, have problem solving skills to provide help where needed. | Daily | 5 |
| 10 | Answer admin phone calls, sort and distribute mail, and process other miscellaneous office duties. Update confidential phone lists and maintain voicemail numbers. Help personnel with software and equipment when needed. Notarize documents. | Ability to use multi-line phone and communication skills to provide help. | Daily | 5 |
| 11 | | | Select | |
| 12 | | | Select | |
| 13 | | | Select | |
| 14 | | | Select | |
| 15 | | | Select | |
| 16 | | | Select | |
| 17 | | | Select | |
| 18 | | | Select | |
| 19 | | | Select | |

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.

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III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

| You Have | You Need | |
|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | High School Diploma or equivalent (G.E.D.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Up to one year of specialized or technical training beyond high school |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate degree (A.S., A.A.) or two-year technical certificate |
| <input type="checkbox"/> | <input type="checkbox"/> | Bachelor's degree |
| | | Other (explain): |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Project manage training is helpful, ability to design presentations, brochures, etc., and customer service trianing would also be helpful. Possessing multi-tasking skills is a must for today's admin. |

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

Type of Experience

| <u>You Have</u> | <u>Your Time</u> | <u>You Need</u> | <u>Minimum Time Required</u> |
|---|------------------|-----------------|------------------------------|
| Administrative support, organizational skills | 15 years | 4 | 4 years |
| Technical and project managements skills | 22 years | | years |
| Design and layout training | 14 years | | years |

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

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

Notary commission

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 |
|---------------|-----------------------------------|-----------------------|
| 1-10 | computer & printers | all day |
| 1-10 | Copier & fax | all day |
| 1-10 | Multi-line phone | all day |
| 1-10 | Calculator /adding machine | often |
| 1-10 | Cell phone | often |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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 demands are made on top management's schedules I need to make decisions, including what appointments can be flexible to move around to allow for changes.
 - 2. When calls come in from citizens I need to know how to handle the call. Knowledge of policies and procedure help in some circumstances and how to answer or redirect calls if necessary. Some calls are very sensitive and confidential and require me to be aware of the citizen's needs. Also citizens routinely stop in to see the Chief or Commander who are angry or frustrated and need to be handled with sensitivity and compassion regardless of their issues.
 - 3. Using judgement with prioritizing work load, know what needs to be done first and how to manage my time in meeting deadlines.

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. | 5--Daily | 1--Somewhat Important | 1 - 10 |
| 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. | 5--Daily | 1--Somewhat Important | 1-10 |
| Kneeling: Bending legs at knee to come to a rest on knee or knees. | 0--Never | 0--Not Important | |
| Crouching: Bending the body downward and forward by bending leg and spine. | 0--Never | 0--Not Important | |
| Crawling: Moving about on hands and knees or hands and feet. | 0--Never | 0--Not Important | |
| Reaching: Extending hand(s) and arm(s) in any direction. | 0--Never | 0--Not Important | |
| Standing: Particularly for sustained periods of time. | 5--Daily | 1--Somewhat Important | 1-10 |
| Walking: Moving about on foot to accomplish tasks, particularly for long distances. | 5--Daily | 1--Somewhat Important | 1 - 10 |
| Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | 0--Never | 0--Not Important | |
| Pulling: Using upper extremities to exert force in | 0--Never | 0--Not Important | |

| | | | |
|--|-----------|------------------------|--------|
| order to draw, drag, haul or tug objects in a sustained motion. | | | |
| Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | 5--Daily | 3--Extremely Important | 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. | 4--Weekly | 1--Somewhat Important | 1-10 |
| 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 - 10 |
| 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 - 10 |
| Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors). | 0--Never | 0--Not Important | |
| Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers. | 5--Daily | 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. | 4--Weekly | 1--Somewhat Important | 1 - 10 |

| | | | |
|---|----------|------------------|--|
| 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| Environmental (disruptive people, imminent danger, threatening environment) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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).

It's hard to explain in these duties the need for time sensitive deadlines that may be needed on a daily routine. To be aware of the needs of the community especially during sensitive circumstances.

I belong to a professional organization for administrative professionals which gives me the skills, networking, and resources to keep up with technology and office procedures.

EMPLOYEE CERTIFICATION

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

Signed: Chris Church Date: 10-31-08

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 |
|--------------|--|
| 1-10 | This position requires superior planning and organizing skills- |
| | skills prerequisite to the project management. As the primary |
| | support person for services division - which covers all facility, |
| | technology, and budgetary functions - this position demands |
| | understanding of large goals and managerial implementation |
| | expertise. |
| | Overall this position requires judgement concerning top priorities |
| | and supporting those requirements in a complex management |
| | setting. |

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:

T38 for!
Chris Church

Date:

10-31-08

Supervisor
Signature:

Tyler...

Date:

10-31-08

Department Head
Signature:

[Signature]

Date:

11/07/2008

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.