

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

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

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

Department:

For Individual Questionnaires Only:

Employee Name:	Winn	Kristin	M
	(Last)	(First)	(Middle Initial)

Current Classification Title: Public Information Coordinator

Division	Public Works & Planning	Department	Administration
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Total Length of Time with organization 13 Years 3 months

Total Length of Time in Current Position 5 Years months

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

Email: kristinw@gjcity.org

Work Phone: 970-256-4076

Immediate Supervisor:

Immediate supervisor reports to:

Name: Tim Moore

Name: Laurie Kadrich

Title: Director, Public Works & Planning

Title: City Manager

Work Phone 970-256-4076

Work Phone: 970-256-4154

E-mail: timm@gjcity.org

E-mail: lauriek@gjcity.org

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 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.	10
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	18

- 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

(1)Engineering Manager/Engineers
(1)Planning Manager/Principal Planner
(1)Utility Manager/Utility engineers
(1)Project and Development Engineers
(1)Riverside Parkway Program Manager
(1)Transportation Engineer/Deputy Utility and Streets Director
(1)Wastewater Treatment Plant Supervisor/Wastewater Lab Manager/Water Resources Supervisor
(1)Environmental Services Manager/Neighborhood Services Manager

YOUR DIRECT REPORTS' JOB TITLES

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

☐ Full Time

☐ Part-Time

☐ Seasonal/Temp

☐ Volunteer

☐ Contract

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	Develop communications plans for major city projects such as Riverside Parkway, Big Pipe, Comprehensive Plan	Public relations and advertising decisions	Occasionally	5%
2	Organizing public meetings and open houses for projects such as Big Pipe, Comprehensive Plan, Riverside Parkway, 29 Road	Location, format, materials to include	Monthly	5%
3	Write newsletters for major projects such as Riverside Parkway, 29 Road Viaduct, Big Pipe	Articles to write	Monthly	5%
4	Compile information and write articles for weekly City Manager's report, City newsletter, City calendar, City Page	Articles to write	Weekly	8%
5	Compile information and write weekly Public Works Project list for media	What information to include	Weekly	8%
6	Write and send out press releases	Content, timing,	Weekly	10%
7	Provide input to management on communications issues and working with the media	Judgement on newsworthiness of issues and how to best manage information release	Daily	10%
8	Special event management --i.e: Riverside Parkway Grand Opening,	Where, when, how, who to invite, programs, budget, details, partners	Occasionally	5%
9	Photography--for newsletters, web, presentations, brochures	Choosing the best photos to illustrate the articles	Weekly	5%

11	Writing skills, photographic knowledge and organizational skills
12	Media relations, NIMS(National Incident Management System) training
13	Marketing skills, knowledge of graphic design, writing and editing skills, photography
14	Public relations, marketing, writing, public outreach, communications
15	Photography, writing and editing skills

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input type="checkbox"/>	<input 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):

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>
Bachelors degree in Journalism	4 years	Bachelors degree	4 years
SDIC Training (Systematic Development of Informed Consent	years		years

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

Duty #	Machines, Tools, Equipment	Frequency/Time
2,3,4,8,9,11 13, 15	Digital camera	Weekly
4,6,12, 16	Fax machine	Monthly
All	Printers	Daily
All	Copy machine	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. Assessing the importance and newsworthiness of City activities and deciding what information to issue to the media

2. Providing input to management on how to release information on City issues that may be controversial, unpopular, or difficult for the public to understand.

3. Helping managers formulate plans for public outreach to foster two-way communication between the City and its residents and customers.

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	1--Somewhat 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	1--Somewhat 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	1--Somewhat Important	
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	3--Monthly	0--Not 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	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	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).

Although I work for the Public Works and Planning department, I also do a significant amount of work for Street Systems, Utilities, and Facilities. Although the Public Works department was split, I still attend the management meetings for both departments and provide communications functions to the department and input to management on communications issues. This includes writing press releases, handling media inquiries, producing the annual Water Quality Report, brochures for Spring Clean Up and Fall Leaf Pick Up, the Big Pipe project communications and public outreach, and other special assignments such as the Watershed Working Group and the DRIP committee.

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: Timi Mow Date: 1-6-09

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