

# 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all employee names.
----------------------------------------------------------------------------------------------------	-----------------------------------------

Chris Salazar, Clyde Arguello, Dave Green,  
Derrick Hamrick, Solomon Herrera

Experience level in current position of said individuals ranges from 21 years down to 2 years

**Division:** VCB

**Department:** TRCC

### For Individual Questionnaires Only:

**Employee Name:**

*(Last)*

*(First)*

*(Middle Initial)*

**Current Classification Title:** Building Maintenance & Event Setup Worker

**Division** VCB

**Department** TRCC

**Total Length of Time with organization** Varies - see above **Years** **months**

**Total Length of Time in Current Position** 1 **Years** 0 **months**

**Assigned Hours/Week::; from** 6am **t o** 6am, Varies **Assigned Days/Week** Monday-Sunday, Varies

**Email:** scottma@gjcity.org

**Work Phone:** 970-263-5716

**Immediate Supervisor:**

**Immediate supervisor reports to:**

**Name:** Scott Mackey

**Name:** Tim Seeberg

**Title:** Maintenance & Event Setup Supervisor

**Title:** TRCC General Manager

**Work Phone** 970-263-5716

**Work Phone:** 970-263-5710

## **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.

**Maintenance / Setup:**

Performs routine, semi, skilled, preventive and specialized maintenace at Two Rivers Convention Cention Center and Avalon Theater. Performs janitorial duties in the upkeep as required including carpet extraction and stripping and waxing floors. Set up for events as required including all audio visual needs, trouble shoot issues as they arise.

**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).	10
<input checked="" type="checkbox"/>	I make work assignments for others.	10
<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.	10

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**

Building Maintenance & Set Up Staff
Executive Chef and staff
Banquet Manager and Staff
Sales and Event Planner
Administration support positions
Director of Sales and Marketing
Accounting Clerk

**YOUR DIRECT REPORTS' JOB TITLES**

Maintenance & Event Set Up 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		
Parks Supervisor and staff	Weekly	coordination of events and general exterior cleanliness
Facilities Manager and staff, fleet mechanics	Monthly	assign maintenance tasks, perform preventive maintenance on equipment
HR	Monthly	Benfits and general questions
City Manager, City Council	Weekley	Events
Police & Fire	Monthly	Coordinate safety requirements for events
Stores	Weekly	Supplies, Recycling

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Elite Events/Snob Productions	Weekly	provide materials and supplies for event set
Client/Public	Daily	Meet and greet to ensure event set up is correct and any audio visual is working. help set up audio visual if supplied by client. direct public to event and answer question and respond to concerns
janitorial and maintenance suppliers	Weekly	order equipment and supplies
Local Hotels	Monthly	Event Setup Coordination
roofing, plumbing, electrical, heating & air conditioning, general contractors, security appliance, carpet, lighting contractors	Daily	For supplies and help to maintain the facilities
Producers/promoters and client event planners	Weekley	Coordination of events

**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
<b>EXAMPLES:</b>			
<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	Event Setup	has the room been set up according to the business work order	Daily	20
2	routine, semi skilled, skilled, and specialized maintenance	what equipment or tools are required and how to use them safely	Weekly	10
3	Perventive maintenance of equipment including HVAC	based on the operations and maintenance manual decide when the proper time is to perform maintenance	Monthly	5
4	janitorial including stripping and waxing floors and carpet extraction	determine what equipment to use, read materials safety data sheets.	Daily	5
5	plumbing, electrical, carpentry, painting	determine how to figure out what is wrong and decide what approach is best to correct the issue	Weekly	5
6	Assist Co-departments at TRCC	decide which department(s) require help	Daily	5

7	Heavy Equipment, Power Tools Operation	what equipment is required and how to use safely	Daily	5
8	Customer Service meet and confiring with client	what questions to ask and how to use interpersonal skills	Daily	10
9	Purchasing, Recieving	account for inventory on hand	Weekly	5
10	assist with facility security needs	how to determine and defuse an unsafe situation does an individual's identification meet guidelines and state requirements.	Weekly	5
11	Directing seasonal and part-time staff	How to coordinate staff efficiently and effectively for set up of events	Daily	10
12	provide exemplary customer relations	Are the needs of the client being met	Daily	5
13	set up, inspect and trouble shoot audio visual including sound and light boards/controls	Decide if the event set up correctly and equipment in working order	Daily	10
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
1,8,12,13	Ability to set up and operate computers, projectors, light boards/systems, audio boards/systems, dimmer panels/controls, microphones, direct input boxes, DVD's, CD's, VCR's, laptops
2,3,5	HVAC, Painting, Carpentry, Plumbing, Electrical, and appliances

4	Carpet Extraction, Chemical Knowledge, Sanitation Methods, OSHA Regulation, Waxer/Buffer, MSDS, HAZMAT
1,2,3,4,5,7,8,11,13	Ability to interpret business work orders and manuals
1,6,8,9,10,11,12	interpersonal and communication
4	general cleaning practices
1,2,3,5,6,13	operate fork and sissor lift drive vehicles
6	food preparation and handling alcohol awareness
9	Inventory, Stock
5,10,13	fire/safety codes
1,8,12,13	Event set up equipment and techniques, including audio/visual and projection set up, lighting, power hook up and distribution.

### **III. EDUCATION, EXPERIENCE, AND EQUIPMENT**

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

- | <b>You Have</b>                     | <b>You Need</b>                     |                                                                                                      |
|-------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | <input type="checkbox"/>            | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | High School Diploma or equivalent (G.E.D.)                                                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Up to one year of specialized or technical training beyond high school                               |
| <input 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**

<b><u>You Have</u></b>	<b><u>Your Time</u></b>	<b><u>You Need</u></b>	<b><u>Minimum Time Required</u></b>
Maintenance/ Janitorial/ Setup Experience	21 years	Maintenance/ Janitorial Background	1 years
	years	event set up in hospitality environment	1 years
	years		years

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

Heating Ventilation and air conditioning mainenance, audio/visual, Rigging, Plumbing, Painting, Forklift

**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.

Drivers Licence, Forklift Certification, food preperation handling certificate, alcohol handling training



**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	Vacuum, General Cleaning Tools, Forklift, Dolly Cart, Power Hand Tools, Computers, Microphones, LCD, VCR/ DVD, Carpet Extracter, Buffer, Extension Cord, Sound Board, Scissor Lift, 3-phase, Staging, Dance Floor, video and sound cord configurations etc. , projection systems, projector remote controls, direct input routing Box, Copy Machine, Phone/ internet lines, Risers, Tables, Chairs, Pipe and Drape, Light Boards	Daily
2	Light Bulbs, Paint Supplies, Hand Power Tools	Daily
1,2,3,5,13	roof top units, boilers, hot water heaters, pumps motors, fans actuator valves, thermostats, dishwasher, heat boosters, ice machines regulators, air handlers, expansion tanks, grills, steamers warmers	Weekly

**5. DECISION-MAKING & JUDGMENTS.**

- a. Describe three types of important decisions and judgments you make regularly and independently in the performance of your duties.
  - 1. Are the events set up according to the business work order in a safe manor meeting all codes and guidelines
  - 2. Does the staff person I'm assigning a taskto have the ability to perform it or do I need to train them.

3. What is the cause of the malfunction to the equipment and do I have the ability to fix it or do I need to call an outside vendor to fix

## 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

<b>Physical Activity</b>	<b>Frequency</b>	<b>Importance</b>	<b>Duties</b>
<b>Climbing:</b> Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	5--Daily	3--Extremely Important	Ascending a ladder to the roof or walking up and down the service dock ramp
<b>Balancing:</b> Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.	5--Daily	3--Extremely Important	walking up the stairs to the balcony at the avalon theatre and standing on the higher steps of a ladder
<b>Stooping:</b> Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	5--Daily	3--Extremely Important	picking up trash or any set up equipment off the floor
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5--Daily	3--Extremely Important	taping down electrical cords
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5--Daily	3--Extremely Important	cleaning base boards
<b>Crawling:</b> Moving about on hands and knees or	5--Daily	3--Extremely Important	accessing

hands and feet.			equipment or power cords under staging platforms
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	hanging drape on verticle and horizontal pipe system
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	3--Extremely Important	assisting to monitor large events, operating spot lights
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	performing all set up and maintenance tasks
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5--Daily	3--Extremely Important	moving carts loaded with chairs or tables
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5--Daily	3--Extremely Important	moving carts loaded with chairs or tables
<b>Fingering:</b> Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	hooking up internet service or other audio/visual equipment
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	picking up equipment
<b>Lifting:</b> Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	5--Daily	3--Extremely Important	moving individual tables and emptying trash cans
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	3--Extremely Important	changing light bulbs
<b>Talking:</b> 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	meeting and greeting the clients in their event rooms
<b>Hearing:</b> Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral	5--Daily	3--Extremely Important	adjusting audio projection

communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.			sound levels
<b>Seeing:</b> The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), 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	adjusting light levels in rooms and video images
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	mopping the floor
<b>Sedentary Work:</b> Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	1--Somewhat Important	adjusting the heating and ventilation control on the computer
<b>Light Work:</b> Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.	5--Daily	3--Extremely Important	sweeping the floor, picking up beverage containers
<b>Medium Work:</b> Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	5--Daily	3--Extremely Important	unfolding tables and chairs and setting in proper positions
<b>Heavy Work:</b> Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	5--Daily	3--Extremely Important	pushing a full cart of chairs, lifting two full-size tables
<b>Very Heavy Work:</b> Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	3--Monthly	1--Somewhat Important	carrying riser platforms

**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**

<b>Condition</b>	<b>Less than 25% of the time</b>	<b>25-50% of the time</b>	<b>More than 50% of the time</b>
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input type="checkbox"/>	<input checked="" 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: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD**

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

Question No.	Comments

**Please check the appropriate statement:**

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

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

*on behalf of staff*

Employee Signature: \_\_\_\_\_ Date: 1-23-09

Supervisor Signature: \_\_\_\_\_ Date: 1-23-09

Department Head Signature: Debbie Kovarik Date: 1-21-09

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.