

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.
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Brian E Johnson

Scott D Frazier

Tanya P Johnson

Tom J Dalla

Division: Transportation Engineering

Department: Public Works / Planning

For Individual Questionnaires Only:

Employee Name:

(Last)

(First)

(Middle Initial)

Current Classification Title: Traffic Technician

Division Transportation Engineering

Department Public Works / Planning

Tanya Johnson 1 Year 3 Months

Brian Johnson 8 Years 4 Months

Scott Frazier 1 Year

Tom Dalla 15 years

Total Length of Time with organization

Years

months

Tanya Johnson 1 Year 3 Months

Brian Johnson 1 Year 4 Months

Scott Frazier 1 Year

Tom Dalla 5 Years

Total Length of Time in Current Position

Years

months

Assigned Hours/Week::; from t o Winter /Fall

Assigned Days/Week Winter/Fall

Hours 7:00 to 3:30 ** Summer/Spring 7:00 to 5:30

5 days a week ** Summer/Spring
7 days a week; rotational on-call

Email:

Work Phone: 970-256-4110

Immediate Supervisor:

Immediate supervisor reports to:

Name:	Rick Ripley	Name:	Jody Kliska
Title:	Public Works Maintenance Supervisor	Title:	Transportation Engineer
Work Phone	970-244-1573	Work Phone:	970-244-1591
E-mail:	rickr@gjcity.org	E-mail:	jodyk@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.

Traffic Technician ----

Design, Fabricate, Install, & Maintain Traffic Control Devices

Keep Traffic Moving in a SAFE and Efficiently

Layout, Apply, Maintain Roadway Striping & Markings

Assist in Construction, Maintenance, & Troubleshooting of Signalized Intersections

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

Transportation Engineer
Traffic Supervisor
Transportation System Analysts (2)
Transportation Support Technician
Administrative Clerk
Traffic Technician Crew Leader
Traffic Signal Crew Leader
Traffic Technician (3)
Signal Technician
Transportation Engineer Assistant
Seasonal Employees

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		
Planning	As Needed	Engineering plans for Road Markings, Signs, & Signals, official street names
Streets	As Needed	For Equipment Use - Chip Seal & Overlay Programs, coordinate resources.
Engineering	As Needed	Implementation of Construction Planschanges to existing traffic devices.
Police Department	As Needed	Dispatch for Traffic Control Emergencies
Parks	As Needed	Vegetation Removal for Sight Distance Issues with Signs and Signals
Human Resources	As Needed	Public Relations, Risk Management & Benefits

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Mesa County	As Needed	Mutual Aid for all traffic aspects, sharing of equipment, materials.
Colorado DOT	As Needed	City maintains State Signs and Signals inside City Limits
Xcel Energy	As Needed	Utility & Construction Assistance
UNCC	As Needed	Locates for Underground Utilities

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	Design & Fabricate a wide variety of traffic signs using a computerized Vinyl Cutting Machine	Appropriate size, color, conformance to specifications, timeliness	Daily	10 %
2	Install & Repair Traffic Control Signs	Priority, tools and equipment needed, safety of self and motoring public	Daily	15 %
3	Collect information necessary to maintain sign inventory database	Appropriate tools, locations, veracity of existing information	Daily	7 %
4	Take Part in Construction and Installation of traffic signals; Take part in on-site troubleshooting, repair, and maintenance of traffic signal control devices, systems and auxillary equipment	Safety of self and others, public; appropriate fixes, materials.	Monthly	6 %
5			Select	

6	Layout, Install, & Maintain Traffic control striping using specialized equipment applying 7,000 plus gallons of paint per year in city limits This event occurs daily during spring/summer seasons;	Appropriate time of day based on street volumes, temerature, other projects; appropriate traffic control	Daily	12 %
7	Layout, Install, & Maintain Traffic Control Preformed Thermoplastic (crosswalks, turn arrows, handicap symbols, bicycle symbols, stop bars, railcrossing, school safety zones, parking installs) Occurs Weekly - This event occurs year around and on average we perform this weekly	Appropriate materials, equipment; time of day and temperature; appropriate traffic control	Select	10 %
8	Set up temporary traffic control while maintaining Safety of coworkers, pedestrians & drivers; Because we are constantly maintaining and updating this event occurs on average weekly	Appropriate devices and locations for visibility, safety, conformance to standards	Select	5 %
9	Perform Yearly Inspections on Paint Machine and repair Paint & Air system parts. Clean Paint Machine Daily after each use during paint season. Clean Paint Machine Annually but cleaning and maintenance is done daily during spring/summer seasons	Tolerance of mechanical systems; need for adjustment and cleaning; repair or replace parts	Daily	5 %
10			Select	
11			Select	
12	Operate a variety of speciality equipment including but not limited to the following; fork lift, hi-lift bucket, vac machine, platform trucks, road marking equipment, loaders, backhoes, & powertools. We use different specialty equipment everyday depending on the job	Appropriate equipment to accomplish task; placement, usage	Daily	15 %
13			Select	
14			Select	
15	Computerized Data Entry involving work orders and updating our maps and inventory systems. We also perform Data Entry in the field for every job we do, and download every evening.	Proper usage of laptop computer, GPS unit; proper and accurate recordation of information.	Daily	15 %
16			Select	
17			Select	

18			Select	
19			Select	

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

Duty #	Knowledge – Skills
1 & 2	IMSA Signs & Markings Level 1 Training and Certification
1 & 2	IMSA Signs & Markings Level 2 Training and Certification
1 & 2	ATSSA Traffic Control and Work Zone Safety Training and Certification
1 & 2	ATSSA Supervisor Traffic Control and Work Zone Safety Training and Certification
4	IMSA Signals Level 1 Training and Certification
4	IMSA Signals Level 2 Training and Certification
4	IMSA Signals Troubleshooting Training
12	Commercial Drivers License Class B Requirement
All Duties	Ability to operate Specialized Equipment through Training or Certification
2	Ability to lift 70 lbs
1 & 2	Training on Sign Lab 7 Program
1 & 2	Flagger Certification
All Duties	Ability to communicate
All Duties	First Requirement of our job is to work in traffic 100% of the time while maintaining Safety of coworkers, pedestrians, drivers, and quality of our work
15	Data Entry and Computer 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 checked="" type="checkbox"/>	<input checked="" 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
		Other (explain):
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Signs and Marking Level 1 & 2 / Signals Level 1 / Traffic Control & Work Zone Safety Certification / Flagger Certification / Traffic Control Supervisor Certification

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>
	varies	Public Works Field Experience	1 years
	years		years
	years		years

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

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

Initially Level 1 Signs and Markings & Signs & Marking Level 2 certification and recertification or equivalent training to stay certified every 3 years

Signals Level 1 certification and recertification or equivalent training to stay certified every 3 years

Flagger Certification and Recertification every 4 years

Traffic Control Technician Certification and Recertification every 4 years

Work Zone Safety Certification and Recertification every 4 years

Traffic Control Supervisor Certification and Recertification every 4 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
1	Specialty Equipment: Summa Vinyl Printer	Weekly/20%
2	Specialty Equipment: Hydraulic Post Pounder - 70 lbs	Weekly/10%
2	Specialty Equipment: Hydraulic Post Puller - 40 lbs	Monthly/5%
1	Specialty Equipment: Summa Vinyl Cutting Machine	
6,9	Specialty Equipment: Paint Machine	
6 & 7	Specialty Equipment: Push Cart Paint Machine (Line Lazer)	
6 & 7	Specialty Equipment: Roadway Striping and Markings Grinder Remover	
7	Specialty Equipment: Thermoplastic Torch, Acetylene/Oxygen Torch	
6 & 7	Hotsy Pressure Washer	
4,12	Stick Welders	
12	Specialty Equipment: Backhoes & Loaders	
2 & 3	Specialty Equipment: Band-it Power Tool	
2, 3, 4, 7,15 for Global Positioning Unit	Specialty Equipment: Hydraulic Jack Hammer Specialty Equipment: GEO XT 2007 Series Global Positioning System Unit	

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. First requirement of our job is to work in traffic 100% of the time while maintaining safety of coworkers, pedestrians, drivers, and quality of our work.

2. Use our judgement when fabricating and installing signs in determining layout, spelling, and the best location for signs.

3. Use our judgement when installing crosswalks for pedestrians making it safe, efficient, and easily accessible; efficiently and effectively block traffic lanes to conduct work safely.

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	3--Extremely Important	2,4,6,7,9
Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.	5--Daily	3--Extremely Important	2,4,6,7,9
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	2,4,6,7,9
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	3--Extremely Important	2,4,6,7,9
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	3--Extremely Important	2,4,6,7,9
Crawling: Moving about on hands and knees or hands and feet.	3--Monthly	3--Extremely Important	2,4,6,7,9
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	2,4,6,7,9
Standing: Particularly for sustained	5--Daily	3--Extremely Important	2,4,6,7,9

periods of time.			
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	2,4,6,7,9
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5--Daily	3--Extremely Important	2,4,6,7,9
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	2,4,6,7,9
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	2,4,6,7,9,15
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	2,4,6,7,9
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	2,4,6,7,9
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	3--Extremely Important	2,4,6,7,9
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	2,4,6,7,9,10
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	2,4,6,7,9,10
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).	5--Daily	3--Extremely Important	2,4,6,7,9
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	2,4,6,7,9,15

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	2,4,6,7,9
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.	5--Daily	3--Extremely Important	2,4,6,7,9
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.	5--Daily	3--Extremely Important	2,4,6,7,9
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.	4--Weekly	1--Somewhat Important	2,4,6,7,9
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.	4--Weekly	1--Somewhat Important	2,4,6,7,9

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 checked="" 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 checked="" type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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).

We perform a wide variety of duties. Sign maintenance, striping, and road markings as well as signal maintenance and construction are our main priorities. However, day-to-day, you never really know what is to be required of you. Requirements for computer skills have increased and the certifications we must possess are not easy to get. The more the valley grows, the more dangerous our jobs get. We are always working in the path of traffic and our jobs require a great deal of responsibility. Should we make a mistake, it could cost someone their life. We take great pride in what we accomplish daily.

EMPLOYEE CERTIFICATION

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

Signed: _____

Date: _____

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

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

Question No.	Comments

Please check the appropriate statement:

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

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

Employee Signature: _____ Date: _____

Supervisor Signature: *[Signature]* Date: 12/23/08

Department Head Signature: *[Signature]* Date: 1-12-09

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.

Tanya P Johnson 12/23/08
Brian Johnson 12/23/08
Thomas Della 12-23-08
Scott Frazier 12-23-08

