

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:	Linza	Julia	A
	(Last)	(First)	(Middle Initial)

Current Classification Title: Traffic Signal Technician

Division	Transportation Engineering	Department	Public Works / Planning
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Total Length of Time with organization 2 Years 2 months

Total Length of Time in Current Position 1 Years 2 months

Assigned Hours/Week::; from 7:00 am to 5:30 pm	Assigned Days/Week Monday - Thursday in summer and Monday - Friday in winter
summer time and 7:00 am to 3:30 pm wintertime	

Email: julial@gjcity.org

Work Phone: 256-4110

Immediate Supervisor:

Immediate supervisor reports to:

Name:	Rick Ripley
Title:	Public Works Maintenance Supervisor

Name:	Jody Kliska
Title:	Transportation Engineer

Work Phone	244-1573
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Work Phone:	244-1591
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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 signal Technician:

To install and maintain traffic control devices such as signals, streetlights, fiber optics, signs, road markings, school clocks and flasher according to the MUTCD (Manual on Uniform Traffic Control Devices) while ensuring the public's safety.

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
Public Works Maint. Supervisor
Transportation Systems Analysts (2)
Transportation Support Technician
Administrative Clerk
Traffic Signal Crew Leader
Traffic Technician Crew Leader
Traffic Technicians (4)
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		
Peers	Daily	To complete job tasks
Streets Department	As needed	Equipment, weather stations, projects, utility locates.
Water Department	As needed	Equipment, weather stations, projects, utility locates.
Engineering Department	As needed	Construction projects, inspections, contractors
Parks Department	As needed	Street lighting, Sight distance issues, electrical problems, equipment
Police Department	As needed	Call outs traffic signal repairs, installation of tattle tale lights and surveillance cameras.
Fleet		Vehicle repair, maintenance, equipment and scheduling of repair.
Fire Department		Install, repair and maintenance of Opticom System
Purchasing Department		Supplies, shipping (sending and receiving) and storage

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Xcel Energy	As needed	Power outages, construction projects and materials
Mesa County	As needed	equipment, materials, repairs, construction projects and utility locates
CDOT	As needed	materials, repairs, construction projects, utility locates and inspections
Contractors	As needed	construction projects, repairs, utility locates and inspections
Grand Valley Power	As needed	Power feeds, construction projects in outlying areas
General Public	As needed	Information and requests

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	Perform a variety of electronic repairs and maintenance on traffic control units and equipment including traffic controllers, vehicle detectors and traffic signal control computers.	To decide what the problem is and how to fix it.	Daily	20 %
2	Install, maintain, inspect and repair traffic signal equipment for proper operations; perform preventative maintenance on assigned systems.	What needs to be done to prevent future issues, proper installation and maintenance methods	Daily	15 %
3	Install and maintain overhead and underground traffic signal communication cabling; pull wires and make electrical connections required to tie in wiring , signals, vehicle detectors and control cabinets.	Make sure that all connections are made properly	Monthly	10 %
4	Repair and install pedestrian fixtures, traffic signal fixtures, optically programmable fixtures and inductive vehicle loop detectors at intersections.	How to fix any problems and the proper installation of fixtures	Monthly	10 %

5	Direct and control the flow of traffic during repairs, installation or modification of traffic signals.	To make sure that traffic flows safely and traffic control is set up properly	Daily	5 %
6	Repair traffic signals and City street lights by replacing bulbs, wiring, fuses, circuit breakers, ballasts and signal head parts.	Know what repairs are needed and what parts are required	Weekly	10 %
7	Repair, program and maintain electrically operated flashing school zone clocks and signs.	Know what repairs are needed and what parts are required	Occasionally	5 %
8	Maintain accurate and detailed maintenance records.	What information is important to include	Daily	5 %
9	Respond to regular emergency call as appropriate.	To know what calls I am responsible for and decide the best way to fix any problems	Monthly	5 %
10	Underground locates for signal power and fiber optic lines.	To-know what I need to locate	Weekly	10 %
11	Assist the sign crew as needed.	What assistance I can best provide	Occasionally	5 %
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

Duty #	Knowledge – Skills
1,2,3,4,6,9	Knowledge of traffic signal cabinet controllers, monitors, load switches and operations. Skills to troubleshoot all components.
1,2,3,4,6,9	Skills to identify operating failures in traffic signal electronics and equipment with the knowledge to efficiently diagnosed and solve the problem
1,2,3,4,5,6,7,9,10,11	Knowledge of equipment operations and safety procedures

1,2,3,4,5,6,7,9,10,11	Pertinent Federal, State and local codes, laws and regulations and electrical codes
1,2,3,4,5,6,7,9,10,11	Knowledge of the contents of the MUTCD (Manual on Uniform Traffic Control Devices) for proper fabrication, placement and installation of Traffic Control Devices.
1,2,3,4,5,6,7,9,10,11	Knowledge to pass all IMSA (International Municipal Signal Association) certifications required for the position.
1,2,3,6	Knowledge of how to read engineering plans, blueprints and schematics
1,2,3,4,6,8,9,10,11	Computer skills, daily data collection, run diagnostic tests on traffic signal components
1,2,3,4,6,7,9,10,11	Commercial Drivers License
1,2,3,4,5,6,7,9,10,11	American Traffic Safety Services Association certification - Traffic Control Supervisor
1-11	Skills in the use of required tools and equipment
1,2,3,4,6,7,8,9,10,11	Knowledge of how to keep accurate, up to date data of traffic signal operations, signs and markings.

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>
Experience working on traffic signals	3	years	Experience working on traffic signals	2	years
Experience with signs and markings	4	years	Experience with signs and markings	1	years
Experience in traffic control	4	years	Experience in traffic control	1	years

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

Electrical training, Fiber Optic training and Certifications from IMSA (International Municipal Signal Association)

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.

Class A Commercial Drivers License

Signs and Markings Level I and II from the International Municipal Signal Association

Signals Level I and II from the International Municipal Signal Association

Certified as a Traffic Control Technician, a Traffic Control Supervisor and as a Flagger from the American Traffic Safety Services Association

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

Duty #	Machines, Tools, Equipment	Frequency/Time
1,2,3,4,6,7,9	Aerial Bucket truck	Daily
1,2,3,4,6,7,9,10,11	Misc. Electrical and hand tools	Daily
1,2,3,4,6,7,8,11	Computer	Daily
1,2,3,4,6,9	Generator	Occasionally
2,3,4,7,10	Backhoe and attachemenets	Occasionally
2,3,4,7,11	Dump Truck	Monthly
2,3,7,11	Air Compressor	Occasionally
11	Hydraulic post pounder/ puller	Monthly
2,4,4,6,7,11	Fork lift	Monthly
7,11	GPS unit	Weekly
1,2,3,4,6,7,9	Voltage Amp Meter	Daily
3,4,10	Utility Line Locator	Weekly
1,2,3,4,6,7,9,11	Misc. Power tools	Daily
11	Centerline Striper	Anually
11	Airless painter	Occasionally
11	Pavement Grinder	Occasionally
2,3,4,7,9	Cutting torches	Occasionally
11	Propane Hot Tape Applicator	Annually
2,3,4,7	PVC conduit heater oven	Occasionally
1,2,4,6,7	Soldering Gun	Occasionally

5. DECISION-MAKING & JUDGMENTS.

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

1. Everyday I make decisions that affect the driving public's safety as well as my own. When I set up traffic control for the work zone I have to make several important decisions. I must make sure that the drivers have enough warning time to react to any changes they have to make. The manner in which traffic control is set up must be clear to the driver as to what actions they must take to get past the work zone safely. The Zone must be set up in accordance with the guidelines set forth in the Manual on Uniform Traffic Control Devices. I must also set up and dismantle the traffic control in a certain order so that the vehicles and personnel within the work zone are protected the entire time.

2. While working on traffic signals there are times when the signal has to be turned off or put it in flash in order to make repairs. I must decide at what point the signal can be turned off or put into flash safely and without creating a lot of confusion for the drivers approaching the intersection. I must also decide if the intersection can operate safely for a short amount of time without a police officer directing traffic or if an officer needs to be in place before any action is taken. In order to make this decision I must be aware of the expected volume of traffic at the intersection during the time in which the repairs are being made.

3. Every aspect of my job involves being out in the roadway or very close to it, the very most important decisions I make involve my personal safety. I must watch and anticipate what people are going to do and how they are going to react so that I can be prepared. I must keep in mind an escape plan in the event that the driver is not paying attention so that I can quickly get out of the way.

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	1,2,3,4,6,7,9,11
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	1,2,3,4,5,6,7,9,11
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	1,2,3,4,5,6,7,9,11
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	3--Extremely Important	1,2,3,4,6,7,9,10,11
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	3--Extremely Important	1,2,3,4,5,6,7,9,10,11
Crawling: Moving about on hands and knees or hands and feet.	3--Monthly	3--Extremely Important	1,2,3,4,7,9,10,11
Reaching: Extending hand(s) and arm(s)	5--Daily	3--Extremely Important	1,2,3,4,5,6,7,9,10,11

in any direction.			
Standing: Particularly for sustained periods of time.	5--Daily	3--Extremely Important	1,2,3,4,5,6,7,9,10,11
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	1,2,3,4,5,6,7,9,10,11
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5--Daily	3--Extremely Important	1,2,3,4,5,6,7,9,10,11
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	1,2,3,4,5,6,7,9,10,11
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	1,2,3,4,5,7,9,10,11
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	1,2,3,4,5,6,7,9,11
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	1,2,3,4,5,6,7,9,11
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	1,2,3,4,6,7,8,9,11
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	1-11
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	1-11
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	5--Daily	3--Extremely Important	1-11

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	1-11
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	8,11
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	1,5,11
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	3--Extremely Important	2,3,4,6,7,9,11
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.	2--Quarterly	2--Very Important	2,3,4,7
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.	2--Quarterly	1--Somewhat Important	2,3,4,7

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Inadequate lighting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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).

In order to keep up with the changes in technology I must continue to stay up to date. Regular training is required to ensure that I stay current. The certifications that are required for the position must also be renewed. I must also be aware of changes that are made in the Manual on Uniform Traffic Control Devices as these are the rules I must follow every day.

The other technology that affects my job is in the hands of the driving public. Things such as cell phones and text messaging have made my job even more dangerous in my opinion. Since some of the drivers are distracted by these technologies, I must be even more aware and cautious.

EMPLOYEE CERTIFICATION

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

Signed:  Date: 12/23/08

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. 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:

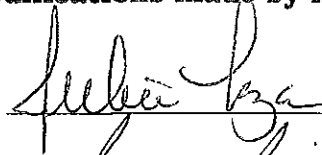
☐ I agree with the incumbents' position questionnaire as written.

☐ 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.

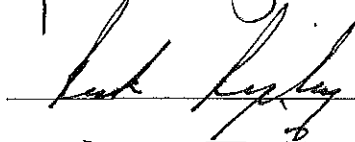
Employee Signature:



Date:

12/23/08

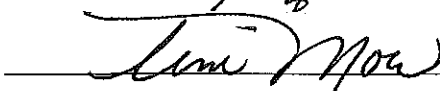
Supervisor
Signature:



Date:

12/23/08

Department Head
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.