

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: Neighborhood Services

Department: Public Works and Planning

For Individual Questionnaires Only:

Employee Name:	Portner	Katherine	M.
	(Last)	(First)	(Middle Initial)

Current Classification Title: Neighborhood Services Manager

Division	Neighborhood Services	Department	Public Works and Planning
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Total Length of Time with organization 23 Years 7 months

Total Length of Time in Current Position 1 Years 10 months

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

Email: kathyp@gjcity.org **Work Phone:** 244-1420

Immediate Supervisor:

Immediate supervisor reports to:

Name:	Tim Moore
Title:	Director of Public Works and Planning

Name:	Laurie Kadrich
Title:	City Manager

Work Phone	244-1557
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Work Phone:	256-4154
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E-mail: timm@gjcity.org

E-mail: lauriek@gjcity.org

II. POSITION INFORMATION

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

Example: Computer Support Technician

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

Overall management and supervision of the Neighborhood Services Division, including Code Enforcement, Weed Abatement, Neighborhood Programs, Community Development Block Grant program, Historic Preservation; direct responsibility for the development assistance/redevelopment program; provide leadership and organization for CORE (Conserving Our Resources Efficiently); coordinate City involvement in affordable housing, provide staffing for the Housing Strategy; administer the City's Energy Impact Grant requests and awards.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

Yes	Duty	Number of Employees
<input type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	
<input checked="" type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	5
<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).	5
<input checked="" type="checkbox"/>	I make work assignments for others.	5
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input checked="" type="checkbox"/>	I make hiring and hiring pay decisions.	8
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	8
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	

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

YOUR COWORKERS' JOB TITLES

Engineering Manager
Planning Manager
Special Projects Manager

YOUR DIRECT REPORTS' JOB TITLES

Code Enforcement Officers (3)
Senior Planner
Administrative Specialist

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

☒ Full Time 5 ☐ 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 Division	Weekly	Project and issue coordination
Engineering Division	Weekly	Project and issue coordination
Legal Dept.	Weekly	Consultations
Utilities and Streets	Weekly	Project and issue coordination
Administration	Weekly	Project and issue coordination
Parks and Recreation	Monthly	Project and issue coordination

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
General Public	Daily	Regarding all aspects of the division
DDA	Monthly	Housing and redevelopment issues
GJ Housing Authority	Monthly	Affordable Housing
DOLA	Monthly	Grant applications and monitoring
City Council	Monthly	Neigh. Services issues
Developers/Consultants	Weekly	Development Assistance

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Manage the services and activities of the Neighborhood Services Division	Prioritize activities	Daily	5%
2	Manage and participate in the development and implementation of goals, objectives, policies and priorities for assigned programs; recommend and administer policies and procedures	Anticipate the needs of the community	Annually	5%
3	Monitor and evaluate the efficiency and effectiveness of service delivery methods and procedures; recommend appropriate service and staffing levels.	Determine effectiveness and efficiency of programs.	Annually	5%
4	Plan, direct, coordinate and review the work plan for assigned staff; assign work activities, projects and programs, review and evaluate work products, methods and procedures; meet with staff to identify and resolve problems.	Using judgement for unique circumstances.	Monthly	10%
5	Select, train, motivate and evaluate assigned personnel; provide or coordinate staff training; work with employees to correct deficiencies; implement discipline and termination procedures.	Appropriate encouragement, coaching and discipline.	Weekly	5%
6	Develop and administer the Neighborhood Services annual budget; forecast funds needed for staffing, equipment, materials and supplies; monitor and approve expenditures; implement adjustments.	Anticipate needs and monitor expenditures	Monthly	5%
7	Prepare and facilitate neighborhood and redevelopment plans as needed.	Appropriate methods and tools.	Annually	5%
8	Respond to and resolve difficult and sensitive citizen inquiries and complaints, assist City staff and the general public in applying plans, policies, codes and regulations to specific concerns, issues and projects.	Using judgement for unique circumstances.	Daily	10%

9	Provide general direction and assistance to the Senior Planner in administering the Neighborhood Program, Historic Preservation and Community Development Block Grant program.	Appropriate coaching	Monthly	5%
10	Participate in the coordination of projects with various entities to create and promote diverse housing opportunities; assist developers of affordable housing projects with identification of locations and funding opportunities.	Appropriate methods and tools.	Monthly	10%
11	Provide staff assistance to Boards and City Council as needed.	Provide technical advise	Monthly	5%
12	Provide leadership and staffing for the CORE committee; develop the City's sustainability program.	Appropriate programs and expenditures	Monthly	10%
13	Represent the Division in the community for presentations.	Provide appropriate information	Quarterly	5%
14	Develop and administer the City's developer and redevelopment assistance program.	Using judgement for unique situations	Weekly	5%
15	Administer the City's Energy Impact Grant requests and awards.	Appropriate grant requests	Monthly	5%
16	Manage special projects as needed.		Quarterly	5%
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	Knowledge of operational characteristics, services and activities of Neighborhood Services, including code enforcement and program development; knowledge of recent developments, current literature and sources of information related to all functions of Neighborhood Services; ability to develop and administer division goals, objectives and procedures.
1,11	Knowledge of municipal government services, organization and general political structure.
2,3,7	Knowledge of urban planning, zoning and development theory, principles and practices and their application to a wide variety of municipal services.

1,3,8,11	Knowledge of municipal zoning codes and ordinances, and pertinent Federal, State and local laws, codes and regulations.
2,3,4,10,12,14,16	Knowledge of principles and practices of program development and administration and project management; ability to serve as project manager for complex projects or studies.
6	Knowledge of principles and practices of budget preparation and administration; ability to prepare and administer division and program budgets..
4,5	Knowledge of principles of supervision, training and performance evaluation; ability to select, supervise, train and evaluate staff; ability to oversee, direct and coordinate the work of professional, technical and clerical staff.
all	Knowledge of modern office procedures, methods and equipment, including computers and supporting software.
7,10,11,12,16	Knowledge of methods and techniques of effective technical report preparation and presentation; knowledge of research methods.
7,9,10,12,16	Knowledge of methods and techniques of eliciting community participation in related issues and programs.
7,8,10,11,12,13,14,15,16	Ability to communicate clearly and concisely, both orally and in writing; ability in effective public speaking and presentation techniques.
15	Ability to write and administer grants.
4,5,7,8,10,11,12,14	Ability to establish and maintain effective working relationships with those contacted in the course of work; ability to apply mediation, facilitation and problem solving skills..
2,5,7,8,9,10,11,12,14,16	Ability to analyze problems, identify alternative solutions, project consequences of proposed actions and implement recommendations in support of goals.

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 |

- ☐ ☐ Associate degree (A.S., A.A.) or two-year technical certificate
☒ ☒ Bachelor's degree
☒ ☐ Other (explain):
 Master's degree

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>
Planner	5 years	Planning/Related field	5 years
Planner/Supervisor	5 years	Supervision/Management	5 years
Planner/Manager	10 years		years

a. What field (s) should training or degree be in?
 Planning/Public Administration/Related Field

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

AICP (American Institute of Certified Planners) preferred, but not required.

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
	Office Equipment--computers, phones...	daily
	Automobile	monthly
	Camera	quarterly

5. DECISION-MAKING & JUDGMENTS.

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

1. Must make frequent decisions on code interpretations and applications as it pertains to enforcement and assisting applicants through the development review process.

2. Must make many decisions and judgments as it relates to personnel issues, including hiring, discipline and termination.

3. Make all decisions regarding the division workplan, budget and day-to-day operations.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

How frequently is the activity performed?

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

Importance

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

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

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

Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	2--Very Important	All
Grasping: Applying pressure to an object with the fingers or palm.	0--Never	0--Not Important	
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	0--Never	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	2--Very Important	All
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	2--Very Important	All
Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5--Daily	2--Very Important	All
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	2--Very Important	All
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	2--Very Important	All
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm 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	0--Not Important	
Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	0--Never	0--Not Important	
Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	0--Never	0--Not Important	

Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	0--Never	0--Not Important	
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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).

The Neighborhood Services Division is very autonomous due to location and functions. As Manager, I'm able to make decisions based on general direction for the division using my own judgment. Because of the wide variety of functions, I interact with most of the other City Departments on a regular basis and am able, in many circumstances, to be the coordinator for a number of citywide functions and services. Also, because of the wide range of functions, I interact on a regular basis with many outside entities and individuals. Neighborhood Services has become the "go to" division for a number of issues and programs.

EMPLOYEE CERTIFICATION

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

Signed: *Raymond M. Porter*

Date: 12-31-08

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

This section is to be used by the Supervisor to note any additional comments, additional duties or disagreements with any section of the questionnaire. The Supervisor should not change anything written by the individual filling out the questionnaire nor should they address any performance issues. Please remember that this questionnaire is intended solely for the purpose of accurately describing the job in question. 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: _____

Supervisor Signature: _____ Date: _____

Department Head Signature: *Terri Mow* Date: 1-8-09

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.

