

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? ☒ Yes ☐ No

If yes, please list all employee names.

Brian Rusche, Lori Bowers, Scott Peterson,
Senta Costello

Division: Planning

Department: Public Works & Planning

For Individual Questionnaires Only:

Employee Name:

(Last)

(First)

(Middle Initial)

Current Classification Title: Senior Planner

Division Planning

Department Public Works & Planning

Total Length of Time with organization

Years

months

Total Length of Time in Current Position

Years

months

Assigned Hours/Week:: from 8 to 5 and night
meetings as needed

Assigned Days/Week Monday -
Friday

Email:

Work Phone:

Immediate Supervisor:

Immediate supervisor reports to:

Name: Greg Moberg

Name: Lisa Cox

Title: Planning Services Manager

Title: Planning Manager

**Work
Phone** 256-4023

**Work
Phone:** 244-1448

E-mail: gregm@gjcity.org

E-mail: lisac@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.

The Senior Planner requires advanced professional planning experience of high complexity and variety. Some functions are similar to those of the Associate Planner level, though the Senior Planner often leads or is significantly involved with larger, more complex planning assignments. Planners at this level exercise greater independence and judgement, receiving general supervision from senior management. This position manages development projects including simple subdivisions, condo plats, major and minor site plans, annexations, rezones, vacations, variances, Conditional Use Permits, Planned Developments, major subdivisions, and various permits. The Senior Planner works closely with the development community through the review, approval, and completion of projects. An Senior Planner is expected to lead various meetings and present development projects to City Council, Planning Commission, and the Zoning Board of Appeals. The Senior Planner is expected to possess in-depth knowledge of the City's Code, SSID manual, TEDS manual, ordinances, standards and neighborhood/area plans. Extensive research is frequently required to be conducted for development projects. The Senior Planners mentor the Planning Technicians and Associate Planners.

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 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 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.	3

- 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

Development Engineers (4)
Principle Planner (1)
Associate Planners (4)
Planning Technician (6)
Administrative Assistant (1)
Administrative Specialist (1)

YOUR DIRECT REPORTS' JOB TITLES

N/A

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		
Development Engineers	Daily	Project review & input - traffic, drainage, streets
Fire Dept	Weekly	Project review & input - access, fire flow
City Attorneys	Daily	Project review & input - review of Conditions Covenants and Restrictions, easement/plat language
City Real Estate	Weekly	Project review & input - legal descriptions, easements, plat information
Parks & Recreation	Monthly	Project review & input - facility needs, trails
City Clerks Office	Weekly	Project review & input - City Council agendas/reports, document recordation, City records, liquor license information

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Surveyors	Daily	Project review & input - boundary issues, legal descriptions & exhibits, plats
General Public	Daily	Project review & input - zoning, project and development questions
Attorneys	Weekly	Project review & input - Conditions Covenants and Restrictions information, easements, boundary questions, Code requirements
Developers	Daily	Project review & input - project requirements, project status
Utilities	Weekly	Project review & input - facility and easement requirements
Development Consultants	Daily	Project review & input - project requirements, project status

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	Manages development projects including simple subdivisions, condo plats, major and minor site plans, annexations, rezones, vacations, variances, Conditional Use Permits, Planned Developments, major subdivisions, and various permits.	Determination of Code compliance and approval, denial, or recommendation to Planning Commission, City Council and/or Zoning Board of Appeals	Daily	20
2	Writes and presents formal and technical reports for Planning Commission, City Council and Zoning Board of Appeals public hearings and serves as liason to such groups.	Recommendation of approval or denial of a proposed project.	Daily	15
3	Performs Preapplication Meeting and General Meetings and prepares comments regarding the meeting.	Determination of Code requirements for a proposed development	Weekly	10
4	Researches, interprets and implements federal, state, county and local codes, plans, ordinances and regulations for development projects.	Determination of Code compliance.	Daily	15
5	Conducts field site inspections to gather data relevant to development projects and to verify that development complies with approved plans.	Determination of constructed project compliance with approved plans	Weekly	5

6	Evaluates adequacy of community facilities in meeting current and future project needs.	Determination of adequacy of community facilities in relation to a proposed development	Weekly	5
7	Recommends policy and guideline changes.	Recommendations to amend policies and guidelines to the Planning Manager based on deficiencies of the Code	Monthly	
8	Assists staff, the public and outside agencies with a high level of customer service to ensure a timely review process and compliance with codes and regulations.	Determination of Code compliance for a proposed project	Daily	10
9	Attends substantial number of meetings outside normal working hours (i.e. City Council, Planning Commission, and Neighborhood Meetings.	Determination of Code compliance for a proposed project	Daily	5
10	Stays current on trends and research in the field of community development in order to identify community and neighborhood problems, issues and opportunities that could be mitigated with better community planning	Determination of community and neighborhood problems and issues and potential solutions.	Weekly	
11	Reviews, administers and follows up on Development Improvement Agreements for cost estimates regarding public infrastructure and site amenities.	Determination of adequacy of Development Improvements Agreement cost estimates	Weekly	
12	Mentor Associate Planners and Planning Technicians within the organization	Help better understand Codes and regulations in relation to their projects and customer inquiries.	Daily	
13	Meets appropriate deadlines throughout the review process through efficient time management practices.	Determination of project priorities with a project and project to project.	Daily	10
14	Reviews legal documents (i.e. plats, easements, covenants and legal descriptions)	Determination of Code compliance for a proposed project	Daily	5
15	Assists with the presentations, updates and maintenance of Comprehensive Plan, special neighborhood plans, the land development codes, regulations and standards.	No	Weekly	
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
1-5; 10-12; 14-15	Advanced knowledge of the philosophies, principles, practices, and techniques of planning
1-5; 10-12; 14-15	Well developed knowledge of one or more planning disciplines such as urban design, affordable housing, economic development or land use
1; 5; 8; 11; 14	Knowledge and experience in construction processes
1-5; 10-12; 14-15	Knowledge of principles, methodology, practices of research and data collection
1-4; 10; 14-15	Knowledge of effective writing techniques
1-4; 10; 12; 14-15	Knowledge of computer software programs, which does include Microsoft Office, Impact AP, ISYS, Internet applications, and GIS
1-4; 10; 12; 14-15	Excellent oral and written communications skills for preparing and presenting planning reports and projects
13; 5; 9-10; 15	Excellent interpersonal skills for facilitating relationships with elected/appointed officials or other decision makers
1-4; 9-12; 14-15	Creative problem solving skills to gather relevant information to solve undefined planning problems and conflict resolution
1-4; 9-10; 15	Group facilitation skills for use with community workshops and neighborhood meetings
1-15	Ability to work on several projects or issues simultaneously
1-4; 9-12; 14-15	Ability to provide effective mentoring and staff management
1-15	Ability to manage projects effectively and meet firm deadlines
1-15	Must have exceptional/essential internal & external customer service skills
1-15	Must be able to work well in a team environment

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bachelor's degree
<input 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>
Specialized training/professional development in Planning	years	Specialized training/professional development in Planning	5 years
Technical writing and plan review skills	years	Technical writing and plan review skills	5 years
	years		years

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

Planning, Social Sciences, Environmental Design/Architecture, Landscape Architecture, Geography, Political Science, Civil Engineering, Business

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.

None. However, certification by the American Institute of Certified Planners is highly desirable.

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
1-4; 9-11; 14-15	Computer	Daily
1-4; 9-11; 14-15	Telephone/Fax	Daily
1-4; 9-11; 14-15	Copier	Daily
1-4; 9-11; 14-15	Printer	Daily
1-15	Architect/Engineering Scale; tape measure	Daily
1-4; 9-11; 14-15	Scanner	Weekly
1-4; 9-11; 14-15	Calculator	Daily
1-15	Standard office supplies (i.e. stapler, pens, post-its, highlighter, etc.)	Daily
5; 9	City vehicle	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. Determination of Code compliance of a proposed project.

2. Determination of project progression through the review/approval process.

3. Determination of information and input required from outside agencies.

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.	2--Quarterly	1--Somewhat Important	1; 4; 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.	0--Never	0--Not Important	0
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.	4--Weekly	1--Somewhat Important	1; 4; 11
Kneeling: Bending legs at knee to come to a rest on knee or knees.	3--Monthly	1--Somewhat Important	1; 4; 11
Crouching: Bending the body downward and forward by bending leg and spine.	4--Weekly	1--Somewhat Important	1; 4; 11
Crawling: Moving about on hands and knees or hands and feet.	0--Never	0--Not Important	0
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	1; 4; 11
Standing: Particularly for sustained periods of time.	5--Daily	2--Very Important	1-12; 14
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	2--Very Important	1-15
Pushing: Using upper extremities to press against something with steady force in order to thrust	1--Annually	0--Not Important	1; 4; 11

forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	1--Annually	0--Not Important	1; 4; 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	1-15
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	1-15
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	2--Very Important	1; 4; 11
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	0
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	1-15
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	1-15
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	1-15
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1-2; 4; 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	1-2; 4; 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	0--Never	0--Not Important	0

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.			
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	0
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	0
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	0

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).

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.

Employee Signature:

Let A. Pickett
Bi. Pickett
Lucy V. Bowen
1/5/09

Date: *1-5-09*
1/5/09
1/5/09

Supervisor
Signature:

Lisa E Cox

Date: *1-6-09*

Department Head
Signature:

Tim Moa

Date: *1-9-09*

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.

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.
--	---

Division: Neighborhood Services

Department: Public Works and Planning

For Individual Questionnaires Only:

Employee Name:	Ashbeck	Kristen	Kay
	(Last)	(First)	(Middle Initial)

Current Classification Title: Senior Planner

Division	Neighborhood Services	Department	Public Works and Planning
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Total Length of Time with organization 17 Years 9 months

Total Length of Time in Current Position 11 Years 0 months

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

Email: kristena@gjcity.org

Work Phone: 970.244.1491

Immediate Supervisor:

Immediate supervisor reports to:

Name: Kathy Portner

Name: Tim Moore

Title: Neighborhood Services Manager

Title: Dept Head

Work Phone 970.244.1420

Work Phone: 970.244.1557

E-mail: kathyp@gjcity.org

E-mail: timm@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.

To manage, oversee and coordinate the City's Community Development Block Grant activities; to manage, oversee and coordinate the City's Neighborhood Program; to manage, oversee and coordinate the City's Historic Preservation planning and activities; to perform advanced professional level duties in the development, implementation and modification of City plans and regulations; to provide planning and development services; to provide public assistance and liaison to other organizations, agencies, consultants, and developers; to ensure adherence to City, State and Federal rules, regulations, codes, ordinances and standards as applicable; and to perform a variety of duties relative to assigned areas of responsibility.

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

Code Enforcement Officer
Administrative Assistant
Weed Surveyor

YOUR DIRECT REPORTS' JOB TITLES

Neighborhood Services Manager

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		
Clerical, Other Depts	Daily	Project coordination, provide/collect information
Professional/Tech same and Other Depts	Daily	Provide/Collect Information, program /project coordination,solve problems/negotiate solutions within policy and involving policy change
City Planning Commission	Yearly	Provide information, solve problems/negotiate solutions within policy
Managers Other Depts	Monthly	Provide/Collect Information, program/project coordination,solve problems/negotiate solutions within policy and involving policy change
City Council	Monthly	Provide/Collect Information, solve problems/negotiate solutions within policy and involving policy change
Historic Preservation Board	Monthly	Staff to Board - Provide/Collect Information, program /project coordination

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
General Public	Daily	Provide/Collect Information, program /project coordination,solve problems/negotiate solutions within policy
Contractors, Engineers and/or Developers	Weekly	Provide/Collect Information, program /project coordination,solve problems/negotiate solutions within policy
Vendors/Consultants	Monthly	Provide/Collect Information, program/project coordination,solve problems/negotiate solutions within policy
Public Agencies	Monthly	Provide/Collect Information, program/project coordination,solve problems/negotiate solutions within policy
Committees - CDBG, Historic Preservation & Neighborhood	Weekly	Provide/Collect Information, program /project coordination,solve problems/negotiate solutions within policy
Neighborhood Groups	Daily	Provide/Collect Information, program/project coordination,solve problems/negotiate solutions within policy

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, Oversee and Coordinate Community Development Block Grant (CDBG) Program	Duties all involve decisions in order to administers the program, prepare staff reports/recommendations to City Council, answer questions of non-profits, coordinate/solve problems with HUD representatives	Weekly	20%
2	Provide recommendations on CDBG program funding priorities and projects; manage program budget, including communication with HUD representatives	Read all applications, staff reports/make recommendations for funding to City Council, interpretation of HUD regulations	Weekly	part of 20% above

3	Perform routine review and monitoring of sub-recipient block grant projects and activities; work with non-profit agencies regarding application for CDBG funds; determine National HUD compliance requirements	Duties all involve making decisions, write HUD required reports, submit HUD required forms, prepare legal advertisements, review HUD regulations, prepare RFPs as needed , oversee project budgets	Weekly	part of 20% above
4	Manage, oversee and coordinate Neighborhood Program including responsibility for budget and coordinating involvement of Code Enforcement Officers in Neighborhood Program and projects	Duties all involve making decisions in order to administer the program , oversee overall program budget	Daily	20%
5	Provide technical and coordination assistance to general public and neighborhood groups regarding neighborhood recognition, activities, grants and other City programs	Make decisions on funding and budget, provide information that answer s questions from neighborhoods	Daily	Part of 20% above
6	Manage, oversee and coordinate Historic Preservation Program and Planning, including responsibility for Historic Preservation budget	Duties all involve making descision in order to administer the program. Write staff reports on proposed projects, project status, oversee budget	Weekly	20%
7	Provide technical assistance to the Historic Preservation Board; coordinate the processing of historic designation nominations; serve as project manager for historic preservation projects; provide historic preservation information to the general public and internal customers.	Duties all involve making decisions in order to administer the program; write staff reports on proposals, determine Board meeting agendas, determine Board activities	Weekly	Part of 20% above
8	Prepare grant proposals for state and federal historic preservation funds; administer and monitor programs and grant funds to achieve stated goals; prepare grant status reports as required.	Duties all involve making decisions; prepare RFPs, write grant applications, oversee project budget(s)	Weekly	Part of 20% above
9	Perform advanced professional level duties in the development, implementation and modification of City plans/regulations	Provide and Collect information, write summary staff reports and recommendations	Monthly	10%
10	Neighborhood Services Liaison – Serve as staff on a variety of internal and external boards, commissions , committees and groups involved in the development, adoption and implementation of City plans, regulations and programs.	Provide and Collect information for internal contacts and for neighborhood groups and general public	Monthly	5%
11	Provide information and assistance to general public, internal customers, consultants, developers	See above	Daily	15%

12	Conduct and/or act as project manager for long range and special planning studies; gather data for evaluating current and advance planning projects; research applicable statutes, laws, and regulations to identify planning guidelines and restrictions placed on local planning activities by state and federal authorities.	All duties involve making decisions in order to implement these activities and write reports, make recommendations	Annually	5%
13	Coordinate and conduct research; compile and analyze statistical and descriptive data; prepare tables, graphs, and narratives.	All duties involve making decisions in order to implement these activities and write reports, make recommendations	Quarterly	3%
14	Attend and participate in professional group meetings; stay abreast of new innovations and trends in the field of planning and, in particular the areas of neighborhood programs/planning, historic preservation and CDBG programming.		Quarterly	2%
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	Principles and practices of CDBG program development, implementation and administration. Be able to develop, implement and administer CDBG program.
1, 2, 3	CDBG regulations and monitoring requirements of sub-recipients receiving block grant funds, CDBG goals and strategies of the City. .
1, 3, 4, 5, 8	Principles and practices of grant funding and contract administration.
4, 5	Operations, services and activities of a neighborhood program.
6, 7, 8	Operations, services and activities of historic preservation planning/program.
6, 7, 8	Historic preservation laws, regulations and programs
All	Advanced principles and practices of urban planning, zoning and development. Recent developments, current literature and sources of information related to areas of responsibility.

1, 4, 6, 12	Knowledge of principles and practices in order to effectively serve as project manager for various duties.
1, 6, 13, 14	Pertinent Federal, State and local laws, codes and regulations and be able to interpret, apply and explain.
All	Knowledge of methods and techniques in order to prepare and present effective technical information and data.
All	Research methods and sources of information related to urban planning and development.
All	Current office procedures, methods and equipment including computers and supporting word processing, GIS, PowerPoint, graphic and spreadsheet applications and HUD IDIS project reporting system.
10	Provide staff support to assigned commissions, committees, groups.
All	Communicate clearly and concisely, both orally and in writing.
All	Establish and maintain effective working relationships with those contacted in the course of work.

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bachelor's degree
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (explain): Masters of Urban and Regional Planning and hold a Planning Certification (AICP)

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>
Planning	25 years	Planning	5-7 years
	years		years
	years		years

a. What field (s) should training or degree be in?
Planning or planning-related field of study

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.

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
All	Computer / Printer	Daily
All	Digital Photography	Monthly

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. Funding grant recipients. I read grant applications for CDBG and Neighborhood Program grants. I regularly make recommendations on funding (CDBG) and make decisions on funding for Neighborhood grants.
 - 2. Provide information to general public, neighborhood groups , internal contacts, City Council. I determine what is necessary and important information to provide to others to assist with problem-solving, administer and oversee programs, and write status reports
 - 3. Involvement of other staff, agencies, etc. In working with the programs that I administer, I regularly make decisions and judgements as to when and how others may be able to assist with problem-solving and program administration.

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.	Select	Select	
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.	Select	Select	
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.	Select	Select	
Kneeling: Bending legs at knee to come to a rest on knee or knees.	Select	Select	
Crouching: Bending the body downward and forward by bending leg and spine.	Select	Select	
Crawling: Moving about on hands and knees or hands and feet.	Select	Select	
Reaching: Extending hand(s) and arm(s) in any direction.	Select	Select	
Standing: Particularly for sustained periods of time.	Select	Select	
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	2--Quarterly	1--Somewhat Important	
Pushing: Using upper extremities to press against something with steady force in order to thrust	Select	Select	

forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	Select	Select	
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	All
Grasping: Applying pressure to an object with the fingers or palm.	Select	Select	
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	2--Quarterly	1--Somewhat Important	All
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	Select	Select	
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	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.	Select	Select	
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	All
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	Select	Select	
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	2--Quarterly	1--Somewhat Important	All

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.			
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.	Select	Select	
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.	Select	Select	
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.	Select	Select	

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).

With the reorganization of the City departments/personnel in early 2007, the Neighborhood Services Division was created that encompasses Code Enforcement, Housing, Energy Conservation, Weeds, Historic Preservation and the Neighborhood Program. During that time, it was identified that my position as a Senior Planner in Public Works and Planning would be filled by a new employee and I would be transferred to the Neighborhood Services Division in Administration.

My position as a Senior Planner in Planning primarily involved review of current development projects. However, in the 17 years I have been with the City of Grand Junction I have always worked on and been involved in projects related to many of the aspects now under neighborhood services. For example, I was involved in the development of the Neighborhood Program as it presently exists and, and with the projects I have been involved in, I have always envisioned more that we as a City could do to promote and enhance it. Creation of the Neighborhood Services Division is an innovative tool that represents that opportunity and I welcomed the chance to be a part of it and be manager of the Neighborhood Program.

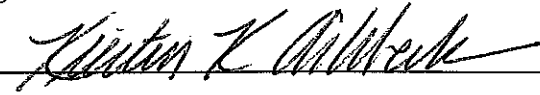
Also, for the past 10 years, I have been involved in the administration of the Community Development Block Grant (CDBG) program. I have enjoyed working with the program and my past experience prepared me for my new role as manager of the program.

My career in Grand Junction has also included historic preservation and neighborhood planning. I have served as staff to the Historic Preservation Board since its inception in 1994 and have been involved in other aspects of historic preservation planning, including grant writing and administration. I have also been involved in the planning process for many of the City's neighborhood and area plans, including most recently, serving as manager of the South Downtown Neighborhood Plan planning effort.

This experience, along with the areas mentioned above and my general interest and background made it a natural transition for me to evolve to my current role in the Neighborhood Services Division. I am excited about the opportunities my new role in the Neighborhood Services Division has created. I feel I bring timely and pertinent experience and enthusiastic interest in many different but often inter-related aspects of this new Division. I view this new role as an opportunity for both personal growth as well as growth for the City to continue progress towards goals set forth in the Strategic Plan regarding neighborhood-based involvement in our community.

EMPLOYEE CERTIFICATION

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

Signed:  Date: 1/1/09

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

[illegible]

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: Kathleen M. Portman Date: 12-31-08

Department Head
Signature: Tom Mow Date: 1-8-08

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.

