

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: Transportation Engineer

Department: Public Works & Planning

For Individual Questionnaires Only:

Employee Name: Mallory Sandra A
(Last) *(First)* *(Middle Initial)*

Current Classification Title: Transportation Systems Analyst

Division Public Works & Planning **Department** Transportation Engineering

Total Length of Time with organization 12 Years 2 months

Total Length of Time in Current Position 9 Years 11 months

Assigned Hours/Week;; from 7:00 t o 3:30 **Assigned Days/Week** 5

Email: sandym@gjcity.org **Work Phone:** 970-244-1567

Immediate Supervisor:

Immediate supervisor reports to:

Name: Jody Kliska **Name:** Trenton Prall

Title: Transportation Engineer **Title:** Engineering Manager

Work Phone 970-244-1591 **Work Phone:** 970-256-4047

E-mail: jodyk@gjcity.org **E-mail:** trentonp@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.

Perform a variety of professional, technical, and analytical duties in support of the City's Transportation Engineering Division; review existing and proposed traffic control devices for safety and compliance with applicable codes and design and implement changes to City-wide traffic controls; provide technical and staff assistance to management staff and other divisions within the organization, along with other outside entities.

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).	2
<input checked="" type="checkbox"/>	I make work assignments for others.	7
<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 checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	2

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
Tranportation Systems Analyst
Transportation Support Technician
Transportation Engineering Assistant
Traffic Technician/Traffic Crew Leader
Maintenance Supervisor (Traffic)
Administrative Clerk
Traffic Signal Technician/Traffic Signal Crew Leader

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		
Public Works & Planning	Daily	Planning & Engineering for subdivision issues, Eng. Field Services for traffic control issues
GIS	Weekly	Mapping
Neighborhood Services	Weekly	Neighborhood issue, sight distance evaluation, sign issues.
Parks & Rec	Monthly	Sight distance issues, sign obstructions.
Police	Weekly	Traffic issues, School issues
Streets & Utilities	Daily	Traffic issues related to their work.

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Mesa County School Dist. 51	Weekly	School issues, School zones.
Mesa County Traffic Services	Monthly	Coordination of traffic area, signs, signals, markings, schools.
Xcel Energy	Weekly	Street lights
GVRP	Weekly	Street lights
General Public	Daily	Request or complaints for traffic related issues.
Contractors & consultants	Monthly	Subdivision reviews and information, signs, requests for data, analysis.

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.

EXAMPLE (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	Participate in the operations & activities of the City's Transportation Engineering programs.	Provide recommendation for improving the operational efficiency of the City's transportation programs.	Daily	5%
2	Participate in a variety of traffic-related studies; oversee & participate in the collection of traffic related data; analyze data for planning and transportation engineering evaluations.	Provide professional level analysis of issues & prepare recommendations relative to area of responsibility.	Weekly	6%
3	Prepare reports, drawings & sketches for internal & public information & use in meetings, installations & construction. (ie: annual crash report)	Professional and detailed analysis of data.	Quarterly	5%
4	Administer the review of existing & proposed traffic control devices for safety & compliance with applicable traffic control codes & regulation; provide for adequate & safe pedestrian & vehicle access.	Implementing current engineering practices & correct use & interpretation of codes, laws, regulation and transportation related manuals.	Daily	5%
5	Oversee the requests and installation of street lighting within the City of Grand Junction; working with Xcel Energy & GVRP.	If street lights are needed or not and if money is available, types and wattage of fixtures.	Daily	10%
6	Create and update various traffic related maps using current mapping software (CAD) ie; fiber optic cable map, school walk route maps, bike route map, truck route map.	Knowing where utilities are; what the school boundaries are; bike routes & truck routes	Quarterly	15%

7	Create & issue work orders for the installation of traffic signs, signals, pavement markings, and streetlights.	Deciding if the traffic control device is needed and will provide safety.	Daily	20%
8	Meet with contractors & City staff to identify & resolve problems; monitor & evaluate procedures & service levels.	Decide if there is a problem, identify it and decide how to resolve it.	Monthly	5%
9	Respond to inquiries & requests by members of the public, City staff & outside agencies; provide transportation information and explain policies, procedures & service; perform field investigations of transportation related requests.	Decide how to respond to the request and which policies are applicable and if a field investigation is needed.	Daily	20%
10	Attend & participate in professional group meetings; stay abreast of new trends & innovations in the field of transportation planning.	Decide level of participation and what kind of response is needed from transportation.	Quarterly	5%
11	Assist with programming and maintenance of school flasher time clocks; work with school district 51.	What schools have flashers and what flasher times to implement.	Occasionally	2%
12	Assist with signal timing and signal timing database as needed.	What traffic flow is in the area of the signal and what timing plans have been implemented or need to be implemented or adjusted.	Occasionally	2%
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	A working knowledge and understanding of the City's transportation programs & goals.

2,7	A working knowledge of equipment used for data collection and the ability to provide professional level of analysis and prepare recommendations from data collected.
3,4	Ability to analyze data and interpret for public information through reports, drawings and sketches. Need skills with appropriate software programs to create information in appropriate format.
4,7,8,9	Knowledge of current engineering practices and ability to interpret codes and information from transportation related manuals. Skill in design and review of traffic control plans.
5	Ability to manage budget and a knowledge of street lighting practices and mapping for diagrams Ability to read and understand engineering plans.
3,6	Ability to create maps using current mapping software (CAD). Knowledge of engineering standards.
3,7,9	Knowledge of current engineering practices and warrants concerning signs, signals & markings. Ability to create work orders within current software programs.
5,8,9	Ability to communicate with outside contractors and City staff. Ability to make decisions based on current engineering practices.
5,8,9	Ability to communicate with the public and other agencies in a professional manner. Have a working knowledge of City policies, procedures and services. Ability to perform field investigations. Analytical skills and reasoning ability.
10	Ability to research trends and innovations in the transportation planning field. The skill to communicate ideas in a professional environment.
11	Knowledge of the school flasher equipment & program and how to operate. Knowledge of school operating times.
12	Knowledge of signal timing, signal data base and traffic flow ability to use associated hardware and software.

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**

Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)

- High School Diploma or equivalent (G.E.D.)
- 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):
Special certifications for signals, signs, markings, traffic control.

2. EXPERIENCE: What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

<u>Type of Experience</u>			
<u>You Have</u>	<u>Your Time</u>		<u>You Need</u>
			<u>Minimum Time Required</u>
			years
Technical and analytical experience in field of transportation planning & engineering.	22	years	Ongoing
Municipal experience	18	years	0
Public communication	25	years	Ongoing
			3
			1
			1
			years
			years

- a. What field (s) should training or degree be in?
- Traffic planning and engineering principles
 - Highway/street construction, traffic control
 - Traffic data collection and analysis.
 - Statistical analysis and reporting
 - Public communications and customer service
 - Computer skills training

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.

- Work Zone Certification
- Traffic Control Supervisor Certification
- Signs & Markings Levels I & II Certification
- Traffic Signal Levels I & II Certifications

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
2,3,5,6,7,11,12	Computer	80
2,9	Traffic Counters	5
3,5,6,7,9,	Measuring Devices	15
2,4,5,7,8,9	Operate a motor vehicle	

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. The decision to deny or approve request for traffic control devices by deciding if the installation will provide regulation, warning and guidance needed for reasonably safe, uniform and efficient operation of all elements of vehicle and pedestrian traffic.

2. Decide if a study needs to be conducted for a traffic related issue and what type of study. Planning and organizing the study.

3. Deciding whether or not to approve expenditures of City funds for internal and external traffic related projects such as street light installations.

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.	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.	5--Daily	1--Somewhat Important	5,8,9
Kneeling: Bending legs at knee to come to a rest on knee or knees.	4--Weekly	3--Extremely Important	2,9,11,12
Crouching: Bending the body downward and forward by bending leg and spine.	4--Weekly	3--Extremely Important	2,9,11,12
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	3--Extremely Important	all
Standing: Particularly for sustained periods of time.	4--Weekly	3--Extremely Important	2,9,11,12
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	4--Weekly	3--Extremely Important	2,9,11,12
Pushing: Using upper extremities to press against something with steady force in order to thrust	0--Never	0--Not Important	

forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	4--Weekly	3--Extremely Important	2,9
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	2,3,6,7,10
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	2,3,6,7,10
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.	4--Weekly	2--Very Important	2,9
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 work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	1,8,9,10
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	3--Extremely Important	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	3--Extremely Important	all
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely 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	4--Weekly	1--Somewhat Important	2,5,8,9

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	
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	

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

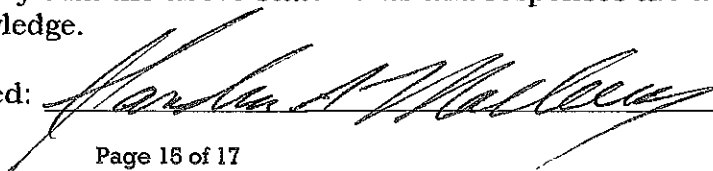
ADDITIONAL COMMENTS

Are there any additional comments you would like to make to be sure you have described your job adequately? (Use additional sheets if necessary).

Need a valid Colorado driver's license.

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

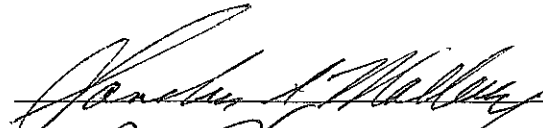
Please check the appropriate statement:

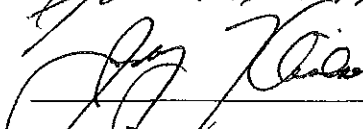
I agree with the incumbents' position questionnaire as written.

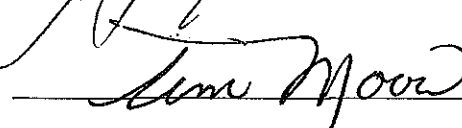
The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.

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: 12-22-08

Supervisor Signature:  Date: 12-22-08

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.

