

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: Administration

Department: Fire

For Individual Questionnaires Only:

Employee Name:	Howard	John	C
	(Last)	(First)	(Middle Initial)

Current Classification Title: EMS Divison Chief

Division	Administration	Department	Fire
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Total Length of Time with organization 24 Years 5 months

Total Length of Time in Current Position 2 Years 5 months

Assigned Hours/Week:: from 08:00 **t o** 5:00 **Assigned Days/Week** 5

Email: johnh@gjcity.org **Work Phone:** 244.1412

Immediate Supervisor::

Immediate supervisor reports to:

Name:	Jim Bright	Name:	Ken Watkins
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Title:	Deputy Operations Chief	Title:	Fire Chief
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Work Phone	244.1466	Work Phone:	244.1415
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E-mail:	jimb@gjcity.org	E-mail:	kenw@gjcity.org
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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.

Provides Administrative oversight and support for the delivery of Emergency Medical Services in Grand Junction and surrounding areas. This includes first response and transport services for both the 911 generated calls and also "non-emergent" services.

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.	1
<input checked="" type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	8-12
<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).	116
<input checked="" type="checkbox"/>	I make work assignments for others.	4
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	16-20
<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.	4
<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

Battalion Chief
Training Officer

YOUR DIRECT REPORTS' JOB TITLES

EMS Senior Administrative Assistant
EMT-B (Seasonal)
Paramedic (Seasonal)

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

☒ Full Time 1 ☐ Part-Time ☒ Seasonal/Temp 8-12 ☐ 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		
Line Fire Personnel	Daily	EMS related functions,
Command Staff	Daily	Management related contacts
Administrative Staff	Daily	Management related contacts
AIM Group (Other second tier managers in other departments)	Biweekly	City wide management related
Human Resources	Several times per week	Recruitment, management issues
Information Services, Purchasing, Fleet, etc.	Several times per week	Records Management issues

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
County Medical Director	Several times per week	Clinical oversight purposes
County EMS Coordinator	Several times per week	To coordinate with County resources
Emergency Department Physicians, Emergency Departments	Monthly	Serve as Liaison with Emergency Departments and their staff
Community, County, and regional EMS Committees to include QA, Dispatch Review, NWRETAC, Training/Education, etc	Weekly to Monthly	Coordination of EMS programs with other agencies and entities in the county and region
Facilities we serve (skilled nursing facilities, Psych Hospital, Detox Center, Hospitals, Assisted Living, etc.	Weekly	Coordination of EMS services with facilities and their staffs
Vendors, General Public, Training Centers	Daily	Purchasing contacts/ Public questions, complaints, compliments, education/ Training coordination, field internship coordination for EMS students.

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Ensures that all GJFD personnel meet state and county and departmental EMS training and certification standards. Ensure all EMS personnel meet high clinical performance competencies/.	Setting training curriculum, schedules, measuring, reporting, and remediation.	Daily	10%
2	Oversight of GJFD Quality Assurance Program to include oversight of the EMS Shift Coordinators in their audit of all patient care reports generated in the system, setting standards for compliance, handling complaints, coordinating complaint followup with line supervisors	Judging clinical EMS competencies for all GJFD line personnel, integrating program with that of the Medical Director and developing comprehensive approach with the EMS Shift Coordinators	Daily	10%

3	Oversight of GJFD EMS record keeping within the records management system	Design of system components, training oversight of personnel in the records system, implementation of standards.	Daily	5%
4	GJFD liaison to dispatch for EMS related dispatching policies/procedures	Setting standards, implementation of policies, improving efficiency of responses	Weekly	5%
5	Reporting; County Response Time Compliance, County required monthly reports, Dept., City and County specialized reports, Controlled Drug tracking, personnel certification/compliance reporting, State and national EMS data submission. Oversight of EMS billing reports.	How to effectively track EMS activity,	Daily	5%
6	Oversight of interfacility and long distance EMS transport services and event standby services to include our contract for non-emergent dispatching services with a Denver area private dispatch center	Staffing, planning, contracts, scheduling, equipment needs, training, liaison with facilities and our private dispatch provider, includes ride alongs and occasional ambulance staffing	Daily	10%
7	Oversight of EMS billing both internally with the EMS Senior Administrative Assistant and externally with our private billing company.	Contract oversight, policy development, ensuring effectiveness and efficiency of our billing program. Ensuring compliance with Federal and State laws and industry standards. Recommending fee schedules.	Daily	5%
8	Ensuring Compliance with county and federal regulations, such as confidentiality, County Resolution requirements, and Medicare/Medicaid rules	Setting Departmental policies, training, and ensuring record security. Serve as the Departments HIPAA Compliance Officer. County; ambulance licensing, fees, personnel requirements, record keeping, etc.	Weekly	5%
9			Select	

10	Oversee and coordinate EMS Field Supervisors (three; one per shift) and the EMS Senior Administrative Assistant	Planning, quality assurance practices, training and continuing education coordination, implementing customer service initiatives, and maintaining and enhancing our equipment and medical supplies	Daily	5%
11	Administrative oversight of the department's medical surveillance program with our outside contractor (St. Mary's Hospital Occupational Medicine)	Contract oversight. Budget oversight, record keeping, Includes oversight of our exposure prevention, tracking and followup procedures and training.	Weekly	5%
12	Oversight of Paramedic training process for incumbent employees and contract oversight with various EMS Training Centers for the field internship services we provide to all levels of EMS students	Involves an annual selection process of qualified candidates, budget oversight, liaison with college programs, and resolving scheduling issues. Serve as liaison with the various colleges and training centers for student ride along scheduling, ensuring prerequisites are met, and ensuring students are obtaining quality training and feedback.	Monthly	5%
13			Select	
14	Ambulance contracts oversight	Includes our three hospitals, Hospice, medical flight programs, skilled nursing facilities, and our billing and dispatching contracts	Weekly	5%
15	EMS Equipment and supply procurement	Includes planning (consensus building), budget oversight, grant proposal development, inventory management and in the case of our controlled drugs, compliance with federal regulation.	Daily	10%

16	Representative of GJFD for/, City, local, county, and regional EMS groups and committees	Command Staff, City Managers group, Mass Casualty group, NWRETAC, Emergency Hold Task Force, QA Committees, State EMS Section activities, Conference and Training program planning committees, Physician groups at each hospital, etc.	Weekly	10%
17	Uniform Committee	Coordinate committee as chair person	Daily	5%
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
2,4,5,10,11,12,15,16	Paramedic Level Certification and associated knowlegde and skills
1,2,3,5, 6, 7, 8,10,11,12,14, 16	Associate's Degree in Fire Science, EMS, Public Administration or related field
1, 2, 5, 8, 10, 11, 12, 16	EMS/Fire Instructor Certification
2, 5,7,10,11,12,14,16	Fire Officer I Certification
All	Seven years of fire suppression, prevention, and emergency medical response experience
All	Three years of administrative and supervisory experience
1, 2, 3, 4,5,6, 7,9,10,11, 12, 14, 15, 16, 17	Operational knowledge of computer programs to include MS Word, Xcel, Powerpoint, and other specialized programs including our Records System, Dispatch CAD and Priority Dispatch, networking applications, and the internet.
1,2,3,5,8,12,15,16	Knowledge of available local, county, state, and federal resources and processes
All	Communication Skills; orally and in writing
1,2,4,5,10, 11, 12, 15, 16	Working knowledge of emergency equipment, communications equipment, training adjuncts, and medical procedures
All	Knowledge of emergency medical system design, implementation processes,

	operational requirements, quality assurance practices and trends
1,2,3,4,5,6,7,8,10,11,14,15,16	Knowledge of budgeting principles, data analysis, laws and regulations

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 checked="" type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
		Other (explain):
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Paramedic Certification, Fire Officer I, Fire Instructor/EMS Instructor Certification,

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

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Line Experience including EMS response	12 years	Line Experience including EMS response	7 years
Supervisory/administrative Experience	13 years	Supervisory Experience	3 years
EMS experience total	32 years	EMS experience	7 years

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

EMS Management, Business Administration, Public Administration, Fire Science, or 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.

Paramedic Certification, Drivers License, Fire Officer I, Fire Instructor I or EMS Instructor Certification, Advanced Cardiac Life Support Certification,

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
1,10,12,15,16	EMS machines and equipment,	daily
all	Computer equipment\	daily
1,2,10,12,16	Training adjuncts	monthly
1,6,10	Fire Department apparatus/ambulances	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. Budget management decisions related to EMS

2. EMS Planning decisions

3. Policy related to EMS Issues

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.	3--Monthly	1--Somewhat Important	1,10,15
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.	1--Annually	1--Somewhat Important	1
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.	3--Monthly	1--Somewhat Important	1,6
Kneeling: Bending legs at knee to come to a rest on knee or knees.	1--Annually	1--Somewhat Important	1
Crouching: Bending the body downward and forward by bending leg and spine.	1--Annually	1--Somewhat Important	1
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	1--Somewhat Important	1,6
Standing: Particularly for sustained periods of time.	3--Monthly	1--Somewhat Important	1,6,12
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	3--Monthly	1--Somewhat Important	1,6,12
Pushing: Using upper extremities to press against something with steady force in order to thrust	1--Annually	1--Somewhat Important	1

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	1--Somewhat Important	1
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.	4--Weekly	1--Somewhat Important	1
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.	3--Monthly	2--Very Important	1,6
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	3--Monthly	2--Very Important	1,6
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	1--Somewhat Important	all
Repetitive Motions: Substantial, repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	1--Somewhat 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	1--Somewhat 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	5--Daily	1--Somewhat Important	1,6,12

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.	4--Weekly	1--Somewhat Important	1,6,12
Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	2--Quarterly	2--Very Important	1,6,12
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).

EMPLOYEE CERTIFICATION

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

Signed: John Howard 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
111.1	Recommend that a person needs a Bachelor's degree for this level and position. (KW)
111.3	Recommend NIMS ICS certifications - 100, 200, 300, 700, 800 (KW)

Please check the appropriate statement:

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

1/8/09
☒ 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: John Howard Date: 12/31/08
Supervisor Signature: [Signature] Date: 12/31/08
Department Head Signature: [Signature] Date: 01/02/09

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.

