

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: VCB **Department:** TRCC

For Individual Questionnaires Only:

Employee Name: Mackey Scott B
(Last) (First) (Middle Initial)

Current Classification Title: Maintenance and Event Set Up Supervisor

Division VCB **Department** TRCC

Total Length of Time with organization **Years** 7 **months**

Total Length of Time in Current Position **Years** 7 **months**

Assigned Hours/Week;: from 7 **t o** 5 shift varies **Assigned Days/Week** 7shift varies

Email: scottma@gjcity.org **Work Phone:** 263-5716

Immediate Supervisor:

Immediate supervisor reports to:

Name: Tim Seeberg **Name:** Debbie Kovalik

Title: General Manager **Title:** Director

Work Phone 263-5710 **Work Phone:** 244-1480

E-mail: tims@gjcity.org **E-mail:** debbiek@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.

Supervise, assign, and review the work of staff in the maintenance, janitorial, and event set up of Two Rivers Convention Center and the Avalon Theater. Hire, train, evaluate and terminate staff. Develop, prepare and administer budget overseeing staff and vendors performing projects including capital improvement. Perform project and vendor management.

2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

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

Yes	Duty	Number of Employees
<input type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	
<input checked="" type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	5
<input checked="" type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	10
<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).	15
<input checked="" type="checkbox"/>	I make work assignments for others.	15
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	15
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	15
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	15
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	15

- 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

General Manager
Banquest Manager
Event Manager
Sales Manager
Executive Chef
Maintenance & Set up
admin support positions
financial possition

YOUR DIRECT REPORTS' JOB TITLES

Building maintenance workers and set up staff

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

☒ Full Time 5 ☐ Part-Time ☒ Seasonal/Temp 10 ☐ 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		
I.S., Facilities, purchasing, public works, stores manager and staff	daily	set up and event coordination, maintenance of facility, project management including requests for proposals and invitations to bid, assist in analyzing products, equipment repair and technical support
Fire and police departments fire marshall and staff, police shift supervisors and staff and 911 center	weekly	set up and event coordination, security issues, code, safety, and guideline compliance
sanitation and waste water management center managers and staff	monthly	set up and event coordination, security issues, code, safety, and guideline compliance
Division Manager, event coordinator and sales manager and TRCC managers and staff	daily	set up and event coordination, meet and confer and address issues
building and HR managers staff	monthly	address building safety codes and guidelines, assist with employee evaluations and disciplinary actions, code enforcement and inspections
risk management, city council and board	weekly	meet and confer about safety compliance with facilities and grounds and attend safety meetings, interact at events to ensure all needs are met

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public	daily	coordinate events and maintain the facility
Achitects and engineers and general contractors presidents, managers and staff	weekly	Budget preparation, project development, implementation & administration , performance of project
electrical, plumbing, painting, HVAC, carpenters, roofing, security, fire extinguisher, fire suppression, lighting, sound, computer, appliance, janitorial, back flow prevention, contractors and vendors owners and staff	daily	Solicit proposals for projects, perform maintenance including preventive and repair, develop projects, order supplies, perform annual tests and inspections according to all codes and guidelines
Colorado state boiler inspections division and elevator	monthly	perform boiler and elevator inspection to ensure code compliance and good working order

Client event coordinators presidents, owners and staff	daily	event set up and coordination, ensure event is set up properly go over program to ensure all special needs are met and assign staff
Producers and promoters	daily	event set up and coordination, ensure event is set up properly go over program to ensure all special needs are met and assign staff
electric and gas supplies	monthly	review consumption and budget development

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%)
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1	full supervision of staff including hiring, performance reviews, documenting discipline and termination. Make weekly schedules coordinating the efforts of staff making all work assignments	Does the staff meet the expectations and goals that are set. Does all documentation meet the policies and procedures set by the City, Is staff adhering to the core values of the city, do the goals set for staff meet the goals of TRCC and City Council	Daily	20
2	Work with contractors to maintain facilities to all codes and guidelines, perform preventive maintenance, maintain facilities, perform projects including capital improvement determining scope of work and specifications	knowledge of codes and regulations, when to perform maintenance, determine cause of issue scope of work and is it met	Daily	20
3	Development of budget including operating and 10 year capital replacement. administer budget	what belongs in budget and what is the replacement cycle, amount of budget, is the department operating within budget, what type of corrective action can be taken if going over budget	Weekly	10
4	Set up rooms for events, provide technical support to clients ensuring all A/V equipment is in working order, trouble shoot when necessary, meet with clients to assist in planning and organize logistics	Is the room set up according to the business work order, what type of actions need to be taken if it is not(assign staff) how to trouble shoot issues as they arise	Daily	10
5	Staff meetings and communication	How to communicate what directives to give staff	Daily	5
6	inventory management	how much inventory is on hand how much will be used and how much to order	Daily	5
7	Project and vendor management	project management procedures, are all specifications being met, how much to pay architects, engineers and contractors based on per cent of completion minus retainage	Weekly	10

8	inspection of set up and facility for proper set up and code violations	does the facility meet all life safety codes and guidelines, how to react if it does not and is the room set for the event and how to react if it is not	Daily	5
9	energy management	is the piece of equipment operating efficiently how to react when it is not how to set the controls for the building automated system	Daily	5
10	Establish and review safety policies and procedures, attending safety meetings by risk management and holding staff meetings for staff	are all safety policies adhered to and how to react when they are not	Daily	5
11	develop and establish goals, objectives, policies, and procedures for department and impliment	Deciding what the goals should be based on, including consideration of city council and TRCC interests, so that the department is effective and efficient.	Weekly	5
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

4. REQUIRED KNOWLEDGE AND SKILLS.

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

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

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

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

Duty #	Knowledge – Skills
2,3,9,11	technical knowledge of HVAC, plumbing, electrical, roofing, painting, building automated systems

2,3,4,5,6,7,8,9,10,11	Basic knowledge of all life safety and building codes including indoor air quality and OSHA
1,2,3,4,5,6,7,8,9,10,11	ability to read and interpret materials and operation and maintenance manuals
1,2,3,4,5,6,7,8,9,10,11	organizational, interpersonal, communication, multitasking, time management
1,2,3,4,5,6,7,9,10,11	advanced computer and projector
1,2,3,4,5,7,8,9,	sound knowledge of lighting, dimming and sound systems
2,3,7,8,9,	Project and vendor management
1,2,3,4,5,6,7,8,9,10,11	Ability to use good judgement and make sound decisions
1,2,3,4,5,6,7,8,9,10,11	written communication
2,4	theatre rigging knowledge
1,2,3,4,6,7	budget preparation and administration including cost estimating and life cycle cost analysis, forecasting
1,2,4,5,8	how to interpret business work orders
1,4,5	supervision, hiring, interviewing, disciplinary procedures, how to write performance appraisals

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other (explain):
		Certification in one of the facility trade certifications

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>
facility management	20	years	facility management and supervisory experience	5 years
carpentry, painting ,plumbing, electrical, energy management, lighting retrofits, HVAC	30	years	hospitality set up	1 years
		years	bachelors degree in facility management	years

a. What field (s) should training or degree be in?
facilities management with a bachelors degree preferred

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
1-11	computers, projectors, microphones, direct input boxes laptops projector screens, microphones, Microsoft software, TV's, DVD's, CD's	daily
1,2,4,6,8,9,10	fork and scissor lift	weekly
2,4,8	various hand and power tools	weekly
1-11	copiers, printers, FAX, phone	daily
2,4,7,8	roof top units, boilers, hot water heaters, pumps motors, fans actuator valves, thermostats, dishwasher, heat boosters, ice machines regulators, air handlers, expansion tanks, grills, steamers warmers	daily
2,4,5,7,8	city vehicles	weekly
2,4	vacuums, carpet extraction machines, pressure washer, high pressure lines,	weekly
4,8	solid surface floor buffers	quarterly
2,4	building automated system	daily

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. Scheduling staff and making work assignments. Setting staff expectations and deciding if those expectations are being met. Rewarding and recognizing positive performance. Dispensing disciplinary procedures when necessary. What are staff weak and strong areas. Staff development. How will changes effect schedules and staff.

2. Are the events set up according to the business work order. Is the audio visual function working and how to respond when it does not. How to respond when an event changes or an event is added to the schedule at the last minute. What are the expectations of the client.

3. Is the facility clean, safe, comfortable and code compliant. Is the facility safe for employees and the public to reduce the risk of workman compensation claims and liability suits. How to respond when equipment breaks down. The decision that at all costs the show must go on. When to spend over budget. Are all codes and guidelines met. What and when preventive maintenance is to be performed.

4. Is the contractor performing to the specifications of the job. Did the contractor fix the cause of the problem not just fix the problem so it won't recur. Did the contractor diagnose the problem correctly and address it appropriately.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

Importance

How frequently is the activity performed?

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

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

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

Physical Activity	Frequency	Importance	Duties
Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	5--Daily	2--Very Important	Ascending a ladder to the roof or walking up and down the service dock ramp
Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.	5--Daily	2--Very Important	walking up the stairs to the balcony at the avalon theatre and standing on the higher steps of a ladder
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	2--Very Important	picking up trash or any set up equipment off the floor
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	2--Very Important	taping down electrical cords
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	2--Very Important	cleaning base boards
Crawling: Moving about on hands and knees or	4--Weekly	1--Somewhat Important	accessing

hands and feet.			equipment or power ocrds under staging platforms
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	hanging drape on verticle and horizontal pipe system
Standing: Particularly for sustained periods of time.	5--Daily	3--Extremely Important	assisting to monitor large events, operating spot lights
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	performing all set up and maintenance tasks
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	4--Weekly	2--Very Important	moving carts loaded with chairs or tables
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	4--Weekly	2--Very Important	moving carts loaded with chairs or tables
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	hooking up internet service or other audio/visual equipment
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	picking up equipment
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	5--Daily	3--Extremely Important	moving individual tables and emptying trash cans
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	3--Extremely Important	changing light bulbs
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	meeting and greeting the clients in their event rooms
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	5--Daily	3--Extremely Important	adjusting audio projection

communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.			sound levels
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	adjusting light levels in rooms and video images
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	mopping the floor
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	adjusting the heating and ventilation control on the computer
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.	5--Daily	3--Extremely Important	sweeping the floor, picking up beverage containers
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	2--Very Important	unfolding tables and chairs and setting in proper positions
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.	4--Weekly	2--Very Important	pushing a full cart of chairs, lifting two full-size tables
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.	3--Monthly	1--Somewhat Important	carrying riser platforms

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

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:  Date: 1-23-09

Supervisor Signature:  Date: 1-23-09

Department Head Signature:  Date: 1-21-09

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.

