

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 type="checkbox"/> No	If yes, please list all employee names.
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Division: _____ **Department:** _____

For Individual Questionnaires Only:

Employee Name: Kirsch Mary Lynn
(Last) (First) (Middle Initial)

Current Classification Title: Paralegal

Division Administration **Department** City Attorney

Total Length of Time with organization 3 Years 2 months

Total Length of Time in Current Position 3 Years 2 months

Assigned Hours/Week; from 8 AM to 5 PM **Assigned Days/Week** M-F

Email: maryk@gjcity.org **Work Phone:** 970-244-1505

Immediate Supervisor:

Immediate supervisor reports to:

Name: John Shaver **Name:** Laurie Kadrich

Title: City Attorney **Title:** City Manager

Work Phone 970-244-1508 **Work Phone:** 970-244-1503

E-mail: johns@gjcity.org **E-mail:** lauriek@gjcity.org

II. POSITION INFORMATION

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

Example: Computer Support Technician

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

Paralegal

To assist and support the City Attorney and Staff Attorney by completing delegated tasks including but not limited to legal research, document drafting and preparation (court pleadings, contracts, letters, memos, staff reports, resolutions, ordinances), phone calls, deliveries, meeting and closing set ups. Added independent responsibilities include the monitoring of workers compensation insurance compliance and related issues and annual reporting or set up of City corporations and interests.

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

Sr. Administrative Assistant (Legal)
Sr. Administrative Assistant (City Management)
Municipal Court Prosecutor (Attorney)
Senior Staff Attorney
Assistant City Attorney
City Attorney

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		
Police Dept	monthly	PD policies; record requests;
Human Resources	monthly	personnel policies; IRS plan documents; risk management issues; record requests;
Finance	monthly	collections; check requests; receipt of monies
Parks & Recreation	monthly	Contracts - legal issues
Planning	monthly	Development issues-plans-zoning code issues; staff reports for City Council
Public Works	monthly	Contracts - real estate issues

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
County Bldg Dept.	Daily	contractor license issues for the City
Mesa County District and County Court	varies - weekly or monthly depending on case load	District and County Court cases in which City is a party
private practice law firms	varies - weekly or monthly depending on case load	litigation or City issues in which citizens have retained private attorney
title companies	monthly	real estate transactions
Animal Services	weekly	record requests; code
County Treasurer	monthly	county tax issues

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	Prepare staff reports, resolutions and ordinances which change City Code - for City Council review and approval at City Council meetings	When to schedule on Council's agenda; what to include in staff reports	Monthly	10%
2	Review and verify workers comp coverage for Bldg Dept. - for contractors applying for contractors licenses; includes phone calls with contractors, their insurance agents, research on Colo. Division of Insurance website	Approve or reject coverage and whether code requirements met	Daily	20%
3	Gather and prepare records for Open Record requests, subpoenas, etc.; review and prepare records for Animal Services requests	Which records should be produced; confirm that all applicable records have been found	Weekly	5%
4	Prepare court pleadings for City Attorney review and signatures; includes certificates of service and trips to court house for filings, deliveries, retrieval of documents, files, etc.	timing of filings, trips to courthouse	Monthly	5%
5	Drafting of contracts for City Attorney review - for various City Departments - to include review of intergovernmental agreements, dept. of transportation/BLM/Bureau of Recreation agreements; drafting of personnel/service agreements, real estate documents and sales contracts, lease agreements	how to initiate set up documents; document finalization requires oversight by Attorney	Weekly	20%
6	Draft and prepare administrative regulations and personnel policies for City Attorney/Human Resources review	requires oversight by Attorney/HR Manager	Monthly	5%

7	Legal research for City, Staff Attorneys; web research on various municipal issues	use of internet websites, research resources such as books, publications, etc.	Monthly	5%
8	Initiate and conduct real estate transactions in which City is buying or selling property to include requests for real estate documents; title and record searches on County website; set up and prepare for closings with title companies; prepare resolutions for City Council approval; record deeds and other documents with Clerk and Recorder	meeting title requirements and setting up all aspects of closings	Monthly	5%
9	Work with County Treasurer regarding tax exempt issues and real estate/property tax issues involving City sale and purchase of real estate	Generally little to no oversight by Attorney; gather, document and submit information to Treasurer	Quarterly	5%
10	File annual reports with the Secretary of State for various corporations associated with the City; set up new corporations on City's behalf	Generally little to no oversight by Attorney unless filing new documents; respond to annual filing reminders independently	Annually	5%
11	Work with Finance Dept./Customer Service on collection issues, receipt of payments and where they should be allocated	Answer many general questions and generate payment requests; some oversight by Attorney if issues	Monthly	5%
12	Drafting of letters, memos and other communications for City Attorney/Staff Attorney review and signature	Prepare initial draft; often prepare and sign own letters communicating on City Attorney's behalf	Weekly	10%
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
Legal Research	paralegal training/education, on the job experience, mentor teaching; knowledge of websites, legal research programs/tools
Draft Legal Documents	paralegal training/education, on the job experience, mentor teaching
City Code revisions (ordinances)	on the job experience, mentor teaching
writing/editing documents	college education; paralegal training/education
Customer Service	training, education, common sense
Preparation of documents	typing, editing, printing and preparation of final documents
Notary services	Colorado state rules for notaries

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 type="checkbox"/>	Bachelor's degree
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (explain): Paralegal training and 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>
Bachelors Degree	4 years		years
Paralegal Certification	6 mos	years	years
On the job experience	26	years	years

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

Paralegal certification which includes a college bachelor's degree or years of legal secretary experience

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.

Keep up certification/knowledge by attending legal seminars

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
Typing, Document Preparation	Computer	Daily
Legal and Web Research	Computer/ Internet Services	Daily
Document Preparation for mailings, disbursement of documents	Copier/Printer/Computer	Daily
Communication with Customers/ Clients	Telephone/Computer (E-mail)	Daily
Filing, Document Set-up in Computer System	Computer	Daily
Faxes	Fax machine	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. Approval of Workers Compensation coverage for contractors - this includes communications with contractors, their insurance carriers, the Building Dept. and research on the Colorado Division of Insurance website and Division of Workers Compensation website; use of fax and e-mail to receive documents and send approvals

2. Research and retrieval of records, then determination of what can be sent, mostly for record requests received by Animal Services,

3. Real Estate Transactions - setting up closings, reviewing title work, meeting title work requirements to include preparation of staff reports and resolutions to City Council, ordering survey maps, etc.

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	Filing and retrieving documents from storage/file drawers
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	1--Somewhat Important	Filing and retrieving documents from storage/file drawers
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	1--Somewhat Important	Filing and retrieving

			documents from storage/file drawers
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.	4--Weekly	1--Somewhat Important	using copier/printer and replacing supplies for copier/printer; accessing files/storage
Standing: Particularly for sustained periods of time.	5--Daily	0--Not Important	
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	0--Not Important	
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	4--Weekly	0--Not Important	file drawers
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	4--Weekly	0--Not Important	file drawers
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	typing, handling documents, books
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	1--Somewhat Important	handling files, documents, books, telephone
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	moving boxes of files/documents for research/storage
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	0--Never	0--Not Important	
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	2--Very Important	Customer Service, communication with customers, clients
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	telephone, meetings, communication with co-workers and clients
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	5--Daily	3--Extremely Important	All aspects of my work

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).			
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	2--Very Important	typing
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	sitting at desk most of the time
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	2--Very Important	preparing documents, files, mailings, answering the telephone, running copier/printer, fax machine
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.	3--Monthly	1--Somewhat Important	lifting boxes, storage of files, documents
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 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:	_____
Supervisor Signature:	_____	Date:	_____
Department Head Signature:	_____	Date:	_____

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.