

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

I. EMPLOYEE BACKGROUND: In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

Is this a group questionnaire? ☐ Yes ☒ No

If yes, please list all employee names.

Division:

Department:

For Individual Questionnaires Only:

Employee Name:

Birch
(Last)

Shon
(First)

D
(Middle Initial)

Current Classification Title: Recreation Coordinator

Division Parks and Recreation

Department Recreation

Total Length of Time with organization 4 Years 3 months

Total Length of Time in Current Position 4 Years 3 months

Assigned Hours/Week;; from varies t o varies **Assigned Days/Week** varies

Email: shonb@gjcity.org

Work Phone: 970-254-3845

Immediate Supervisor:

Immediate supervisor reports to:

Name: Emily Wright

Name: Traci Wieland

Title: Recreation Supervisor

Title: Recreation Superintendent

Work Phone 970-254-3875

Work Phone: 970-254-3846

E-mail: emilyw@gjcity.org

E-mail: tracia@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.

Recreation Coordinator

To organize, implement, and supervise recreational activities for the citizens of the Grand Valley.

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 type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	
<input checked="" type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	1
<input checked="" type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	10-50
<input checked="" type="checkbox"/>	I make work assignments for others.	10-50
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	10-50
<input checked="" type="checkbox"/>	I make hiring and hiring pay decisions.	10-50
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	10-50
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	10
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	4

- 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

Recreation Coordinator (3)
Aquatics Coordinator
Recreation Supervisor (2)
Recreation Superintendent
Recreation Director
Senior Administrative Assistant (2)
Leisure Service Representative (4)

YOUR DIRECT REPORTS' JOB TITLES

Recreation Leader III
Recreation Leader II
Recreation Leader I
Sports Official
Contract Employers
Volunteer Coaches
Special Event Volunteers

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

☐ Full Time

☒ Part-Time 50

☒ Seasonal/Temp 2

☒ Volunteer 250

☒ Contract 2

- 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		
Parks Dept: Supervisors, Crew Leaders, Equipment Operators	monthly	Events taking place at our facilities. Special Requests
Recreation Division	Daily	Programs and events offered thru Parks and Recreation
Human Resources	monthly	Hiring of staff.
Golf Professionals	yearly	Special events at or around golf courses. Collaborating on special events
Finance	monthly	Budget and payroll.
Fire Dept. / Police Dept	yearly	Attend special events.

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Mesa County School District	weekly	Use of school facilities for numerous activities such as youth basketball, special events, and camps
Mesa State College	monthly	Collaborating on programs and special events as well as facility use when needed.
Vendors (3-6)	monthly	Equipment and supplies ordering
Boston's Pizza; Meadow Gold Dairy; Chick-Fil-A	Monthly	Sponsorship of Youth Basketball Program
Colorado Parks and Recreation Association	Monthly	Attend conferences, networking, serving on committee and/or board if needed
Mesa County	Quarterly	Serving on LIVEWELL committee

3. ESSENTIAL DUTIES.

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

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

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

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

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

percentages of **all** duties should equal 100% over a one year period of time.

Attach additional sheets if necessary.

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

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

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Coordinate the organization, staffing, and operational activities for assigned recreation programs including youth athletics, adult athletics, special events, and general recreation. Research new program ideas and trends to stay in tune with community interests; prepare program announcements and information; calculate program costs and establish registration fees. Collaborate with other public and private agencies to offer programs.	Hiring, training, and supervision of staff; budget, payroll, equipment purchase, location, time and date	Daily	60
2	Select, train, motivate and evaluate volunteer, seasonal, and part time personnel; provide or coordinate staff training; schedule staff for programs, work with employees to correct deficiencies; implement discipline and termination procedures. Identify opportunities for improving service delivery methods and procedures; review with appropriate staff; implement improvements. Direct, coordinate, and review work plans for assigned recreation programs; meet with staff to identify and resolve problems. Submit and review payroll.	Who to hire, payrate, level of employment, supervisor or not, changes to current pay scale/structure, changes to staff levels.	Monthly	10

3	Development and administration of assigned program budget; forecast funds needed for staffing, equipment, materials and supplies; monitor and approve expenditures; recommend adjustments as necessary.	How much to charge, how much to pay staff,	Monthly	10
4	Promote and coordinate specific activities within the assigned recreation program; prepare program event and facility marketing material. Develop survey instruments; conduct surveys of program participants to determine participant needs; implement program changes in response to results if necessary. Work closely with local media cover events and programs.	Programs that need to be assessed for continuation, distribution of marketing material	Monthly	5
5	Schedule usage of assigned school district and park and recreation facilities for activities; provide information and assistance to users of facilities. Ensure facilities are safe and effective for programs; conduct facility maintenance when needed; make recommendations for correction.	Scheduling of 100+ practices per week, game location, game schedule, groups in which facilities,	Monthly	5
6	Provide staff assistance to Recreation Supervisor; participate on a variety of committees; prepare and present staff reports and other correspondence as appropriate and necessary.	committee responsibilities,	Monthly	5
7	Coordinate assigned recreation program activities with those of other divisions and outside agencies and organizations.	Program ideas, agencies to contact	Monthly	10
8	Participate in development and implementation of department goals, objectives, policies, and priorities.		Weekly	5
9			Weekly	
10			Select	
11			Select	
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
1	Operational characteristics, services and activities of a recreation and leisure services program.
1	Modern and complex principles and practices of recreation program development and administration.
1	Methods and techniques of public relations and customer service
4	Marketing theories, principles and practices and their application to assigned recreation programs.
3	Principles of municipal budget preparation and control.
2	Principles of supervision, training and performance evaluation.
1	Pertinent Federal, State and local laws, codes and regulations. Interpret and explain City recreation policies and procedures
2	Supervise, direct and coordinate the work of lower level staff. Select, supervise, train and evaluate staff.
6	Prepare clear and concise reports. Communicate clearly and concisely, both orally and in writing
4	Establish and maintain effective working relationships with those contacted in the course of work.
8	Ability to recommend goals and objectives for providing recreation and leisure services. Implement said goals and objectives for providing recreation and leisure services.
7	Ability to elicit community and organizational support for recreation programs.
5	Knowledge of safe and effective operation of assigned park and recreation facilities
1	Ability to identify and respond to community and organizational concerns and needs
1	Ability to respond to requests and inquiries from the general public.

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bachelor's degree
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (explain): Cetrtrification - CPRP; can be a requirement at some agencies.

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>
Programming	8.5 years	Programming	1 years
Budget/Finance	8 years	Budget/Finance	1 years
Supervisory	7.5 years	Supervisory	1 years

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

Recreation, Exercise Science, Business, Public Administration, Physical Education, Early Childhood Learning

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.

CPR/First Aid; Driver's License, Ability to obtain CPRP

4. MACHINES, TOOLS AND EQUIPMENT. List any machines, tools or equipment used in your work and indicate the frequency and time spent using each. The machines, tools and equipment must refer to the Essential Duties you listed in Section 3.

Duty #	Machines, Tools, Equipment	Frequency/Time
All	Computer	Daily
All	Copy Machine	Daily
All	Fax Machine	Weekly
1	Sports equipment such as portable basketball hoops, air pumps, track starter pistol, stopwatch,	Weekly

5. DECISION-MAKING & JUDGMENTS.

a. Describe three types of important decisions and judgments you make regularly and independently in the performance of your duties.

1. Programs to be facilitated and entered into the activity guide (new and current), when and where programs will take place, staffing requirements of programs, budget of programs (fees, staff, equipment, supplies) and occurrence of programs.

The Recreation Coordinator is constantly managing programs, from daily staffing, budget review, purchasing of supplies, and dealing with customer concerns. Program development is being done almost daily as well - whether improving current programs or creating new ones. While creating, improving or simply rolling over programs, budget decisions are made on a regular basis, such as: fees, staffing levels, staff pay rate, equipment and supplies purchasing, and facilities. Overall supervision of programs and budget. Program evaluation takes place on a regular basis, regarding which programs will be continued and which programs may have ran their course. Courses that are continued are evaluated as to how they can be improved upon for the next time. Evaluations involve input from staff, participants, and volunteers. Courses that are chosen to not be continued are then replaced with a new program when possible.

2. Assignment of staff to facilities and programs.

Determining which staff members will work at each program and facility to ensure participants are receiving the utmost service. Assigning entry level and experienced staff to appropriate levels and age groups and determining number of employees, is a supervisor needed, and can one of them supervise.

3. Assignment of volunteers to programs and/or teams.

Volunteers are assigned to a team and/or program and then scheduled at many different facilities as well. For example, during a youth basketball season volunteer coaches are selected, assigned to teams, and then are scheduled at 22 different schools for practice, Mon- Fri. Games are then scheduled at 5 different facilities on Saturday. Managing volunteers, their personal schedules, ensuring they are consistently following the program goals and objectives, and maintaining cohesiveness with parents is a daily occurrence.

IV: AMERICAN 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.	2--Quarterly	0--Not Important	1
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	0--Not 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.	5--Daily	2--Very Important	1
Kneeling: Bending legs at knee to come to a rest on knee or knees.	3--Monthly	2--Very Important	1
Crouching: Bending the body downward and forward by bending leg and spine.	4--Weekly	2--Very Important	1
Crawling: Moving about on hands and knees or hands and feet.	1--Annually	0--Not Important	1
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	1
Standing: Particularly for sustained periods of time.	3--Monthly	1--Somewhat Important	All
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	1--Annually	1--Somewhat Important	All
Pushing: Using upper extremities to press against something with steady force in order to thrust	4--Weekly	2--Very 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.	4--Weekly	2--Very 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	1
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	2--Very 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.	4--Weekly	2--Very Important	1
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	1--Annually	0--Not Important	1
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	All
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	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	2--Very Important	All
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	2--Very 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.	3--Monthly	2--Very Important	3,5,8
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	2--Very Important	1

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	2--Very Important	1
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.	3--Monthly	2--Very Important	1
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.	1--Annually	0--Not Important	1

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 type="checkbox"/>	<input checked="" 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).

The Recreation Coordinator, along with the Aquatics Coordinator are very similar to the Recreation Supervisor. The Recreation Supervisor has additional staff responsibility and increased budget responsibility, however the feeling among Coordinators is that a very significant gap exists in pay (approx. 40%), more so than in the job difference. I for one would like to see the Coordinator be benchmarked with the Supervisor with a percentage difference, similar to the Recreation Superintendent, which I believe is Rec Supervisor + 15%. Being benchmarked with the Recreation Supervisor would maintain the gap between positions. Now, with percentage raises, the gap between continues to increase.

EMPLOYEE CERTIFICATION

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

Signed:  Date: 12/22/0

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
II 2 b	part time should be seasonal employees


Please check the appropriate statement:

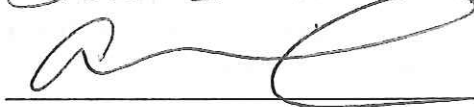
☐ I agree with the incumbents' position questionnaire as written.


☒ 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: 1/8/09

Supervisor Signature:  Date: 1/8/09

Department Head Signature:  Date: 1/5/09

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. AFTER YOU OR YOUR GROUP HAS COMPLETED YOUR PORTION OF THE QUESTIONNAIRE, PLEASE SUBMIT THE QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW, SIGNATURE, AND COMMENT. YOUR SUPERVISOR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO YOUR DEPARTMENT HEAD.

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

I. EMPLOYEE BACKGROUND: In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

Is this a group questionnaire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please list all employee names.
--	---

Division: Parks & Recreation

Department: Recreation

For Individual Questionnaires Only:

Employee Name:	Gregor	Lorie	L
	(Last)	(First)	(Middle Initial)

Current Classification Title: Recreation Coordinator

Division	Parks & Recreation	Department	Recreation
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Total Length of Time with organization 2 Years months

Total Length of Time in Current Position Years 3 months

Assigned Hours/Week;: from 8:00 a.m. **to** 5:00 p.m. **Assigned Days/Week** 5

Email: lorieg@gjcity.org

Work Phone: 254-3876

Immediate Supervisor:

Immediate supervisor reports to:

Name: Emily Wright

Name: Traci Wieland

Title: Recreation Supervisor

Title: Recreation Superintendant

Work Phone 254-3875

Work Phone: 254-3846

E-mail: emilyw@gjcity.org

E-mail: traciw@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.

Recreation Coordinator, Seniors

To create, implement, supervise and evaluate recreational programming for adults 50 and older as well as organize special events and programs for the adult population.

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 type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	
<input checked="" type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	4-6
<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).	4-10
<input checked="" type="checkbox"/>	I make work assignments for others.	4-10
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	4-6
<input checked="" type="checkbox"/>	I make hiring and hiring pay decisions.	4-6
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	4-6
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	3-4
<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

Recreation Coordinator, Aquatics
Recreation Corodinator, Athletics
Recreation Coordinator, Bookcliff Activity Ctr.
Recreation Coordinator, Chipeta Elementary

YOUR DIRECT REPORTS' JOB TITLES

4-6 Contract Employees
4-10 Recreation Leaders I-III

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

☐ Full Time

☐ Part-Time 4-10

☒ Seasonal/Temp 4-10

☒ Volunteer 10

☒ Contract 4-6

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		
Recreation Coordinators	Weekly	Program management
Recreation Supervisor	Daily	Support
Recreation Superintendant	Weekly	Division Policies & Procedures
Human Resources	Monthly	Employee management

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Council on Aging	Monthly	Networking on senior issues
Senior Recreation Board	Monthly	Operations & programming of Senior Rec. Center
Media	Monthly	PSA, interviews, & public relations
CASC	Monthly	Act as West Slope representative
Sponsors	Weekly	Program funding and support
General Public	Daily	Programming and promotion

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	Recreational programming including creation, implementation and evaluation	Staffing requirements, sponsorships, necessary supplies, budget, cost recovery, evaluation, and adapt accordingly.	Daily	20
2	Administrative: Submit information for Activity Guide, budgeting, monthly reports, credit card reconciliations, payroll, staff work schedule, maintain calendars, submit reports for various committees,	Evaluate programming, rollover or create with in CLASS system, monitor expenses, validate and report participation and monetary totals, appropriate utilization of funds and correct reconciliation of spending, validate payroll, and schedule the appropriate staff for their assigned positions.	Weekly	15
3	Marketing: Create public information reports (PIO) to internal City staff as well as the general public. Promote programs through use of local media, voice mail, email, flyers, monthly calendars, internet updates, public service announcements, guest speaking and the Activity Guide.	Foresight and timing to publicize upcoming events utilizing all available resources.	Daily	20
4	Instruct and lead classes and programs	Lesson planning, equipment and supply use, purchasing of needed supplies or equipment, lead and direct staff if staff support is needed.	Weekly	10

5	Financial Management	Asses budgetary needs for programs, maintain fiscal responsibility and estimate upcoming yearly budget	Weekly	10
6	Professional Development: Attend conferences, learn software updates, attend City trainings, maintain or obtain certifications and licenses.	Collect information and apply it in daily operations.	Monthly	5
7	Act as Recreation liason to Senior Recreation Board, CASC, Council on Aging which requires attendance at meetings	Gather information and contribute to the collective good of the organizations.	Monthly	15
8	Supervise Contract employees as well as part time employees.	Hire qualified instructors, evalute performance, and manage accordingly. Determine staffing needs for events.	Daily	10
9			Select	
10			Select	
11			Select	
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
1,2,3,6,8	Knowledge of City processes and procedures..
1-8	Good communication skills, organizational skills, relationship building skills, and leadership skills. The ability to work independently as well as with a team. Good customer service skills.

1,3,4	Knowledge of community resources and knowledge of community and facility need.
3,4,7,8	Knowledge of fitness theories and practices. Good public speaking skills, Ability to lead groups of individuals of all ages to complete tasks, projects and/or events.
1-8	Good computer skills and knowledge of how to use computer programs for most job related duties.
8	Knowledge of supervisory practices and processes for staff development and coaching.
5	Knowledge of budgeting practices and procedures. Budgeting skills to maintain and develop a budget.
1,3,7	Knowledge of older adults needs and applying the skills necessary to fulfill those needs

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

2. EXPERIENCE: What kinds of experience do you have, and what minimum kinds of experience are

needed to enter your job at entry level?

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Programming	14 years	Programming	3 years
Supervision	14 years	Supervision	1 years
	years		years

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

Recreation or geriatrics

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.

CPR and First Aid

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
1-8	Computer, Fax, Printer and Phone	Daily
4	Fitness equipment	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. Customer Service: Effectively meeting the needs of the public while complying with city policies and procedures.

2. Marketing: How to best market programs to generate sufficient registrations and maintain a high level of quality programming.

3. Community Involvement: Where to best concentrate my time to most effectively promote the Parks and Recreation Department.

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.	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.	5--Daily	2--Very Important	1,4
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	1,4
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	2--Very Important	1,4
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	1--Somewhat Important	1,4
Crawling: Moving about on hands and knees or hands and feet.	2--Quarterly	1--Somewhat Important	1
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	1,4
Standing: Particularly for sustained periods of time.	5--Daily	2--Very Important	1,3,4,6,7
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	1-8
Pushing: Using upper extremities to press against something with steady force in order to thrust	5--Daily	2--Very Important	1,4

forward, downward or outward.			
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5--Daily	2--Very Important	1,4
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	1-8
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	1-8
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	5--Daily	2--Very Important	1,3,4
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	2--Very Important	1-8
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	1-8
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	3--Extremely Important	1-8
Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5--Daily	3--Extremely Important	1-8
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1-8
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	3--Extremely Important	1-8
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	3--Extremely Important	1,4

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.	1--Annually	1--Somewhat Important	1,4
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 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: _____

Abrie Lyon

Date: _____

12-22-08

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.

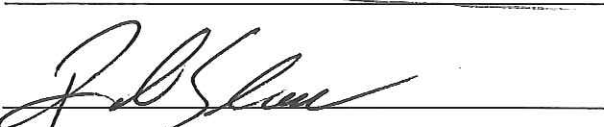
☐ The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.

☐ 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: 1-8-09

Supervisor Signature:  Date: 1/8/09

Department Head Signature:  Date: 1/5/09

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. AFTER YOU OR YOUR GROUP HAS COMPLETED YOUR PORTION OF THE QUESTIONNAIRE, PLEASE SUBMIT THE QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW, SIGNATURE, AND COMMENT. YOUR SUPERVISOR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO YOUR DEPARTMENT HEAD.

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

I. EMPLOYEE BACKGROUND: In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

Is this a group questionnaire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please list all employee names.
--	---

Division:

Department:

For Individual Questionnaires Only:

Employee Name: Pike Stacy M
(Last) (First) (Middle Initial)

Current Classification Title: Recreation Coordinator of Bookcliff Activity Center

Division Recreation **Department** Parks and Recreation

Total Length of Time with organization 6 Years 8 months

Total Length of Time in Current Position 2 Years 10 months

Assigned Hours/Week:: from 40 to **Assigned Days/Week** 5

Email: stacyp@gjcity.org

Work Phone: 254-3893

Immediate Supervisor:

Immediate supervisor reports to:

Name: Emily Wright

Name: Traci Wieland

Title: Recreation Supervisor

Title: Recreation Superintendent

Work Phone 254-3875

Work Phone: 254-3846

E-mail: emilyw@gjcity.org

E-mail: traciw@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.

Recreation Coordinator of Bookcliff Activity Center

To create, implement, supervise and evaluate recreational based programming with in Bookcliff Activity Center as well as seasonal special events. Job Responsibilities also include supervision of staff, staff development, budgeting, pursuit of funding opportunities, scheduling, maintenance, and administrative duties that support the facility and its programs.

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.	8-10
<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).	8-10
<input checked="" type="checkbox"/>	I make work assignments for others.	8-10
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	8-10
<input checked="" type="checkbox"/>	I make hiring and hiring pay decisions.	8-10
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	8-10
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	3-4
<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

Recreation Coordinator - Athletics
Recreation Coordinator - Seniors
Recreation Coordinator - Aquatics
Recreation Coordinator - Chipeta Elementary

YOUR DIRECT REPORTS' JOB TITLES

1 Leisure Service Representative
2 Recreation Leader III
3 Recreation Leader II
3 Recreation Leader I
2 Fitness Instructors
1-2 Contract Employees

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

☒ Full Time 1 ☒ Part-Time 8-10 ☐ Seasonal/Temp ☐ Volunteer ☒ Contract 1-

c. Describe with whom, & 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		
Parks Division	Monthly	Facility and ground maintenance
Human Resources	Weekly	Labor issues, training, staffing
Finance	Weekly	Payroll and billing questions
Recreation Coordinators	Weekly	Program management, position support
Recreation Supervisor	Daily	Supervision
Recreation Superintendant	Weekly	Division Policies and Procedures

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
General Public	Daily	Programming, facility rentals and daily usage
Bookcliff Middle School	Weekly	Facility use, janitorial support, building concerns
School District	Weekly	facility usage, scheduling and maintenance
Contractors	Monthly	Program support
Sponsors	Seasonal	Program funding and support
Media	Monthly	PSA, interivews, public relations, program promotion

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	Facility maintenance	What facility cleaning, repairs and improvements are needed. Assessment of equipment and supply needs. Purchasing of facility equipment, upgrades and repairs.	Weekly	10%
2	Staffing : interview and hire; train; schedule, lead and plan meetings; evaluate; reward and counsel.	Which candidates are the best suited for employment; how to get them to proficiency in their positions with regularly schedule trainings; what information is necessary to communicate to staff allowing them to become proficient in their jobs; and, what job duties need to be revisited and coached .	Daily	10%
3	Program creation, implementation and evaluation	Staffing requirements, what community and department/division support is needed, assess program success and continuance based on community need, and what improvements and or changes need to be made.	Daily	20%

4	Administrative: Activity Guide creation, budgeting, money verification, monthly reports, credit card reconciliations, payroll, staff work schedule, and all facility calendars.	What projects will continue from season to season, rollover or create with in CLASS system, Continually monitor expenses, validate and report participation and monetary totals, appropriate utilization of funds and correct reconciliation of spending, validate payroll, and schedule the appropriate staff for their assigned positions.	Weekly	10%
5	Professional Development-conferences, software updates, City trainings, mechanical manuals, certifications and licenses.	Collect information and apply learned resources in daily operations.	Quarterly	5%
6	Marketing: Create public information reports (PIO) to internal City staff as well as the general public. Promote programs through use of local media, voice mail, email, flyers, monthly calendars, internet updates, public service announcements, and the Activity Guide.	Foresight and timing to publicize upcoming events utilizing all available resources	Daily	10%
7	Committees and project groups- Employee of the month committee, Midwest Conference, Fourth of July, Senior Games, Highline Hustle, Pumpkin Chunkin',	All applicable decisions to provide program support or complete assigned duties.	Annually	5%
8	Organize and schedule facility usage	Which user groups will use what aspect of the facility including athletic programs, birthday parties, drop in programs, special events, general programs and outside user groups.	Weekly	10%
9	Instruct and lead facility classes and programs	Lesson planning, equipment and supply use, purchasing of needed supplies or equipment, lead and direct staff if staff support is needed.	Weekly	10%
10	Budget development and maintenance	Asses budgetary needs for internal programs as well as facility operations. estimate upcoming yearly budget for facility and certain special events.	Weekly	10%
11			Select	
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
1,9	Knowledge of City processes and procedures for facility repairs and improvements.
1 through 9	Good communication skills, organizational skills, relationship building skills, and leadership skills. The ability to work independently as well as with a team. Good customer service skills.
3	Knowledge of community resources and knowledge of how to assess community and facility need.
6,9	Knowledge of fitness theories and practices. Good public speaking skills, Ability to lead groups of individuals of all ages to complete tasks, projects and/or events.
1 through 9	Good computer skills and knowledge of how to use computer programs for most job related duties.
2	Knowledge of supervisory practices and processes for staff development and coaching.
10	Knowledge of budgeting practices and procedures. Budgeting skills to maintain and develop a budget.

III. EDUCATION, EXPERIENCE, AND EQUIPMENT

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

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

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

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Programming	9 years	Programming	3 years
Facility Management	2 years	Facility Managment	1 years
Staff Supervision	3 years	Staff Supervision	1 years

a. What field (s) should training or degree be in?
A Recreation Degree or 3 plus years of recreation 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.

CPR and First Aid

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 through 10	Computer, Fax, Printer, and Phone	Daily
9	Fitness related equipment	Weekly
1	Cleaning supplies, basic tool set	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. Financial; Maintain a budget in accordance with budgetary guidelines and goals.
 - 2. Facility; staffing, safety needs, maintenance
 - 3. Customer service and public relations; Maintain a high standard of quality customer service internal and external by creating in house facility policies and procedures that coincide with City policies and procedures.

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.	2--Quarterly	1--Somewhat Important	1,9
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	1,9
Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	4--Weekly	2--Very Important	1,9
Kneeling: Bending legs at knee to come to a rest on knee or knees.	4--Weekly	2--Very Important	1,9
Crouching: Bending the body downward and forward by bending leg and spine.	4--Weekly	1--Somewhat Important	1,9
Crawling: Moving about on hands and knees or hands and feet.	2--Quarterly	1--Somewhat Important	1,9
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	1 through 10
Standing: Particularly for sustained periods of time.	5--Daily	3--Extremely Important	1,9
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	1,7,9
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	2--Quarterly	1--Somewhat Important	1,9

Pulling: Using the extremities to exert force in order to draw, haul or tug objects in a sustained motion.	2--Quarterly	1--Somewhat Important	1,9
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	1 through 10
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	1 through 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	1,9
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	1,9
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 through 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	1 through 10
Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5--Daily	3--Extremely Important	1 through 10
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1 through 10
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	2,3,4,5,6,7,8
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	2--Very Important	1,9

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.	1--Annually	1--Somewhat Important	1,9
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.	1--Annually	1--Somewhat Important	1,9
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 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input type="checkbox"/>	<input checked="" 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
II 2b	spoke w/ Stacy to clarify she supervises 8-10 seasonal as opposed to part-time
IV 2	spoke to Stacy, environmental should be less than 25% of time.

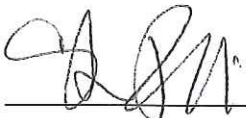
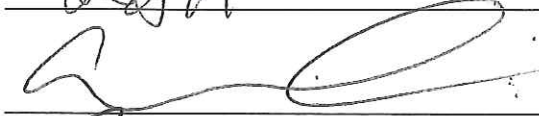

Please check the appropriate statement:

☐ 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:	<u>1/6/09</u>
Supervisor Signature:		Date:	<u>1/8/09</u>
Department Head Signature:		Date:	<u>1/5/09</u>

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. AFTER YOU OR YOUR GROUP HAS COMPLETED YOUR PORTION OF THE QUESTIONNAIRE, PLEASE SUBMIT THE QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW, SIGNATURE, AND COMMENT. YOUR SUPERVISOR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO YOUR DEPARTMENT HEAD.

CITY OF GRAND JUNCTION

JOB ANALYSIS QUESTIONNAIRE

I. EMPLOYEE BACKGROUND: In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

Is this a group questionnaire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please list all employee names.
--	---

Division:

Department:

For Individual Questionnaires Only:

Employee Name: Ross Cristina E
(Last) (First) (Middle Initial)

Current Classification Title: Recreation Coordinator of Aquatics

Division Aquatics **Department** Parks and Recreation

Total Length of Time with organization 5 Years 2 months

Total Length of Time in Current Position 5 Years 2 months

Assigned Hours/Week:: from 8:00 t o 5:00 **Assigned Days/Week** 5

Email: tinar@gjcity.org

Work Phone: 254-3805

Immediate Supervisor:

Immediate supervisor reports to:

Name: Larry Manchester

Name: Traci Wieland

Title: Recreation Supervisor

Title: Recreation Superintendent

Work Phone 254-3844

Work Phone: 254-3846

E-mail: larrym@gjcity.org

E-mail: traciw@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.

Recreation Coordinator of Aquatics

To facilitate aquatic and recreation operations within Orchard Mesa Community Center and Lincoln Park- Moyer Pools and concessions. Job responsibilities include pool and facility maintenance, staff development and training, adhering to safety guidelines, budget development and monitoring, scheduling, leading programs, administrative duties, and seasonal special events.

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.	25-70
<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).	25-70
<input checked="" type="checkbox"/>	I make work assignments for others.	25-70
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	25-70
<input checked="" type="checkbox"/>	I make hiring and hiring pay decisions.	25-70
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	25-70
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	10
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	3

- b. Complete the organization chart below. This chart will help us to understand your job in relation to others in your department. Please use titles and not names. Fill in the applicable position titles: (1) your coworkers, employees you work with and who also report directly to your supervisor; and, (2) your subordinates, any employees you supervise directly. List only those jobs over which you have full managerial/supervisory authority (i.e. complete and sign performance evaluation.) Do not list employees supervised by your subordinate supervisors.

YOUR COWORKERS' JOB TITLES

Recreation Coordinator - Sports
Recreation Coordinator - Seniors
Recreation Coordinator - Bookcliff Act Center
Recreation Coordinator - Cultural Arts
Recreation Supervisor - Adult Sports
Parks Maintenance and Supervisory staff
Administrative Assistants
Leisure Service Representatives

YOUR DIRECT REPORTS' JOB TITLES

Pool Manager - Full Time
Pool Manager Rec II - 3/4 Time
Pool Manager Rec II - 1/2 Time
Head Lifeguard
Lifeguard/Swim Lesson Instructor
Seasonal Managers
Concessions
Cashier

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

☒ Full Time 1 ☒ Part-Time 3 ☒ Seasonal/Temp 25-70 ☒ Volunteer 10-15 ☐ 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		
Parks and Recreation Division	Daily	Maintenance and other labor within the facility(ies) Administrative questions and program issues
City Hall - Human Resources, Information Services	Weekly	Labor issues, training, staff hiring Computer and software issues
Finance	Weekly	Payroll and billing questions
Stores	Monthly	Ordering supplies for the facility
Fire and Police	As needed	EMS, 911 emergency, non-emergency
Facilities	As needed	Maintenance and other jobs

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
General Public	Daily	registrations, daily entry, related questions
Ellis and Associates	Monthly	risk management for lifeguard staff and the facility
School District and Swim clubs: Dolphins, Wave, Mesa State	Weekly	facility usage and scheduling
Vendors	Weekly	retail purchase <i>chemicals</i>
Maintenance/mechanical	Monthly	ordering parts/ <i>chemicals</i> , trouble shooting, scheduling repair <i>interviews</i>
Media	Monthly	public service announcements, <i>interviews</i> , public relations

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	Perform or assign daily maintenance of water chemicals, pool, spa, slide, and water feature machinery, shower rooms, and surrounding building and grounds in compliance with the Health Department, Ellis and Associates, and the Colorado Intergovernmental Risk Management Agency (CIRCA) regulations or requirements.	Are the facility(ies), staff and patrons safe. If not, what needs to be done to insure their safety.	Daily	18%
2	Staffing : interview and hire; training; schedule; lead and plan meetings; evaluate; and, reward and counsel.	Are the staff performing at or above expectations. If not, what actions need to be take. If they are, what continual actions need to be taken. Have the correct number and type of staff be assigned to each program or facility. If not, who can be allocated to those hours.	Daily	19%

3	Plan, organize and lead facility programs as well as plan usage for the general public and external user groups, including swim lessons, aquatic special events, daily usage, private parties, birthday parties and non-aquatic events, swim team practice, swim meets and advertising of these programs in the Activity Guide, on flyers, and during other Recreation Department events.	What is the most cost effective and fair arrangement of pool time at the facilities.	Daily	20%
4	Administrative: budget accountability, money verification, monthly reports, billing, credit card reconciliations, payroll, balancing, monetary recaps, and a staff work schedule.	Are the monies budgeted for expenses being utilized accordingly and are the monies budgeted for revenues being acquired. If not, what changes need to be made.	Daily	18%
5	Professional Development: conferences, software updates, City trainings, mechanical manuals, certifications and licenses.	What resources exist that can serve to better my position and increase my professional development.	Quarterly	5%
6	Communication in the public information report (PIO) to internal City staff as well as the general public, external aquatic user groups and the local media through voice mail, email, flyers, monthly calendars, internet updates and calendars, public service announcements, well as in the Activity Guide.	What are the available resources for informing users of facility and program availability.	Daily	10%
7	Committees and project groups: Employee Association, Midwest Conference, Fourth of July, Senior Games, Poker Walk, Pumpkin Chunkin', and the like.	What direction needs to be taken when assisting with or leading large departmental events and/or programs.	Annually	5%
8	Purchasing: retail, concessions, uniforms, program supplies, building supplies, and other aquatic materials and/or equipment.	What retail and concession product to order, when and the quantity; quality and quantity of uniforms; awareness of daily use supplies as well as replacement needs on permanent materials and supplies.	Monthly	5%
9			Select	
10			Select	
11			Select	
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
1	Knowledge - to conclude whether or not the water chemistry, mechanical operations, and/or the entire facility(ies) are in good order, or not. If not, determine the issue and how can it be fixed. Secondly, determine whether the issue can be fixed or repaired by the Aquatic staff and/or City staff, or if an outside agency needs to be brought in. Skill - how to use tools necessary to fix or repair the water chemistry, mechanical operations, or the facility(ies).
2	Knowledge - understanding of each job description to be able to place the correct individual in that role; to provide on preliminary and continual training; to know on what time schedule meetings are necessary. Skill - once in their position, understanding of that staff person's strengths and weaknesses as it applies to the job as well as the staff as a whole, then make available the resources necessary to become successful. Learn how the staff best communicates to insure that staff meeting and training times are maximized.
3	Knowledge -how to maximize the operational hours of the facility(ies) while accomodating all interested user groups. Skill -knowing the special interests of each user group's usage so dual use of the facility can be programed.
4	Knowledge -how to utilize the proper computer software in order to complete a variety of administrative job tasks. Skill - performing administrative tasks on a continual basis and in small amounts to insure that these tasks do not pile up and are ready to submit when due.
5	Knowledge - know what opportunities exist and which are applicable to Aquatics and Recreation Administration. Skill - budgeting and allocating time and resources to insure that educational opportunities can be acquired.
6	Knowledge - what are the available vehicles for communication and dissemination of information regarding the facility operations, programs, events and the like. Skill-determining which of those resources and the variety that should be utilized per each individual group needing information.
7	Knowledge - provide the best opportunities for our internal and external customers. Skill -determine what assistance is needed for programs and how this commitment fits into my

	personal schedule, especially during the summer aquatic season.
8	<p>Knowledge - know what products are available, what vendors sell these products, and the most cost effective way to purchase, then resell.</p> <p>Skill - not ordering too much of one item, especially food items, to insure that you will not have waste if the product expires before you can sell it.</p>

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 checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Bachelor's degree
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other (explain): Masters Degree in Recreation Administration

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>
Aquatic mgmt and facility supervision, including lifeguarding	12-21 years	Aquatic mgmt and facility supervision, including lifeguarding	3 years
Staff supervision	12 years	Staff supervision	2 years
Administrative, including budgeting, programming, computer and software knowledge	10 years	Administrative, including budgeting, programming, computer and software knowledge Programming	2 years

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

Perferred degree: Recreation with a Community or Commerical emphasis and the ability to obtain a Certified Profession Recreation Professional certification.

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.

Lifeguard Training; Lifeguard Instructor Training; Aquatic Facility Operator or Certified Pool Operator; CPR and first aid; Automated External Defibrillator.

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
1,2,3,4,6,7,8	Pumps, motors, filters, pool vacuums, heaters and boilers, test kits, pool chemicals, HVAC system, solar water heater, hot water heater, circuit breakers, haircatcher, diving boards, basic tools Computers, faxes, phone, and printer/copier, Point of Sale (POS) system with camera and card printer, calculator Car for commuting Automated external defibrillator, seal easy mask, backboard, bag valve mask, pool equipment and toys Chemicals for water chemistry and general cleaning	Daily
2,3	Fitness equipment	Weekly
1	Powerwasher	Monthly
1,2,3	Splash pad and its manifold Concessions equipment, including nacho cheese warmer, pretzel cooker, freezers, fridges, beverage dispenser, and the like	Seasonal
5		
6		
7		
8		

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. Financial: insure that the expenses and revenues budgeted are spent appropriately or received in a timely manner. Also, insure that program cost recovery is meeting expectations.
 - 2. Facility: insure that adequate staffing levels are maintained for the variety of usage; insure that a safety needs of the staff and patrons are being meet; and, insure that all pool maintenance and mechanical operations are running according to local, state and federal regualtions.

3. Customer service and public relations: insure that needs of internal and external customers are being met through proactive planning within the aquatic facility(ies); adequate promotion of these plans; listening and responding to their concerns and comments expressed during phone calls, email or program evaluation; and, training staff to be able to respond in a similar manner.

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.	5--Daily	2--Very Important	1,2,5
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	1,2
Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	4--Weekly	2--Very Important	1,2
Kneeling: Bending legs at knee to come to a rest on knee or knees.	4--Weekly	2--Very Important	1,2
Crouching: Bending the body downward and forward by bending leg and spine.	4--Weekly	1--Somewhat Important	1,2
Crawling: Moving about on hands and knees or hands and feet.	3--Monthly	1--Somewhat Important	1,2
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	1,2
Standing: Particularly for sustained periods of time.	5--Daily	3--Extremely Important	1,2
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	1,2,5
Pushing: Using upper extremities to press	4--Weekly	2--Very Important	1,2

against something with steady force in order to thrust 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	2--Very Important	1,2
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	1,2,3,4,6,8
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	1--Somewhat Important	1,2
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	1,2
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	1,2
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	1,2,3
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	3--Extremely Important	1,2,3
Seeing: The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).	5--Daily	3--Extremely Important	1,2,3,4,5,6,7,8
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1,2,4,5,6,7,8
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	2,5

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.	4--Weekly	2--Very Important	1,2
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	2--Very Important	1,2
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	1,2
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	1--Somewhat 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 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input type="checkbox"/>	<input checked="" 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: _____

12-22-00

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:

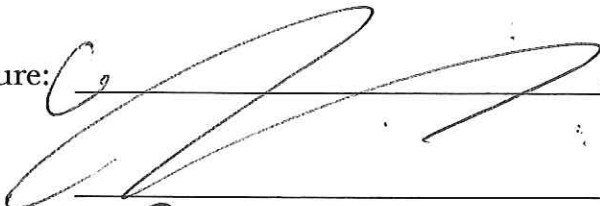
☒ I agree with the incumbents' position questionnaire as written.

☐ 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:



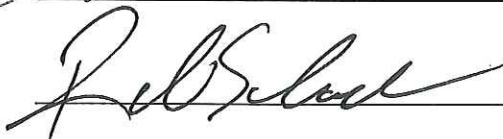
Date:

1/8/09

Supervisor
Signature:

Date:

Department Head
Signature:



Date:

1/5/09

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.

