



Department of Human Resources

INTER-OFFICE COMMUNICATION

Date: March 17, 2023
To: Marcelia Nicholson, Chairwoman, Milwaukee County Board of Supervisors
From: Dean Legler, Director of Compensation/HRIS, Department of Human Resources
Subject: From the Director of Compensation/Human Resources Information Systems, Department of Human Resources, Requesting Reallocation of (6) Zoo Maintenance Worker Roles (Location 950 - Zoological Department - Department 9522 Building Maintenance)
File Type: Action Report

REQUEST

This file is a revision to the report submitted for the March Personnel Committee cycle. The original item was pulled from the March agenda pending revision.

This submittal includes a resolution and accompanying fiscal note in support of the request to reallocate (6) Zoo Maintenance Worker Roles (Location 950 - Zoological Department - Department 9522 Building Maintenance).

Table with 8 columns: REQUESTOR, TITLE, NO. POSITIONS, CURRENT PAY RANGE, CURRENT ANNUAL PAY RATE, RECOMMENDED PAY RANGE, RECOMMENDED ANNUAL PAY RATE, Effective Date. It lists 4 rows of Zoo Maintenance Worker roles with their respective pay ranges and recommended changes.

The associated job description is included for reference.

The reallocation request asks the Chief Human Resources Officer to implement the following reallocation upon Board of Supervisors approval.

POLICY

Milwaukee County Code of General Ordinances:	17.055
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BACKGROUND

The Department of Human Resources is responsible for assessing the duties associated with a position and reviewing those duties with respect to the external market and internal roles for comparison. This reallocation is being requested to address better alignment with the market for this specific role. With respect to the role's critical responsibilities, increasing the recommended grade for this role has been determined to be appropriate.

Related File No's:	N/A
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ALIGNMENT TO STRATEGIC PLAN

Describe how the item aligns to the objectives in the [strategic plan](#):

- 1A: Reflect the full diversity of the County at every level of County government
- 1B: Create and nurture an inclusive culture across County government
- 1C: Increase the number of County contracts awarded to minority and women-owned businesses
- 2A: Determine what, where, and how we deliver services to advance health equity
- 2B: Break down silos across County government to maximize access to and quality of services offered
- 2C: Apply a racial equity lens to all decisions
- 3A: Invest "upstream" to address root causes of health disparities
- 3B: Enhance the County's fiscal health and sustainability
Moving the positions to this level will align more appropriately with market and allow for ability to have proper skill set required.
- 3C: Dismantle barriers to diverse and inclusive communities

FISCAL EFFECT

The Department of Human Resources requests the approval of the classification recommendation. The cost associated with this reallocation will be funded within the department.

TERMS

[Include specific term start and end dates, renewal options, automatic renewals, and termination clauses]

N/A

VIRTUAL MEETING INVITES

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PREPARED BY:

Dean Legler, Director of Compensation/HRIS, Department of Human Resources

APPROVED BY:

Margo Franklin, Chief Human Resources Officer, Department of Human Resources

ATTACHMENTS:

Resolution (Revised)

Fiscal Note (Revised)

Reference Job Description

cc: Mary Jo Meyers, Chief of Staff, Milwaukee County Executive's Office
Supervisor Willie Johnson Jr, Chairman, Committee on Personnel
Joe Lamers, Director, Office of Performance, Strategy and Budget, DAS
Amy McKinney, Operating Budget Manager, DAS-PSB
Margo Franklin, Chief Human Resources Officer, Department of Human Resources
Steve Cady, Research & Policy Director, Office of the Comptroller
Amos Morris, Zoo Director
Mary Polaris, HRBP
Sarah Zaug, HR Mgr

From the Director of Compensation/Human Resources Information Systems, Department of Human Resources, requesting a reallocation of (6) Zoo Maintenance Worker Roles (Location 950 - Zoological Department - Department 9522 Building Maintenance) by recommending adoption of the following:

A RESOLUTION

WHEREAS, the Department of Human Resources (DHR) is requesting to reallocate the pay grade of (6) Zoo Maintenance Worker Roles (Location 950 - Zoological Department - Department 9522 Building Maintenance); and

WHEREAS, DHR reviewed the duties of the position, and compared the classification (compensation) with other similar positions relative to market rates and conditions; and

WHEREAS, the Director of Compensation/Human Resources Information Systems, DHR, recommends that the classification of the pay grade of (6) Zoo Maintenance Worker Roles (Location 950 - Zoological Department - Department 9522 Building Maintenance) be reallocated; and

WHEREAS, approval by the Milwaukee County Board of Supervisors is required to reallocate the classification of the pay grade of (6) Zoo Maintenance Worker Roles (Location 950 - Zoological Department - Department 9522 Building Maintenance); and

WHEREAS, the Committee on Personnel, at its meeting of April 4, 2023, recommended adoption of File No. 23-362 (vote x-x); now, therefore,

BE IT RESOLVED, the Milwaukee County Board of Supervisors hereby approves the reallocation of the classification of the pay grade of (6) Zoo Maintenance Worker Roles (Location 950 - Zoological Department - Department 9522 Building Maintenance):

Current Pay Grade 14

Proposed Pay Grade 18Z

Min (Annual) - \$41,286.34

Min (Annual) - \$ 47,545.06

Max (Annual) - \$46,272.10

Max (Annual) - \$ 53,103.65

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: March 17, 2023

Original Fiscal Note

Substitute Fiscal Note

SUBJECT: From the Director of Compensation/Human Resources Information Systems, Department of Human Resources, Requesting Reallocation of (6) Zoo Maintenance Worker Roles (Location 950 - Zoological Department - Department 9522 Building Maintenance)

FISCAL EFFECT:

- No Direct County Fiscal Impact
 - Existing Staff Time Required
- Increase Operating Expenditures (If checked, check one of two boxes below)
 - Absorbed Within Agency's Budget
 - Not Absorbed Within Agency's Budget
- Decrease Operating Expenditures
- Increase Operating Revenues
- Decrease Operating Revenues
- Increase Capital Expenditures
- Decrease Capital Expenditures
- Increase Capital Revenues
- Decrease Capital Revenues
- Use of contingent funds

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	\$21,577	\$29,526
	Revenue	\$0	\$0
	Net Cost	\$21,577	\$29,526
Capital Improvement Budget	Expenditure	\$0	\$0
	Revenue	\$0	\$0
	Net Cost	\$0	\$0

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated.¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A. Approval of this reallocation will properly align this role internally and with the market.

B. The costs associated with this reallocation are reflected in the table above.

C. The additional salary expenditure will be absorbed into the agency's budget.

D. FICA impacts of 7.65% are included.

Department/Prepared By Dean Legler, Director of Compensation, Dept. of Human Resources

Authorized Signature 

Did DAS-Fiscal Staff Review? Yes No

Did CDBP Review?² Yes No Not Required

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

² Community Business Development Partners' review is required on all professional service and public work construction contracts.



**MILWAUKEE COUNTY
JOB EVALUATION QUESTIONNAIRE**

This form is designed to assist you in describing your departmental job. You are asked to fill this form out to outline the essential duties and responsibilities; and identify the knowledge, skills and abilities required to successfully perform the job. This form is used to request new job classifications, review current classifications, reclassification, reallocations, and general updates to the job description. **Note:** It is the job that is being evaluated, not the position/incumbent. Thank you for your cooperation.

GENERAL INSTRUCTIONS:

1. Before beginning, please look over the entire questionnaire. Each question should be answered completely and accurately. If a question does not apply to this job, please indicate "N/A" (Not Applicable).
2. To complete the questionnaire, please type and/or select your responses.
3. If you wish to make additional comments, please use the space available in the "Additional Comments" section on page 6 of this questionnaire.

A. JOB IDENTIFICATION INFORMATION:

Department (High Org):	MILWAUKEE CNTY ZOO (9500)	Division (Low Org):	MAINTENANCE (9522)
Contact for this Study	Name: Jacob Konkel	Email: Jacob.Konkel@milwaukeecountywi.gov	
	Title: Zoo Operations/Maint. Coord.	Phone: 414-256-5426	
Current Job Title:	Zoo Maintenance Worker		
Job Reports To:	Title: Mechanical Services Manager		
Request Type:	<input type="checkbox"/> Establish New <input checked="" type="checkbox"/> Review <input type="checkbox"/> Reclassification <input type="checkbox"/> Reallocation <input type="checkbox"/> Update Description <input type="checkbox"/> Other, Specify		

B. JUSTIFICATION STATEMENT:

1. Attach an organizational chart.
2. Explain the events or changes that made this request necessary.
Review of JEQ for open position.

C. ABOUT THE JOB:

Job Status:	<input checked="" type="checkbox"/> Regular Full-Time	<input type="checkbox"/> Regular Part-Time	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Contract
Shift:	<input checked="" type="checkbox"/> Day	<input checked="" type="checkbox"/> Evening	<input checked="" type="checkbox"/> Night	<input type="checkbox"/> Other:
Hours Per Week:	<input checked="" type="checkbox"/> >40 Hours	<input type="checkbox"/> 32-40 Hours	<input type="checkbox"/> 20-32 Hours	<input type="checkbox"/> <20 Hours
Travel:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, % Travel			
Will This Job Supervise/Manage?	<input type="checkbox"/> Supervise <input type="checkbox"/> Manage		<input checked="" type="checkbox"/> N/A	# of Direct Reports:

D. JOB SUMMARY:

Briefly state, in several sentences, the principle purpose or function of the job. Respond by describing What the job is, What is its major objective, and Why does it exist.
Perform a variety of semi-skilled tasks in the care and maintenance of building, grounds and facilities.

E. ESSENTIAL DUTIES/RESPONSIBILITIES:

JOB RESPONSIBILITY LIST: Please describe the major elements of the job. List only the major functions, separately, in order of importance. Provide a one or two line description for each duty so that it can be understood by someone not familiar with this kind of work. Weight the approximate percentage of allocated work time for each functional work activity (Round to the nearest 5%). We do not need to know HOW the function is to be performed, but rather, WHAT it is to be performed. **Percentages should add up to 100%**

1.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Repair and Maintenance	% of Time: 65
	<i>Descriptive:</i> To repair and maintain Zoo structures, equipment, enclosures, to change lights, belts, and filters, to clean, grease, and lubricate, repair walls, doors, locks, windows, and screens, to do minor electrical and plumbing repairs, to monitor HVAC equipment, to maintain records.		
2.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Fabrication	% of Time: 30
	<i>Descriptive:</i> To fabricate, design and build crates, cages, fencing, to alter function of equipment, to construct shelving, carts, furniture, props, and much more.		
3.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> New	Job Duty: Other	% of Time: 5
	<i>Descriptive:</i> To assist with animal moves, to assist skilled trades, and other jobs and duties that maybe assigned.		
4.	<input type="checkbox"/> Original <input type="checkbox"/> New	Job Duty:	% of Time:
	<i>Descriptive:</i>		
5.	<input type="checkbox"/> Original <input type="checkbox"/> New	Job Duty:	% of Time:
	<i>Descriptive:</i>		
6.	<input type="checkbox"/> Original <input type="checkbox"/> New	Job Duty:	% of Time:
	<i>Descriptive:</i>		
7.	<input type="checkbox"/> Original <input type="checkbox"/> New	Job Duty:	% of Time:
	<i>Descriptive:</i>		
8.	<input type="checkbox"/> Original <input type="checkbox"/> New	Job Duty:	% of Time:
	<i>Descriptive:</i>		
9.	<input type="checkbox"/> Original <input type="checkbox"/> New	Job Duty:	% of Time:
	<i>Descriptive:</i>		
10.	<input type="checkbox"/> Original <input type="checkbox"/> New	Job Duty:	% of Time:
	<i>Descriptive:</i>		

F. EQUIPMENT, TOOLS & MATERIALS

Please list all equipment, tools or materials required to perform the job along with the frequency.	Frequency			Type of Equipment
	Daily	Weekly	Monthly	
1. Machinery: (i.e. Vehicles, Motorized Equipment, Heavy Machinery, etc)	X		XX	Trucks XX Lifts, Plows, Fork Lifts
2. Hand Tools/Instruments: (i.e. Power Tools, PC's, office or laboratory equipment, weapons, etc.)	X			Many type of electrical and gas powered hand tools
3. Driving required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

G. JOB COMPETENCIES

Internal Contacts: Please select all that apply.	
<input checked="" type="checkbox"/>	Contact with employees or others primarily at a routine level involving basic information exchange.
<input checked="" type="checkbox"/>	Contact with peers and others involving explanation of information (these contacts may be within or outside department or division), and the gathering of factual information. May include the communication of sensitive or confidential information.
<input type="checkbox"/>	Contact across departments or divisions with employees involving persuasion of others, absent formal authority, to conform to a policy interpretation or recommended course of action.
<input type="checkbox"/>	Contact that requires a high degree of authority in securing understanding and cooperation of multiple departments or interests.

External Contacts: Please select all that apply.	
<input type="checkbox"/>	No contact with people outside the organization.
<input checked="" type="checkbox"/>	Limited external contact to: gather information, answer queries, or ask assistance.
<input checked="" type="checkbox"/>	Frequent external contact to: gather information, answer queries, or ask assistance.
<input type="checkbox"/>	External contact involving a requirement to maintain a continuing external working relationship with individuals, or organizations.
<input type="checkbox"/>	External contact involving the initiation and maintenance of relationships that can have a significant effect on the success of the organization.

Communication Skills: Select the level of language (ability to read, write and speak needed to successfully accomplish the essential duties of the job.) Please select all that apply.	
<input checked="" type="checkbox"/>	Read, write and comprehend simple instructions, short correspondence and memos.
<input checked="" type="checkbox"/>	Read and interpret safety rules, operating/maintenance instructions and procedure manuals.
<input type="checkbox"/>	Write routine reports, correspondence, and speak effectively before both internal and external groups.
<input type="checkbox"/>	Read, analyze, and interpret business manuals, technical procedures and/or government regulations.
<input type="checkbox"/>	Read, analyze, and interpret scientific and technical journals, financial reports and legal documents.
<input type="checkbox"/>	Prepare and/or present written communications that pertain to controversial and complex topics.

Decision-Making: Please select <u>only one</u> of the following:	
<input type="checkbox"/>	Requires minimal decision-making responsibility.
<input checked="" type="checkbox"/>	Regularly makes decisions involving how a project or operation will be conducted (i.e. sequence or method), and generally from an available set of alternatives or precedents.
<input type="checkbox"/>	Regularly makes decisions of responsibility, involving evaluation of information. Decisions may require development or application of alternatives or precedents.
<input type="checkbox"/>	Regularly makes significant decisions and final results, typically affecting the entire department. Available guides or precedents are limited. Has authority over the allocation of resources.
<input type="checkbox"/>	Significant responsibility for decisions and final results, affecting more than one department or a department with multiple units. Substantial analysis is required and many factors must be weighed before a decision can be reached.
<input type="checkbox"/>	Major responsibility for decisions and final recommendation, which may result in the formulation of strategic plans of action to achieve the broad objectives for the organization.
<input type="checkbox"/>	Primary work responsibility involves the long-range future including the scope, direction and goals of the organization.

Complexity, Judgment and Problem Solving: Please select all that apply.	
<input checked="" type="checkbox"/>	Work of a relatively routine nature. Requires the ability to understand and follow instructions.
<input checked="" type="checkbox"/>	Structured work, following a limited variety of standard practices.
<input checked="" type="checkbox"/>	Generally structured work, but involving a choice of action within limits of standard policy and procedures.
<input type="checkbox"/>	Generally diversified and moderately difficult work. Requires judgment in the adaptation and interpretation of established practices and procedures to meet problems and situations to which the application is not clearly defined.
<input type="checkbox"/>	Typically difficult or complex work. Generally governed by broad instructions and objectives usually involving frequently changing conditions and problems.
<input type="checkbox"/>	Work requires the ability to plan and perform work in light of new or constantly changing problems, work from broad instruction, and deal with complex factors not easily evaluated. Decisions require considerable judgment, initiative, and ingenuity in areas there is little precedent.
<input type="checkbox"/>	Work requires the ability to act independently in the formulation and administration of policies and programs for major departments or functions.

Supervisory/Managerial: If applicable, select the appropriate level of responsibility.	
<input type="checkbox"/>	Level 1 General instructing, scheduling, and reviewing the work of others performing the same or directly related work. Acts as "lead worker". Functional supervision only.
<input type="checkbox"/>	Level 2 Recommends personnel actions (hiring, termination, pay changes). Involves scheduling, supervision, and evaluation of work of employees who perform similar work assignments.
<input type="checkbox"/>	Level 3 Scheduling, supervision, and evaluation of work as a "manager" of the first line supervisors; or perform supervision of workers who perform distinct and separate blocks of work.
<input type="checkbox"/>	Level 4 Scheduling, supervision, and evaluation of work as a superior of "managers". Administers through subordinate managers, departmental multi-function programs or operations.
<input type="checkbox"/>	Level 5 Scheduling, supervision, and evaluation of work as a superior of those in level 4.

List the names of the Department(s)/Division(s) supervised/managed by this job:	
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Are there subordinate supervisors/managers reporting to this job?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, how many?
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Fiscal Responsibility:		
Responsible for annual operating budget for department(s)/division(s)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please provide total amount?

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H. WORKING CONDITIONS

What are the physical, mental and environment demands for this job? Functions identified must coincide with the description of essential duties and responsibilities for this job. The functions should focus on what is to be done and the processes traditionally used to achieve end results. For each of the following functional requirements, indicate the frequency in which it occurs in this job.

PHYSICAL DEMANDS		N/A	Seldom (<25%)	Occasional (25% - 50%)	Frequent (50% - 75%)	Always (>75%)
Standing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Walking/Running		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sitting		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Climbing		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending/Kneeling		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Typing		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Dexterity		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Dexterity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Upper Extremity Repetitive Motion		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lifting/Carrying	50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing/Pulling	100 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NON-PHYSICAL DEMANDS		N/A	Seldom (<25%)	Occasional (25% - 50%)	Frequent (50% - 75%)	Always (>75%)
Analysis/Reasoning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Communication/Interpretation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Math/Mental Computation		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustained Mental Activity (i.e. auditing, problem solving, grant writing, composing reports)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>				
ENVIRONMENTAL DEMANDS		N/A	Seldom (<25%)	Occasional (25% - 50%)	Frequent (50% - 75%)	Always (>75%)
Work Alone		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent Task Changes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tedious/Exacting Work		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Volume Public Contact		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Temperature Extremes		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud Noises		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Physical Danger		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Toxic Substances (i.e. solvents, pesticides, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>				

WORK SCHEDULE: Please select all that apply.

<input type="checkbox"/>	Routine shift hours. Infrequent overtime, weekend, or shift rotation.
<input checked="" type="checkbox"/>	Considerable irregularity of hours due to frequent overtime, weekend or shift rotation.
<input type="checkbox"/>	Regular and/or frequent on-call availability.
<input type="checkbox"/>	Nature of work frequently requires irregular, unpredictable or particularly long hours. (I.e. covering double shifts, etc.)

DEMANDS/DEADLINES: Please select all that apply.	
<input type="checkbox"/>	Little or no stress created by work, employees, or public.
<input checked="" type="checkbox"/>	Occasional stress due to deadlines or workload because of intermittent or cyclical work pressures, or occasional exposure to distressed individuals within the immediate work environment.
<input type="checkbox"/>	High volume and variable work demands and deadlines impose strain on routine basis or considerable stress intermittently; OR regular direct contacts with distressed individuals within the immediate work environment; and/or exposure to demands and pressures from persons other than immediate supervisor.
<input type="checkbox"/>	Work requires frequent, substantive contacts with people in highly stressful situations; delicacy and unpredictability of contacts routinely creates considerable strain or heavy stress regularly.

I. EDUCATION, EXPERIENCE AND LICENSE

EDUCATION		
Please indicate the MINIMUM educational level required:		
<input checked="" type="checkbox"/>	HS Diploma/GED	
<input type="checkbox"/>	Associate's Degree	Area of specialization/major:
<input type="checkbox"/>	Bachelor's Degree	Area of specialization/major:
<input type="checkbox"/>	Graduate Degree	Area of specialization/major:
<input type="checkbox"/>	Post Graduate Degree (PhD)	Area of specialization/major:
<input type="checkbox"/>	Professional Degree (Law, Medicine, etc.)	Area of specialization/major:
<input checked="" type="checkbox"/>	Other:	Please indicate: Training in the building trades perfered

WORK EXPERIENCE		
Please indicate the MINIMUM number of years of practical experience required.		
<input type="checkbox"/>	No experience	
<input type="checkbox"/>	Less than one year	Area(s) of experience:
<input checked="" type="checkbox"/>	One to three years	Area(s) of experience: work in the building trades or as a maintenance worker
<input type="checkbox"/>	Three to five years	Area(s) of experience:
<input type="checkbox"/>	Five or more years	Area(s) of experience:

SUPERVISORY/MANAGEMENT EXPERIENCE		
Please indicate the MINIMUM number of years of supervisory/management experience required.		
<input checked="" type="checkbox"/>	No experience	
<input type="checkbox"/>	Less than one year	Area(s) of experience:
<input type="checkbox"/>	One to three years	Area(s) of experience:
<input type="checkbox"/>	Three to five years	Area(s) of experience:
<input type="checkbox"/>	Five or more years	Area(s) of experience:

LICENSE/CERTIFICATION:
What license(s), certification/certificate(s), registration(s), or other regulatory requirements/training:
Wisconsin Drivers License Class D or higher,

J. ADDITIONAL COMMENTS

Please list additional items not covered in this questionnaire that you feel would be helpful in understanding the job.
•

K. SIGNATURES:

SUPERVISOR'S/MANAGER'S CONFIRMATION: I have completed and/or reviewed the contents of this job evaluation questionnaire and consent to its accuracy.	
Supervisor/Manager Signature: <i>Jacob Konkel</i>	Date: 11/18/2022
Department/Division Head Signature: <i>Matthew Haseman</i>	Date: 11/18/2022

Email the completed form to: HRCompensation@milwcnty.com. Please ensure the subject line includes the request type and Department (High Org.) number. (I.e. 2013 STUDY 1140)

Received by Human Resources - Compensation Department
Analyzed by Human Resources - Compensation Department

Initials:
Initials:

Date:
Date: