



**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**

|                               |  |                                     |  |
|-------------------------------|--|-------------------------------------|--|
| <b>Department (High Org):</b> | 5040 Airport   | <b>Division (Low Org):</b>          | 5041 GMIA Administration                     |
| <b>Contact for this Study</b> | Name: Brian Dranzik  | Email: bdranzik@mitchellairport.com |  |
|                               | Title: Airport Director  | Phone: 414-747-5322                 |  |
| <b>Current Job Title:</b>     | Director of Public Affairs and Marketing   | <b>Current Job Code:</b>            |  |
| <b>Health Screen Level:</b>   | 00 – None  | <b>Background Check</b>             | 4 Criminal, Education, Experience (Dir Only) |
| <b>Job Reports To:</b>        | Title: Airport Director  |                                     |  |
| <b>Request Type:</b>          | <input type="checkbox"/> Establish New <input type="checkbox"/> Review <input checked="" type="checkbox"/> Reclassification <input type="checkbox"/> Reallocation <input type="checkbox"/> Update Description<br><input type="checkbox"/> Other, Specify |                                     |  |

**B. JUSTIFICATION STATEMENT**

|   |
|---|
| <b>1. Attach an organizational chart.</b>                                 |
| <b>2. Explain the events or changes that made this request necessary.</b> |
|   |

**C. ABOUT THE JOB**

|  |   |  |                                      |                                    |
|--|---|--|--------------------------------------|------------------------------------|
| <b>Job Status:</b>   | <input checked="" type="checkbox"/> Regular Full-Time   | <input type="checkbox"/> Regular Part-Time | <input type="checkbox"/> Seasonal    | <input type="checkbox"/> Contract  |
| <b>Shift:</b>  | <input checked="" type="checkbox"/> Day   | <input type="checkbox"/> Evening           | <input type="checkbox"/> Night       | <input type="checkbox"/> Other:    |
| <b>Hours Per Week:</b>   | <input checked="" type="checkbox"/> >40 Hours   | <input type="checkbox"/> 32-40 Hours       | <input type="checkbox"/> 20-32 Hours | <input type="checkbox"/> <20 Hours |
| <b>Travel:</b>   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, % Travel 10%                     |  |                                      |                                    |
| <b>Will This Job Supervise/Manage?</b>   | <input checked="" type="checkbox"/> Supervise <input checked="" type="checkbox"/> Manage # of Direct Reports: 2 |  | <input type="checkbox"/> N/A         |                                    |
| <b>Fiscal Responsibility:</b> Responsible for annual operating budget for department(s)/division(s)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please provide total amount?     |  |                                      |                                    |

**D. JOB SUMMARY:**

|   |
|---|
| <p>Briefly state, in several sentences, the principle purpose or function of the job. Respond by describing <b>What</b> the job is, <b>What</b> its major objective is, and <b>Why</b> does it exist.</p> <p>This position serves as a strategic Marketing professional under the general administrative direction of the Airport Director. This position will partner and support Business and Commercial Development and Communications departments utilizing an entrepreneurial approach collaborative leadership style, and effective analytical skills, to formulate and implement key business development initiatives and marketing strategies that are aligned with the airports strategic goals.</p> |
|---|

**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 descriptive statement for each duty so that someone not familiar with this kind of work can understand it. Weight the approximate percentage of allocated work time for each functional work activity (Round to the nearest 10%). 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 type="checkbox"/> Original <input checked="" type="checkbox"/> New  | Job Duty: <b>Support Airport System Business Units and Marketing Initiatives</b> | % of Time:<br>25 |
|     | <i>Descriptive:</i> Responsible for assisting in advertising and marketing of core Milwaukee County's Airport System Core Business Units that consist of Parking, Concessions, 440 <sup>th</sup> Business Park, and Timmerman Airport. Includes creative strategies and design, media buys of TV, radio, print, digital marketing, website management and social media.  |  |                  |
| 2.  | <input type="checkbox"/> Original <input checked="" type="checkbox"/> New  | Job Duty: <b>Lead Overall Airport System Marketing Initiatives</b>               | % of Time:<br>25 |
|     | <i>Descriptive:</i> Responsible for developing and managing comprehensive marketing plans, programs, and strategies for the Milwaukee County Airport System including initiatives to provide marketing direction to implement operational and effective marketing concepts, programs, and actions, along with the ability to evaluate their effectiveness using KPIs. Coordinate with internal departments to ensure efficient, effective, development and execution of the plans. |  |                  |
| 3.  | <input type="checkbox"/> Original <input checked="" type="checkbox"/> New  | Job Duty: <b>Management of Marketing Consultant Contracts</b>                    | % of Time:<br>10 |
|     | <i>Descriptive:</i> Manages all aspects of the general marketing consultant contracts to include proofing ads prior to display and or release.   |  |                  |
| 4.  | <input type="checkbox"/> Original <input checked="" type="checkbox"/> New  | Job Duty: <b>Support Goal Setting</b>  | % of Time:<br>10 |
|     | <i>Descriptive:</i> Assist with setting goals, objectives, and strategy for marketing the Milwaukee County Airport system to include assisting in developing initiatives, determining and approving audience, strategy, direction and tactics based on results of market research.   |  |                  |
| 5.  | <input type="checkbox"/> Original <input checked="" type="checkbox"/> New  | Job Duty: <b>Strategic Action Planning</b>                                       | % of Time:<br>10 |
|     | <i>Descriptive:</i> Assist and collaborate to establish and implement an integrated strategic action plan for business development at General Mitchell Airport and Timmerman Airport that identifies air service, concessions, air cargo, general aviation, real estate, and industrial business development opportunities at General Mitchell Airport and Timmerman Airport, including land acquisition and planning for airport future land requirements.                        |  |                  |
| 6.  | <input type="checkbox"/> Original <input checked="" type="checkbox"/> New  | Job Duty: <b>Support Air Service Development</b>                                 | % of Time:<br>10 |
|     | <i>Descriptive:</i> In conjunction with Director of Air Service Development, assists with air service development efforts, which includes initiatives to align the airport with corporate and community stakeholders, while building solid business case(s) to maintain and grow passenger and cargo air service at the airport. Works in coordination with other key persons to ensure development efforts support the region's air service needs.                                |  |                  |
| 7.  | <input type="checkbox"/> Original <input checked="" type="checkbox"/> New  | Job Duty: <b>Lead in Maximizing Milwaukee County Airport System Awareness</b>    | % of Time:<br>10 |
|     | <i>Descriptive:</i> Utilize General Mitchell and Timmerman as venues to showcase new and innovative technologies, creating a sense of place that captures the spirit of Milwaukee, Wisconsin.  |  |                  |
| 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, PERSONAL COMPUTERS, SOFTWARE**

| 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  | Car  |
| 2. Hand Tools/Instruments: (i.e. Power Tools, Equipment, Weapons, etc.)                             | x   |                                     |  | Office equipment, smart phones, hand held devices, |
| 3. Driving required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No            | List License Types: (Required)                                      |                                     | Wisconsin Driver's License   |  |
|   | List License Types: (Preferred)                                     |                                     | Car  |  |
| 4. Personal vehicle required?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                     |  |  |
| 5. Please list all <u>Technology, Systems and Software Knowledge</u> required to perform the job:   |   |                                     |  |  |
| Basic   | Intermediate  | Advanced                            |  |  |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Knowledge of all related computer and software applications, such as word processing and spreadsheets. |  |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>            | Other: Social media technology   |  |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>            | Other:   |  |
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/>            | Other:   |  |

**G. JOB COMPETENCIES**

|   |   |
|---|---|
| <b>Internal/External Contacts:</b> Please select all that apply.  |   |
| <input checked="" type="checkbox"/>   | Exchange of basic information with internal and/or external contacts.   |
| <input checked="" type="checkbox"/>   | Maintain sensitive or confidential information.   |
| <input checked="" type="checkbox"/>   | Explain and gather information, answer queries, or provide assistance to internal and/or external contacts.   |
| <input checked="" type="checkbox"/>   | Persuade, conform or recommend course of action with internal and/or external contacts.   |
| <input checked="" type="checkbox"/>   | Perform with a high degree of authority in securing understanding and cooperation with internal and/or external contacts.   |
| <input checked="" type="checkbox"/>   | Maintain a continuing working relationship that can have a significant effect on the success of the organization.   |
| <b>Communication Skills:</b> 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, reports, short correspondence and memos.  |
| <input checked="" type="checkbox"/>   | Speak effectively before both internal and/or external groups.  |
| <input checked="" type="checkbox"/>   | Read, analyze, and interpret safety rules, operating/maintenance instructions and procedure manuals, scientific/technical journals and procedures, government regulations, financial and legal documents.   |
| <input checked="" type="checkbox"/>   | Prepare and/or present written communications that pertain to controversial and complex topics.   |
| <b>Decision-Making:</b> Please select <u>only one</u> of the following:   |   |
| <input type="checkbox"/>  | Makes minimal decision-making responsibility.   |
| <input type="checkbox"/>  | Makes decisions of responsibility involving evaluation of information; decisions may require development or application of alternatives or precedents.  |
| <input checked="" type="checkbox"/>   | Makes decisions of responsibility and final results that affect 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 checked="" type="checkbox"/>   | Makes decisions of responsibility and final recommendations, which may result in the formulation of strategic plans of action to achieve the broad objectives for the organization; involves long-range future planning including scope, direction and goals. |

| <b>Complexity, Judgment and Problem Solving:</b> Please select all that apply. |  |
|--|--|
| <input checked="" type="checkbox"/>  | Understand and follow instructions.  |
| <input checked="" type="checkbox"/>  | Execute decisions within limits of standard policy and procedures.   |
| <input checked="" type="checkbox"/>  | Interpret and adapt to established practices and procedures using independent judgment to meet situations to which applications are not clearly defined.   |
| <input checked="" type="checkbox"/>  | Perform within difficult or complex working conditions or situations not easily evaluated; decisions require considerable judgment, initiative and ingenuity in areas there is little precedent. |
| <input checked="" type="checkbox"/>  | Act independently in the formulation and administration of policies and programs for major departments or functions.   |

**H. WORKING CONDITIONS**

What are the physical, mental and environment demands for this job? Functions identified must coincide with the descriptive statement 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.

| <u>PHYSICAL DEMANDS</u>           | N/A                               | Seldom (<25%)                                | Occasional (25% - 50%)              | Frequent (50% - 75%)                | Always (>75%)                       |                                   |   |
|-----------------------------------|-----------------------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|---|
| Standing                          | <input type="checkbox"/>          | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                   |   |
| Walking/Running                   | <input type="checkbox"/>          | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                   |   |
| Sitting                           | <input type="checkbox"/>          | <input type="checkbox"/>                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                   |   |
| Reaching                          | <input type="checkbox"/>          | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                   |   |
| Climbing                          | <input type="checkbox"/>          | <input checked="" type="checkbox"/>          | <input 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 checked="" type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                   |   |
| Hearing                           | <input type="checkbox"/>          | <input type="checkbox"/>                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                   |   |
| Talking                           | <input type="checkbox"/>          | <input type="checkbox"/>                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                   |   |
| Visual                            | <input type="checkbox"/>          | <input type="checkbox"/>                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                   |   |
| Typing                            | <input type="checkbox"/>          | <input type="checkbox"/>                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                   |   |
| Writing                           | <input type="checkbox"/>          | <input type="checkbox"/>                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" 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 checked="" type="checkbox"/>          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |                                   |   |
| Upper Extremity Repetitive Motion | <input type="checkbox"/>          | <input type="checkbox"/>                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                   |   |
| Lifting/Carrying (lbs.)           | <input type="checkbox"/> up to 05 | <input checked="" type="checkbox"/> up to 10 | <input type="checkbox"/> up to 15   | <input type="checkbox"/> up to 20   | <input type="checkbox"/> up to 25   | <input type="checkbox"/> up to 30 | <input type="checkbox"/> up to <input type="text"/> |
| Pushing/Pulling (lbs.)            | <input type="checkbox"/> up to 05 | <input checked="" type="checkbox"/> up to 10 | <input type="checkbox"/> up to 15   | <input type="checkbox"/> up to 20   | <input type="checkbox"/> up to 25   | <input type="checkbox"/> up to 30 | <input type="checkbox"/> up to <input type="text"/> |

| <u>NON-PHYSICAL DEMANDS</u>  | 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Reading  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Sustained Mental Activity (i.e. auditing, problem solving, grant writing, composing reports) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Other:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

| <b>ENVIRONMENTAL DEMANDS</b>                       | <b>N/A</b>                          | <b>Seldom<br/>(&lt;25%)</b>         | <b>Occasional<br/>(25% - 50%)</b>   | <b>Frequent<br/>(50% - 75%)</b>     | <b>Always<br/>(&gt;75%)</b> |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------|
| Work Independently                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>    |
| 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 type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>    |
| High Volume Public Contact                         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>    |
| Dust   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>    |
| Temperature Extremes                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>    |
| Loud Noises  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>    |
| Physical Danger                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>    |
| Toxic Substances (i.e. solvents, pesticides, etc.) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>    |
| Other:   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>    |

**WORK SCHEDULE:** Please select all that apply.

Routine shifts hours. Infrequent overtime, weekend, or shift rotation.

Considerable irregularity of hours due to frequent overtime, weekend or shift rotation.

Regular and/or frequent on-call availability; nature of work frequently requires irregular, unpredictable or particularly long hours.

**DEMANDS/DEADLINES:** Please select all that apply.

Little or no stress created by work, employees or public.

Intermittent or cyclical work pressures with occasional exposure to high stress work environments.

High volume and variable work demands and deadlines that impose strain on a routine basis; frequent direct contact with individuals or exposure to highly stressful situation, demands or pressures.

**I. EDUCATION, LICENSE, AND EXPERIENCE**

**EDUCATION**  
Please indicate the MINIMUM educational level required:

|  |   |
|--|---|
| <input type="checkbox"/> HS Diploma/GED                            |   |
| <input type="checkbox"/> Associate's Degree                        | Area of specialization/major:                           |
| <input checked="" type="checkbox"/> Bachelor's Degree              | Area of specialization/major: Communications, Marketing |
| <input type="checkbox"/> Graduate Degree                           | Area of specialization/major: Preferred.                |
| <input type="checkbox"/> Post Graduate Degree (PhD)                | Area of specialization/major:                           |
| <input type="checkbox"/> Professional Degree (Law, Medicine, etc.) | Area of specialization/major:                           |
| <input type="checkbox"/> Other:                                    | Please indicate:  |

**LICENSE/CERTIFICATION:** (Please complete Section F on Page 3 for Driving Requirements/License(s))  
What license(s), certification/certificate(s), registration(s), or other regulatory requirements/training:  
Preferred:

**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 type="checkbox"/> One to three years            | Area(s) of experience: |
| <input type="checkbox"/> Three to five years           | Area(s) of experience: |
| <input checked="" type="checkbox"/> Five or more years | Area(s) of experience: |

| <b>SUPERVISORY/MANAGEMENT EXPERIENCE</b>   |                        |
|--|------------------------|
| Please indicate the MINIMUM number of years of supervisory/management experience required. |                        |
| <input 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 checked="" type="checkbox"/> Three to five years                                    | Area(s) of experience: |
| <input type="checkbox"/> Five or more years  | Area(s) of experience: |

| <b>Supervisory/Managerial:</b> If applicable, select the appropriate level of responsibility.           |   |
|---|---|
| <input type="checkbox"/>  | <b>Level 1</b> General instructing, scheduling, and reviewing the work of others performing the same or directly related work. Acts as "lead worker". Functional supervision only. Recommends personnel actions (hiring, termination, pay changes, etc.) but does not independently conduct.  |
| <input type="checkbox"/>  | <b>Level 2</b> Scheduling, supervision, and evaluation of work of employees who perform similar work assignments. Conducts all aspects of personnel actions (hiring, termination, pay changes, etc.).   |
| <input type="checkbox"/>  | <b>Level 3</b> 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. Oversees and conducts all aspects of personnel actions (hiring, termination, pay changes, etc.). Are there subordinate supervisors reporting to this job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?              |
| <input checked="" type="checkbox"/>   | <b>Level 4</b> Scheduling, supervision and evaluation of work as a superior of "managers". Administers through subordinate managers, departmental multi-function programs or operations. Oversees and conducts all aspects of personnel actions (hiring, termination, pay changes, etc.). Are there subordinate supervisors/managers reporting to this job? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? |
| <input type="checkbox"/>  | <b>Level 5</b> Scheduling, supervision, and evaluation of work as a superior of those in level 4. Are there subordinate supervisors/managers reporting to this job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?  |
| <b>List the names of the Positions and/or Department(s)/Division(s) supervised/managed by this job:</b> |   |
| <ul style="list-style-type: none"> <li>Analyst</li> <li>Administrative Assistant</li> </ul>             |   |

**J. ADDITIONAL COMMENTS**

|   |
|---|
| Please list additional items not covered in this questionnaire that would be helpful to the <u>Compensation Department</u> in understanding this job. |
| •   |

|  |
|--|
| Please provide additional information and/or language so that <u>Employment &amp; Staffing</u> can include it in the job announcement (Providing that the Compensation Department has approved). |
| <ul style="list-style-type: none"> <li>Aviation industry knowledge experience desirable</li> </ul>   |

**K. SIGNATURES**

| <b>SUPERVISOR'S/MANAGER'S CONFIRMATION:</b>   |                 |
|---|-----------------|
| I have completed and/or reviewed the contents of this job evaluation questionnaire and consent to its accuracy. |                 |
| Supervisor/Manager Signature: <i>Brian Dranzik</i>  | Date: 4/10/2018 |
| Department/Division Head Signature: <i>Julie Ewo</i>  | Date: 5/20/2018 |

Email the completed form to: [hrcompensation@milwaukeecountywi.gov](mailto:hrcompensation@milwaukeecountywi.gov). Please ensure the subject line includes the Department High Org., and (if applicable) Low Org. number, Request Type (i.e. JEQ Request, JEQ Study,) (i.e. 1140/1140 JEQ Request)