



**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>	5100	<b>Division (Low Org):</b>	5190
<b>Contact for this Study</b>	Name: Ross Milton	Email: Ross.Milton@MilwaukeeCountywi.gov	
	Title: Transportation & Hwy Maint Supervisor	Phone: 414-257-6535	
<b>Current Job Title:</b>	GIS Technician	<b>Current Job Code:</b>	
<b>Health Screen Level:</b>		<b>Background Check Level:</b>	
<b>Job Reports To:</b>	Title: GIS Supervisor		
<b>Request Type:</b>	<input checked="" type="checkbox"/> Establish New <input type="checkbox"/> Review <input type="checkbox"/> Reclassification <input type="checkbox"/> Reallocation <input type="checkbox"/> Update Description <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>
This position was created to better support the needs of MCDOT – Highways. By changing two intern positions into a single full-time technician position, the GIS team can better support the needs of the organization, spend less time training new staff on a regular basis, and provide more established GIS knowledge base in MCDOT – Highways.

**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 type="checkbox"/> >40 Hours	<input checked="" type="checkbox"/> 32-40 Hours	<input type="checkbox"/> 20-32 Hours	<input type="checkbox"/> <20 Hours
<b>Travel:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    If Yes, % Travel <5			
<b>Will This Job Supervise/Manage?</b>	<input type="checkbox"/> Supervise <input type="checkbox"/> Manage # of Direct Reports:		<input checked="" type="checkbox"/> N/A	
<b>Fiscal Responsibility:</b> 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?			

**D. JOB SUMMARY:**

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.
The primary function of the GIS Technician is to be the technical resource to update and maintain Highways GIS data within Milwaukee County. The technician will assist the GIS Team with updating and maintaining Cityworks data. The technician will be responsible for annual catch basin reviews. This position will be responsible for updating spatial databases with definitive resources and documenting current GIS practices to develop and maintain MCDOT's enterprise GIS. They may also be given ad hoc tasks to maintain web maps, map series, and other GIS provided resources as directed by the Highway Administration.

**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: Maintain the Milwaukee County Cadastral and tax parcel mapping	% of Time: 50
	<i>Descriptive:</i> Is responsible for maintaining digital geographic data within MCDOT's Milwaukee County Enterprise Geographic Information System (EGIS). Duties include source map preparation and editing; digitizing; feature coding; data conversion; post conversion editing and labeling; map and report generation; data documentation (metadata preparation); and data		
2.	<input type="checkbox"/> Original <input checked="" type="checkbox"/> New	Job Duty: Collecting and Verifying Roadside Asset Information	% of Time: 20
	<i>Descriptive:</i> Is responsible for collecting and verifying digital geographic data along highways and freeways within Milwaukee County using mobile GPS collection techniques and ortho photo interpretation.		
3.	<input type="checkbox"/> Original <input checked="" type="checkbox"/> New	Job Duty: Create ArcGIS Online Web Applications	% of Time: 10
	<i>Descriptive:</i> Is responsible for operating GIS software to display geographic data; to design, create, and plot custom map products; to generate summary reports; and to support standard analytical functions.		
4.	<input type="checkbox"/> Original <input checked="" type="checkbox"/> New	GIS Support & Documentation	% of Time: 10
	<i>Descriptive:</i> Provide assistance in support of data import and export services and create comprehensive documentation of tasks completed.		
5.	<input type="checkbox"/> Original <input checked="" type="checkbox"/> New	Job Duty: Creates, drafts and modifies reports and presentations	% of Time: 5
	<i>Descriptive:</i> Create reports, maps and develop presentations for GIS projects, demonstrations and exhibitions		
6.	<input type="checkbox"/> Original <input checked="" type="checkbox"/> New	Job Duty: Ad Hoc Duties	% of Time: 5
	<i>Descriptive:</i> Assist with other GIS and related other related duties as needed.		
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, 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		Vehicle
a. Fork Truck or Powered Pallet Jack				
b. Lifting Devices (i.e. Jib Cranes, Slings and Tow Straps)				
c. Other				
2. Hand Tools/Instruments: (i.e. Power Tools, Equipment, Weapons, etc.)		X		Personal computer, GIS equipment
a. Chainsaw or other powered tree trimming devices				
b. Ladders				
c. Welding or Cutting Tools				
d. Respirator				
3. Personal Protective Equipment Required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	List Equipment:	Safety Vest when in the field	
4. Lock Out Tag Out Devices Required?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. Driving required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	List License Types: (Required)	Valid Wisconsin Driver's License	
		List License Types: (Preferred)		
4. Personal vehicle required?	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Knowledge of all related computer and software applications, such as word processing and spreadsheets.	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other: esri desktop, esri ArcGIS online	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other: Coordinate Geometry, COGO, input/ read and map from recorded deeds	
<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 type="checkbox"/>	Perform with a high degree of authority in securing understanding and cooperation with internal and/or external contacts.
<input 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 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 checked="" 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 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 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 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 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.							
<b>PHYSICAL DEMANDS</b>	<b>N/A</b>	<b>Seldom (&lt;25%)</b>	<b>Occasional (25% - 50%)</b>	<b>Frequent (50% - 75%)</b>	<b>Always (&gt;75%)</b>		
Standing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Running	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Climbing	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>		
Writing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fine Dexterity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Manual Dexterity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Upper Extremity Repetitive Motion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lifting/Carrying (lbs.)	<input type="checkbox"/> up to 05	<input type="checkbox"/> up to 10	<input type="checkbox"/> up to 15	<input type="checkbox"/> up to 20	<input type="checkbox"/> up to 25	<input checked="" type="checkbox"/> up to 30	<input type="checkbox"/> up to <input type="text"/>
Pushing/Pulling (lbs.)	<input type="checkbox"/> up to 05	<input type="checkbox"/> up to 10	<input type="checkbox"/> up to 15	<input type="checkbox"/> up to 20	<input type="checkbox"/> up to 25	<input checked="" type="checkbox"/> up to 30	<input type="checkbox"/> up to <input type="text"/>

<b>NON-PHYSICAL DEMANDS</b>	<b>N/A</b>	<b>Seldom (&lt;25%)</b>	<b>Occasional (25% - 50%)</b>	<b>Frequent (50% - 75%)</b>	<b>Always (&gt;75%)</b>
Analysis/Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Communication/Interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Math/Mental Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 (&lt;25%)</b>	<b>Occasional (25% - 50%)</b>	<b>Frequent (50% - 75%)</b>	<b>Always (&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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tedious/Exacting Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High Volume Public Contact	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Danger	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
Chemicals (i.e. cleaning supplies, chlorine, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Spills exceeding 5 gallons	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confined Space Entry for Rescue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confined Space Entry for Non-rescue	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevations Above 4 Feet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trench or Excavation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Around Antennas and/or Solar Systems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to Blood Borne Pathogens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid, CPR and AED	<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"/>

<b>WORK SCHEDULE:</b> Please select all that apply.	
<input checked="" type="checkbox"/>	Routine shifts hours. Infrequent overtime, weekend, or shift rotation.
<input type="checkbox"/>	Considerable irregularity of hours due to frequent overtime, weekend or shift rotation.
<input type="checkbox"/>	Regular and/or frequent on-call availability; nature of work frequently requires irregular, unpredictable or particularly long hours.

<b>DEMANDS/DEADLINES:</b> Please select all that apply.	
<input checked="" type="checkbox"/>	Little or no stress created by work, employees or public.
<input checked="" type="checkbox"/>	Intermittent or cyclical work pressures with occasional exposure to high stress work environments.
<input type="checkbox"/>	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**

<b>EDUCATION</b>	
Please indicate the MINIMUM educational level required:	
<input type="checkbox"/> HS Diploma/GED	
<input checked="" type="checkbox"/> Associate's Degree	Area of specialization/major: Geography, GIS, Urban Planning, Computer Science, Other Related
<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: Preferred - Currently enrolled in higher education with GIS related focus

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

<b>WORK EXPERIENCE</b>	
Please indicate the MINIMUM number of years of practical experience required.	
<input type="checkbox"/> No experience	
<input checked="" type="checkbox"/> Less than one year	Area(s) of experience: Enterprise GIS
<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:

<b>SUPERVISORY/MANAGEMENT EXPERIENCE</b>	
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:

<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 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 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>	
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**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.
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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).

**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>Ross Milton</i>	Date: 06/27/2023
Department/Division Head Signature:	Date:

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)