

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, reclassifications, 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:

Department (High Org):

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).

Division (Low Org):

COMPENSATION - 1142

2. To complete the questionnaire, please type and/or select your responses.

HUMAN RESOURCES - 1140

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:

Contact for this Start	. Name: MARGO FRANK	LIN	Email: MARGO.FRANKLIN@MILWAUKEECOUNTYWI.GO					
Contact for this Study	Title: HR Compensation	n Manager	Phone: x4156					
Current Job Title:	HR Compensation Mar	HR Compensation Manager						
Job Reports To:	Title: Executive Directo	Title: Executive Director, Human Resources						
Dominant Times	Establish New	Establish New Review Reclassification Reallocation Update Description						
Request Type:	Other, Specify DHF	Other, Specify DHR Job Analysis & Evaluation						
B. JUSTIFICATION STATEMENT:								
1. Attach an organizational chart.								
2. Explain the events or changes that made this request necessary.								
N/A								
C. ABOUT THE JOB:								
Job Status:	Regular Full-Time	Regular Part-Time	Seasonal	Contract				
Shift:	□ Day	Evening	Night	Other:				
Hours Per Week:		32-40 Hours	20-32 Hours	<20 Hours				
Travel:	Yes No If Yes, %	Travel 5-10						
Will This Job Supervise/Manage? ☐ Supervise ☐ Manage ☐ N/A # of Direct Reports: 3-4								

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.

Manage the day to day operations of the Compensation Division. Assist with the development, design, implementation, management, communication, administration and effectiveness of compensation programs, policies and practices to attract, retain, and encourage and reward the achievement of organizational results. Manages the compensation team. This position reports to Director of Total Rewards.

E. ESSENTIAL DUTIES/RESPONSIBILITES:

a one percer	e or two line description for each duty so that it ca	nents of the job. List only the major functions, separately, in order of importal n be understood by someone not familiar with this kind of work. Weight the awork activity (Round to the nearest 5%). We do not need to know HOW the form the percentages should add up to 100%	approximate
	Original New Job Duty: Compensation	on Program Management	% of Time:
1.	to drive, execute and support the ove	tation and administration of compensation philosophy, programs, policies, procedures and rall business strategy, objectives and key priorities. Assist in the development of comperation and retain talent and accelerate performance.	-
	Original New Job Duty: Monetary Ro		% of Time: 20
2.	abolish/creates, reallocations and reclassifi	hmarking and salary administration. Manage position requests: pay advancements/appointments, poi ications to ensure equity appropriateness. Recommend modifications or proposals for amendments to total compensation policies and procedures.	
	☐ Original ☑ New ☐ Job Duty: Manage Cor	mpensation Team	% of Time: 25
3.		ensuring members are effectively meeting or exceeding goals. Coach and develors to align to functional and organizational strategies and goals.	elop direct
	Original New Job Duty: Building Tea	ms & Partnerships	% of Time: 10
4.		less partners and leaders on compensation philosophies, programs, policies and office of the organization.	d practices
	☐ Original ☑ New ☐ Job Duty: HR Strategic	Support	% of Time: 10
5.		uiting and HR business partners in compensation matters, setting guidelines, massolutions to compensation issues.	anaging
	☐ Original ☑ New Job Duty: Networking,	/Partnership Building	% of Time: 10
6.		ompensation community, providing insights into emerging trends and practice ME to help advance the best compensation practices within Milwaukee County	
	☐ Original ☑ New Job Duty: Compliance		% of Time: 5
7.	Descriptive: Ensure equity, competitveness an policies.	nd compliance with applicable federal, state, municipal and local laws, regulation	ons and
	Original New Job Duty:		% of Time:
8.	Descriptive:		
	Original New Job Duty:		% of Time:
9.	Descriptive:		
	Original New Job Duty:		% of Time:
10.	Descriptive:		

F. EQUIPMENT, TOOLS & MATERIALS

Please list all equipment, tools or materials	Frequency			
required to perform the job along with the	Daily	Weekly	Monthly	Type of Equipment
frequency.				
Machinery: (i.e. Vehicles, Motorized Equipment, Heavy Machinery, etc)				
2. Hand Tools/Instruments: (i.e. Power Tools,	х			Telephone, Computer/Notebook, Calculator
PC's, office or laboratory equipment,				
weapons, etc.)				
3. Driving required? Yes No				

3. [Oriving required? Yes No					
G. JO	B COMPETENCIES					
Inte	rnal Contacts: Please select all that apply.					
\boxtimes	Contact with employees or others primarily at a routine level involving basic information exchange.					
	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.					
	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.					
	Contact that requires a high degree of authority in securing understanding and cooperation of multiple departments or interests.					
Exte	rnal Contacts: Please select all that apply.					
	No contact with people outside the organization.					
	Limited external contact to: gather information, answer queries, or ask assistance.					
\boxtimes	Frequent external contact to: gather information, answer queries, or ask assistance.					
\boxtimes	External contact involving a requirement to maintain a continuing external working relationship with individuals, or organizations.					
	External contact involving the initiation and maintenance of relationships that can have a significant effect on the success of the					
Ш	organization.					
Com	munication Skills: Select the level of language (ability to read, write and speak needed to successfully accomplish the essential duties of the					
	Please select all that apply.					
\boxtimes	Read, write and comprehend simple instructions, short correspondence and memos.					
\boxtimes	Read and interpret safety rules, operating/maintenance instructions and procedure manuals.					
\boxtimes	Write routine reports, correspondence, and speak effectively before both internal and external groups.					
\boxtimes	Read, analyze, and interpret business manuals, technical procedures and/or government regulations.					
	Read, analyze, and interpret scientific and technical journals, financial reports and legal documents.					
	Prepare and/or present written communications that pertain to controversial and complex topics.					
Deci	sion-Making: Please select only one of the following:					
	Requires minimal decision-making responsibility.					
	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.					
	Regularly makes decisions of responsibility, involving evaluation of information. Decisions may require development or application of					
	alternatives or precedents.					
	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.					
\boxtimes	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.					
	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.					
	Primary work responsibility involves the long-range future including the scope, direction and goals of the organization.					

Com	plexity, Judgment and Problem Solving: Please select all that apply.
	Work of a relatively routine nature. Requires the ability to understand and follow instructions.
\boxtimes	Structured work, following a limited variety of standard practices.
\boxtimes	Generally structured work, but involving a choice of action within limits of standard policy and procedures.
\boxtimes	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.
\boxtimes	Typically difficult or complex work. Generally governed by broad instructions and objectives usually involving frequently changing conditions and problems.
	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.
	Work requires the ability to act independently in the formulation and administration of policies and programs for major departments or
	functions.
	Turiotoris.
Supe	ervisory/Managerial: If applicable, select the appropriate level of responsibility.
	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.
	Level 2 Recommends personnel actions (hiring, termination, pay changes). Involves scheduling, supervision, and evaluation of work of
	employees who perform similar work assignments.
	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.
	Level 4 Scheduling, supervision, and evaluation of work as a superior of "managers". Administers through subordinate managers,
	departmental multi-function programs or operations.
Ш	Level 5 Scheduling, supervision, and evaluation of work as a superior of those in level 4.
List t	the names of the Department(s)/Division(s) supervised/managed by this job:
	Compensation Division of Human Resources
Are t	there subordinate supervisors/managers reporting to this job?
<u>Fisca</u>	al Responsibility:
Resp	possible for annual operating budget for department(s)/division(s)?

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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.

Standing	PHYSICAL DEMANDS	N/A	Seldom (<25%)	Occasional (25% - 50%)	Frequent (50% - 75%)	Always (>75%)
Walking/Running	Standing			\boxtimes		
Sitting				\boxtimes		
Reaching	Sitting				\boxtimes	
Driving				\boxtimes		
Bending/Kneeling	Climbing		\boxtimes			
Hearing	Driving		\boxtimes			
Talking	Bending/Kneeling		\boxtimes			
Visual	Hearing					\boxtimes
Typing	Talking					\boxtimes
Fine Dexterity Image: Control of the property of the p	Visual					\boxtimes
Manual Dexterity	Typing					\boxtimes
Upper Extremity Repetitive Motion Image: Control of the	Fine Dexterity		\boxtimes			
Lifting/Carrying 10 lbs.	Manual Dexterity					\boxtimes
Pushing/Pulling 10 lbs.	Upper Extremity Repetitive Motion					
	Lifting/Carrying 10 lbs.		\boxtimes			
	Pushing/Pulling 10 lbs.		\boxtimes			
NON-PHYSICAL DEMANDS N/A Seldom Occasional Frequent Always	NON-DHYSICAL DEMANDS	N/A	Seldom	Occasional	Frequent	Always
(<25%) (25% - 50%) (50% - 75%) (>75%)	NON-FITISICAL DEMIANDS		(<25%)	(25% - 50%)	(50% - 75%)	(>75%)
Analysis/Reasoning	Analysis/Reasoning					\boxtimes
Communication/Interpretation	Communication/Interpretation					
Math/Mental Computation	Math/Mental Computation					\boxtimes
Reading	Reading					\boxtimes
Sustained Mental Activity (i.e. auditing, problem	· ·	П				\square
solving, grant writing, composing reports)						
Writing		<u> </u>				
	Other: TYPING					
N/A Seldom Occasional Frequent Always (<25%) (25% - 50%) (50% - 75%) (>75%)	ENVIRONMENTAL DEMANDS	N/A				
			(12370)	(2370 - 3070)		
Work Alone		<u>U</u>				
High Volume Public Contact Dust Dust	-					
Temperature Extremes		\square				
Toxic Substances (i.e. solvents, pesticides, etc.)						
WORK SCHEDULE: Please select all that apply.		<u> </u>				
Routine shift hours. Infrequent overtime, weekend, or shift rotation.						
Considerable irregularity of hours due to frequent overtime, weekend or shift rotation.				ation.		
Regular and/or frequent on-call availability.		7				
Nature of work frequently requires irregular, unpredictable or particularly long hours. (I.e. covering double shifts, etc.)		. unpredictable or	particularly long ho	ours. (I.e. covering d	ouble shifts, etc.)	

DEM	IANDS/DEADLINES, DI				
DEIV	DEMANDS/DEADLINES: Please select all that apply.				
Ц	Little or no stress crea				
\boxtimes	Occasional stress due to deadlines or workload because of intermittent or cyclical work pressures, or occasional exposure to distressed				
	individuals within the				
\boxtimes	_		s and deadlines impose strain on routine basis or considerable stress intermittently; OR regular		
			Is within the immediate work environment; and/or exposure to demands and pressures from		
	persons other than in				
Ш			stacts with people in highly stressful situations; delicacy and unpredictability of contacts routinely		
	creates considerable	strain or heavy stre	ess regularly.		
I. ED	UCATION, EXPERIENCE	AND LICENSE			
EDU	CATION				
Pleas	se indicate the MINIMU	JM educational leve	el required:		
	HS Diploma/GED				
	Associate's Degree		Area of specialization/major:		
\boxtimes	Bachelor's Degree		Area of specialization/major: Business, Human Resources, Finance		
	Graduate Degree		Area of specialization/major:		
	Post Graduate Degree	(PhD)	Area of specialization/major:		
	Professional Degree (L	aw, Medicine, etc.)	Area of specialization/major:		
	Other:		Please indicate:		
WO	RK EXPERIENCE				
		IM number of years	s of practical experience required.		
	No experience		or practical experience required.		
H	Less than one year	Area(s) of experie	nce.		
H	One to three years				
	Three to five years	Area(s) of experience:			
	Three to five years Area(s) of experience: At least four (4) years of compensation experience Five or more years Area(s) of experience:				
	,				
	ERVISORY/MANAGEME se indicate the MINIMU		s of supervisory/management experience required.		
	No experience		, o cape		
	Less than one year	Area(s) of experie	nice:		
	One to three years Area(s) of experience:				
Ħ	Three to five years	Area(s) of experie			
Ħ	Five or more years	Area(s) of experie			
		1 1 (1)			
	NSE/CERTIFICATION:				
What license(s), certification/certificate(s), registration(s), or other regulatory requirements/training:					
Certified Compensation Professional (CCP) certification preferred					
Professional in Human Resources (PHR) or Senior Professional in Human Resources (SPHR) certificaion preferred					
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:	Date:			
Department/Division Head Signature: Marga J Franklin	Date: 12/9/2024			

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 Initials: Date:

Analyzed by Human Resources - Compensation Department Initials: Date: