



**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):	5800	Division (Low Org):	5801
Contact for this Study	Name: Michael Bickerstaff	Email: MICHAEL.BICKERSTAFF@MILWAUKEECOUNTY	
	Title: Sr Manager Financial	Phone: 414-257-5940	
Current Job Title:	Administrator, Contract	Current Job Code:	0
Job Reports To:	Title: Sr Manager Financial		
Request Type:	<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:

1. Attach an organizational chart.
2. Explain the events or changes that made this request necessary.
Requesting a New Budget Create in the 2026 Budget. Would like to request a contract administrator to administer all the contracts that MCDOT is in charge of.

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 type="checkbox"/> Evening	<input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, % Travel 5%			
Will This Job Supervise/Manage?	<input type="checkbox"/> Supervise <input type="checkbox"/> Manage # of Direct Reports:		<input type="checkbox"/> N/A	

D. JOB SUMMARY:

Briefly state, in several sentences, the principle purpose or function of the job. Respond by describing What the job is, What its major objective is, and Why does it exist.
Contract Administrator, including oversight, development and management of all contracts under the purview of MCDOT. Leadership for all contracted providers. Assuring comprehensive care to clients, contracted with a new approach to contracts with performance measures that integrate services. Verifies that vendor provided the services at the agreed scope and price.

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 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 type="checkbox"/> Original <input checked="" type="checkbox"/> New	Job Duty: Contract Administration & Strategy	% of Time: 20%
	<i>Descriptive:</i> Advanced strategic plan through the provider network. Work with internal & external leaders to maximize service delivery & clients serviced through financial sustainability. Advance strategic partnerships w/providers and vendors, assuring network capacity & effectiveness		
2.	<input type="checkbox"/> Original <input checked="" type="checkbox"/> New	Job Duty: Contract Compliance	% of Time: 20%
	<i>Descriptive:</i> Manages projects, change, and approaches to efficiency and effectiveness of contracts and provider/vendor performance. Leads initiatives to design with value based purchasing methods & contracts.		
3.	<input type="checkbox"/> Original <input checked="" type="checkbox"/> New	Job Duty: Directs Contracting Policies and Procedures	% of Time: 20%
	<i>Descriptive:</i> Develop contracts compliant with Fed, State & County regs; oversee contractor or subrecipient monitoring, budgets, rev & exp's reports; oversee compliance & fiscal reviews of contractors', performance monitoring; provide technical support & fiscal consulting		
4.	<input type="checkbox"/> Original <input checked="" type="checkbox"/> New	Job Duty: Network Integrity and Compliance	% of Time: 10%
	<i>Descriptive:</i> Oversight of data performance measurements demonstrating provider/vendor performance to contract requirements. Manage monitoring process; agency site monitoring, quality assurance desk reviews & special investigations, issuing of reports, and recovery plan		
5.	<input type="checkbox"/> Original <input checked="" type="checkbox"/> New	Job Duty: Contract Reporting	% of Time: 10%
	<i>Descriptive:</i> Facilitate access to and visibility of contracts under the purview of MCDOT in accordance with Milwaukee County policies and procedures.		
6.	<input type="checkbox"/> Original <input checked="" type="checkbox"/> New	Job Duty: Request for Proposal (RFP) Development	% of Time: 10%
	<i>Descriptive:</i> On behalf of MCDOT and possibility of other departments, lead the development of Request for Proposals (RFPs), contract development and administration of Milwaukee County's contracts, as directed.		
7.	<input type="checkbox"/> Original <input checked="" type="checkbox"/> New	Job Duty: Network Leadership	% of Time: 5%
	<i>Descriptive:</i> Lead with community partners & providers efforts to redesign workflows with technology to advance operational effectiveness. Analyzes data to identify and intervene in any circumstances demonstrating issues with provider/vendor performance to contract requirements.		
8.	<input type="checkbox"/> Original <input checked="" type="checkbox"/> New	Job Duty: Duties as Assigned	% of Time: 5%
	<i>Descriptive:</i> Duties as assigned		
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)				
2. Hand Tools/Instruments: (i.e. Power Tools, PC's, office or laboratory equipment, weapons, etc.)	X			PC's, and other office equipment.
3. Driving required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

G. JOB COMPETENCIES

Internal/External Contacts: 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.

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, 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.

Decision-Making: 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 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.

Complexity, Judgment and Problem Solving: 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.

Please list all Technology, Systems and Software Knowledge 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:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:

Supervisory/Managerial: If applicable, select the appropriate level of responsibility.

Level 1 This position has no supervisory/managerial responsibilities.

Level 2 General instructing, scheduling and reviewing the work of others as a "lead worker"; functional supervisor only.

Level 3 Scheduling, supervision and evaluation of work; recommends personnel actions (hiring, termination and/or pay changes).
Are there subordinate supervisors/managers reporting to this job? Yes No If yes, how many?

Level 4 Scheduling, supervision and evaluation of work; recommends personnel actions (hiring, termination and/or pay changes);
administers through subordinate management, departmental programs or operations.
Are there subordinate supervisors/managers reporting to this job? Yes No If yes, how many?

List the names of the Department(s)/Division(s) supervised/managed by this job:

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Fiscal Responsibility:

Responsible for annual operating budget for department(s)/division(s)? Yes No If yes, please provide total amount?

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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input 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
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

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 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 type="checkbox"/>	<input checked="" type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENVIRONMENTAL DEMANDS		N/A	Seldom (<25%)	Occasional (25% - 50%)	Frequent (50% - 75%)	Always (>75%)
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High Volume Public Contact		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dust		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature Extremes		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud Noises		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Danger		<input checked="" type="checkbox"/>	<input 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, EXPERIENCE AND LICENSE

EDUCATION

Please indicate the MINIMUM educational level required:

- HS Diploma/GED
- Associate's Degree
Area of specialization/major:
- Bachelor's Degree
Area of specialization/major: Business admin, or related
- Graduate Degree
Area of specialization/major:
- Post Graduate Degree (PhD)
Area of specialization/major:
- Professional Degree (Law, Medicine, etc.)
Area of specialization/major:
- Other:
Please indicate: Master's preferred

WORK EXPERIENCE

Please indicate the MINIMUM number of years of practical experience required.

- No experience
- Less than one year
Area(s) of experience:
- One to three years
Area(s) of experience:
- Three to five years
Area(s) of experience:
- Five or more years
Area(s) of experience: Contract Management or related 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	<i>Area(s) of experience:</i>
<input type="checkbox"/> One to three years	<i>Area(s) of experience:</i>
<input type="checkbox"/> Three to five years	<i>Area(s) of experience:</i>
<input type="checkbox"/> Five or more years	<i>Area(s) of experience:</i>

LICENSE/CERTIFICATION:
What license(s), certification/certificate(s), registration(s), or other regulatory requirements/training:
<ul style="list-style-type: none"> • Certified Fraud Examiner (CFE) preferred • • • • •

J. ADDITIONAL COMMENTS

Please list additional items not covered in this questionnaire that you feel would be helpful in understanding the job.
<ul style="list-style-type: none"> •

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:	Date:

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: