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(To complete this sheet, refer to WJQ Part II Job Questionnaire Booklet.)

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Employee

(Double click on box and choose "checked" to check a box.)

Evaluating Supervisor

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Responsibility

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m

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Effort

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m

R!/%*('m'm
**Working
Conditions**

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m

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**Skill &
Knowledge**

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NOTE: USE THE KEYBOARD ARROW KEYS TO MOVE THROUGH AND ENTE

If this Part II Job Questionnaire was completed by the employee or the union, it must be reviewed by the evaluating supervisor. The supervisor will either approve the employee's/union's responses or will note changes to submitted responses in the space provided below. The supervisor should consult with the employee on any changes.

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Information provided in Part II accurately reflects the requirements of the position OR some question responses selected by the employee/union should be changed before Part II can accurately reflect the requirements of the position. These changes are as follows:

Supervisor's name

Supervisor's signature

Date

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I have reviewed the responses to Part II of the WJO Custom Questionnaire.

Employee's name

Employee's signature

Date

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