This form must be completed by the facilitator of the group session

Group Job Content Questionnaire Cover Sheet - Page 1

Department: _____

Agency: _____

Unit Code (s): _____

Classification: _____

Facilitator of Group Session: _____

Facilitator Phone: _____ Facilitator Email: _____

Date of Group Session: _____

Only one supervisor should participate in the group session and complete the Supervisor Review Section of the paper Group JCQ. Supervisor participating in Group Session:

_____

Employees participating in Group Session:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____		

west virginia

GROUP JOB CONTENT QUESTIONNAIRE - SIGNATURE PAGE
COVER SHEET PAGE 2

Employee Section					Supervisor Section				
					*This section is required to be completed by the Immediate Supervisor **ONLY** if employee agrees with Group JCQ. If employee does not agree, no information is needed from Immediate Supervisor.				
Employee ID	Employee Name	Does Employee agree with Group JCQ? Yes (If no, Employee must complete Individual JCQ)	Does Employee agree with Group JCQ? No	Employee Signature (Signature required for both yes or no answer)	Supervisor ID	Supervisor Name	Does Immediate Supervisor agree with Group JCQ? Yes (If no, attach Supervisor Comment Page)	Does Immediate Supervisor agree with Group JCQ? No	Supervisor Signature (Signature required for both yes or no answer)

Permission to make and add additional copies as necessary