

**SOUTHWESTERN WISCONSIN
REGIONAL PLANNING COMMISSION**

Job Description Form



Employee Name	Joni Graves
Job Title	Transportation Planner / Transportation Planning Program Manager
Reports to	Executive Director

Is a driver's license required for this position? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type of position: <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Intern	Hours: 40/week <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> LTE
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JOB SUMMARY

See below for the 2007 contracts summary.

WORK OBJECTIVES

Describe the work objectives. List them in descending order of importance. Include time allocation for objectives.

Objectives / Core Contracts	Time Allocation (%)
WisDOT 2007 Work Program Contract (Areas # 1 – 7 are ranked as they appear in the Contract and not necessarily by importance) 1. Development of Programs & Resources to Support the Planning Process 2. Regional Rail 3. Regional Highways 4. Regional Air, Water, Public, and Multi-Modal 5. Local / Regional Assistance and State / Fed Representation & Coordination 6. Regional Transportation Program Management & Development 7. State Significant Planning Activities	70%
Pecatonica Rail Transit Commission (rail transit commission staffing is in alpha order and not necessarily by importance)	6%
South Central Wisconsin Rail Transit Commission	4%
Wisconsin River Rail Transit Commission	20%

Note: contract percentages may be adjusted based on other contracts.

The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not to be construed as an exhaustive list of all responsibilities, duties, and skills required of personnel so classified. All personnel may be required to perform duties outside of their normal responsibilities from time to time, as needed.

I have read and understand that the statements and time estimates above and on attachments are a description of the functions assigned by my position.

SIGNATURE OF EMPLOYEE		
SIGNATURE OF SUPERVISOR		DATE:
SIGNATURE OF EXECUTIVE DIRECTOR		DATE: