**EMPLOYEE INFORMATION**

| **Employee ID:** (if unknown, leave blank) |  |
| --- | --- |
| **Employee Name:** |  |
| **Working Title:** |  |
| **Classification or Level:** |  |
| **Division:** | Choose an item. |
| **Department:** |  |
| **Work Unit:** | Choose an item. |
| **Work Schedule:** (i.e., Mo-Fr, 0800-1630) |  |
| **Position Status:** (i.e., FT or PT) |  |
| **Work Location:** |  |
| **Position reports to:** (enter work title) |  |
| **Position supervised:** (enter work title) |  |
|  |
| **POSITION DESCRIPTION** |
| **General Responsibilities:** (State the primary reason for the existence of the position and the function of the position; describe the desired strategic outcome of the position; where it fits into the organization’s goals describing the work performed to accomplish the goal or purpose of the position and exactly why the position is required. Describe what the job overall is responsible for; its main and major responsibilities and main contribution to the organization. Provide overview of the job; state within what context and framework within which the job has to operate; indicate what the employee is expected to achieve and how he is expected to achieve it.) |
| Enter text here  |
| **Representative Duties:** (Describe the various specific tasks, actions and duties that comprise the job and required by the job holder to perform the job satisfactorily in detail and in a way someone not familiar with the job can understand. Describe the manner of their completion showing what is done, the action required; how it is done, procedures, materials, tools, or equipment used; and why it is done and how the above general responsibilities are accomplished. List the most important and critical duties first and in order of priority) |
| Enter text here |
| **Comments:**  |
|  |
|  |
| **ESSENTIAL FUNCTIONS** |
| **OVERALL AMOUNT OF TIME THE EMPLOYEE SPENDS:** |
| **Standing:**  |  | **%** | **Walking:**  |  | **%** | **Sitting:**  |  | **%** | **(Should total 100%)** |
| **Working indoors:**  |  | **%** | **Working outdoors:**  |  | **%** | **(Should total 100%)** |
| **EMPLOYEE WORKS:**  |
| **Alone:**  |  | **%** | **In group:** |  | % | **(Should total 100%)** |
|  | **If working in a group, specify average number of people:**  |  |
|  |
| **ACTIVITY** | **REQUIRED** | **FREQUENCY** |
| Climb ladder: | [ ] YES | [ ] NO | Choose an item. |
| Climb stairs: | [ ] YES | [ ] NO | Choose an item. |
| Crawl: | [ ] YES | [ ] NO | Choose an item. |
| Kneel: | [ ] YES | [ ] NO | Choose an item. |
| Lift: | [ ] YES | [ ] NO | Choose an item. |
| Mop/Sweep: | [ ] YES | [ ] NO | Choose an item. |
| Reach above shoulder: | [ ] YES | [ ] NO | Choose an item. |
| Reach at shoulder: | [ ] YES | [ ] NO | Choose an item. |
| Reach below shoulder: | [ ] YES | [ ] NO | Choose an item. |
| Ride: | [ ] YES | [ ] NO | Choose an item. |
| Shovel: | [ ] YES | [ ] NO | Choose an item. |
| Sit: | [ ] YES | [ ] NO | Choose an item. |
| Squat: | [ ] YES | [ ] NO | Choose an item. |
| Stand: | [ ] YES | [ ] NO | Choose an item. |
| Stoop/bend: | [ ] YES | [ ] NO | Choose an item. |
| Stretch: | [ ] YES | [ ] NO | Choose an item. |
| Twist: | [ ] YES | [ ] NO | Choose an item. |
| Walk: | [ ] YES | [ ] NO | Choose an item. |
| Work above ground: | [ ] YES | [ ] NO | Choose an item. |
| Work under ground: | [ ] YES | [ ] NO | Choose an item. |
| Other: | Click here to enter text. | [ ] YES | [ ] NO | Choose an item. |
|  |
| **HAND COORDINATION MOVEMENT REQUIRED** | **LEFT** | **FREQUENCY** | **RIGHT** | **FREQUENCY** |
| Fine Manipulation | [ ] YES | [ ] NO | Choose an item. | [ ] YES | [ ] NO | Choose an item. |
| Gross Manipulation | [ ] YES | [ ] NO | Choose an item. | [ ] YES | [ ] NO | Choose an item. |
| Simple Grasping | [ ] YES | [ ] NO | Choose an item. | [ ] YES | [ ] NO | Choose an item. |
| Power Grasping | [ ] YES | [ ] NO | Choose an item. | [ ] YES | [ ] NO | Choose an item. |
| Hand/Wrist Twisting | [ ] YES | [ ] NO | Choose an item. | [ ] YES | [ ] NO | Choose an item. |
|  |
| **MOVEMENT** | **REQUIRED** | **FREQUENCY** | **ASSISTANCE** |
|  | 0-10 LBS | 10-25 LBS | 25-50LBS | OVER 50 LBS |  | WITH | WITHOUT |
| Lifting |[ ] [ ] [ ] [ ]  Choose an item. |[ ] [ ]
| Carrying |[ ] [ ] [ ] [ ]  Choose an item. |[ ] [ ]
| Pushing |[ ] [ ] [ ] [ ]  Choose an item. |[ ] [ ]
| Pulling |[ ] [ ] [ ] [ ]  Choose an item. |[ ] [ ]
|  |
| **SKILLS REQUIRED (CHECK ALL THAT APPLY)** |
| Number Skills | [ ] No number skills required[ ] Counting skills[ ] Basic math skills (add, subtract, multiply, divide)[ ] Advanced math skills (fractions, percentages, formulas, equations) |
| Reading Skills | [ ] No reading skills required[ ] Recognition of letters/words[ ] Understanding of written directions |
| Verbal Communications Skills | [ ] No verbal communication required[ ] Limited (give and take directions)[ ] Extensive (provide information and assistance regularly) |
| Writing Skills | [ ] No writing skills required[ ] Limited (write and take simple notes)[ ] Extensive (prepare and organize complex documents) |
| Sensory Skills | [ ] Visual[ ] Hearing[ ] Speaking | [ ] Touch[ ] Taste[ ] Smell |
| Keyboard Skills | [ ] No keyboard skills required[ ] Keyboard skills required |
|  |
| **WORKING CONDITIONS:**Describe the physical environment of the position, e.g., range of temperature at worksite dry/wet conditions, noise levels, the presence of dusts, odors, gases, fumes, lighting levels, ventilation, cramped spaces, etc. In addition, even with normal safety precautions, existing hazards still may result in physical injuries such as cuts, bruises, infection, shock or burns. (in such instances list hazards below) |
| Enter text here |
| **LIST OF MACHINES, TOOLS, OFFICE EQUIPMENT, MATERIALS, AND OTHER SPECIAL EQUIPMENT USED IN THE PERFORMANCE OF DUITES:** (Attach list of tools and corresponding weights) |
| Enter text here |
| **LIST VEHICLES DRIVEN OR MOTORIZED EQUIPMENT OPERATED AS PART OF THE POSITION:** |
| Enter text here |
| **LIST PROTECTIVE CLOTHING OR EQUIPMENT REQUIRED AND PROVIDED BY THE EMPLOYER:** |
| Enter text here |

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| --- |
| **Job Description/Essential Functions approved by Supervisor:** [ ] YES [ ] NO**Date approved by Supervisor:** Click here to enter a date. |
| **Certification/Signature:**  |