

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

**JOB CLASSIFICATION:** Administrative Aide  
**DEPARTMENT:** Information Systems Department  
**PHYSICAL DEMAND STRENGTH RATING:** Sedentary/Light

**DATE COMPLETED:** May 2019  
**DIVISION:** Administration

**INSTRUCTIONS TO MEDICAL PROVIDERS COMPLETING THIS FORM:**

*Please use the "Medical Provider Use Only" columns to the right of each section and the "Medical Provider's Comments & Signature" Section on the signature page to provide work restrictions by indicating whether there is some portion of each function that the employee can perform; designating whether each restriction is temporary or permanent; and, if restriction is temporary, stipulating the expected duration of work restriction(s). To finalize the form, please provide the name of the employee evaluated and additional comments, as appropriate, then sign and date where indicated.*

**FREQUENCY RATING:**

Frequency	Percentage of time per shift	Repetition (# times per shift)	8 Hr Shift	9 Hr Shift	10 Hr Shift	12 Hr Shift
Never/Not Required (N)	n/a	n/a	n/a	n/a	n/a	n/a
Occasionally (O)	1 - 33%	1 – 100	0 - 2.5	0 - 3	0 - 3.5	0 – 4
Frequently (F)	34 - 66%	100 – 500	2.5 - 5.5	3 - 6	3.5 - 7	4 – 8
Continuously (C)	67 - 100%	500+	5.5 – 8	6 - 9	7 - 10	8 - 12

**PART 1 - JOB DUTIES/FUNCTIONS:**

A. Job Duty/Function	B. Job Duty #	C. Freq Rating	D. Equipment or tools used to perform (Describe)	E. Specialized Expertise, License, Certification Required? (Describe)	F. Essential or Non- Essential	Medical Provider Use Only: For each job duty/function, indicate in this column "Can Perform", is "Temporarily Restricted" from performing, or is "Permanently Restricted" from performing.
While performing the following duties, employees in this position work in a typical office setting, sitting for long periods of time and routinely using office equipment such as computers, phones, photocopiers, fax machines, etc.						
Working independently, manages the accounts payable, payroll, and customer billing functions for the department; enters and reviews detailed information in databases and other computerized systems; understands, analyzes, and applies complex rules and regulations; reviews, researches, and verifies accuracy and completeness of data entered into systems; ensures compliance with County and department policies; researches changes, omissions, and errors; obtains information needed to correct record; adjusts and corrects records; generates various reports using database reporting tools.	1	C	Computer		E	
Communicates in person, by phone, or email with co-workers,	2	F	Computer, phone		E	

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supervisors, vendors, and department liaisons to explain detailed and complex information; asks questions of caller to ensure accurate information is provided; assists in the proper completion of forms; advises staff on training and other administrative requirements.						
Prepares and assists with a variety of written reports; gathers and analyzes data; assists with financial reporting, utilizing spreadsheets and financial databases; prepares marketing materials, including visual presentations; ensures the accuracy of reports and the timeliness of completion.	3	O	Computer		E	
Coordinates and oversees facility and maintenance issues; and issuance of proximity cards; contacts the General Services Department to request work to be done; negotiates for improvements and repairs; contacts vendors to schedule; advises staff of scheduled repairs; ensures repairs are completed satisfactorily and in a timely fashion; coordinates proximity card access with other departments; tracks issuance and access for cards.	4	F	Computer, phone		E	
Assists with the coordination of the department selection process including: schedules and coordinates interviews; print related documents; assists with interview orientation.	5	F	Computer, phone		E	
Provides general administrative support for Department Head and managers; including: scheduling/calendaring, email, phones, correspondence, filing, and web searches; conducts small research projects as needed receives, sorts, and distributes incoming and outgoing mail; tracks and coordinates Board Items, contracts, and other documents and records using computerized systems; assembles physical documentation in established format; collate/organize copies, and place materials into binders; reaches forward, above shoulders, and below waist to retrieve and place paper files on hand trucks, shelves and in file cabinet drawers.	6	C	Computer, phone, copier		E	

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Implements, coordinates, and facilitates department health and safety programs; serves as a source of safety information for the department; reviews injury and accident reports; ensures cause is identified and corrective action taken; recommends safety procedure and program updates; prepares periodic reports for management on safety issues and trends; attends county-wide safety meetings.	7	O	Computer, phone		E	
Manages and oversees litigation holds for the County; receives notice of hold; communicates with affected departments to inform them of records to be held; tracks the held information; ensures County policy is followed.	8					
Actively participates in a variety of meeting; prepares agenda; takes minutes; provides input and makes recommendations; responds to requests for information; provides information to co-workers and managers.	9	O	Computer		E	
Coordinates events, meetings, and trainings with County and third-parties including scheduling of rooms and attendees, confirming receipt of meeting materials and equipment, and ensuring rooms are set-up appropriately.	10	O	Computer		N	
Takes inventory and places orders; receives deliveries and compares with order/requisition to ensure accuracy; rotates and replenishes stock; reaches forward, above shoulders and below waist to lift, push, pull, carry, and place items weighing up to xx pounds.	11	O	Computer, phone		F	

**PART 2: PHYSICAL DEMANDS**

Activity	Examples of Duties/Functions Requiring Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY: Permanently Restricted
1 Sitting	1-11	C			
2 Walking	2,4-11	O			
3 Running	N/A	N			
4 Standing	1-11	O			
5 Bending-Neck	1-11	C			
6 Bending-Waist (reaching for supplies and files below waist level, doing inventory, putting supplies away)	1,3,5,6,11	O			
7 Squatting (doing inventory, putting supplies away)	4,11	O			
8 Climbing (curbs, stairs)	2,4,7,9,11	O			
9 Kneeling (doing inventory, putting supplies away)	11	O			
10 Crawling	N/A	N			
11 Twisting (neck) (looking from notes to computer, or from person to another)	1-11	F			
12 Twisting (waist)(reaching for supplies, looking from one person to another)	2,5,6,8-11	O			
13 Repetitive Hand Use	1-11	C			
14 Simple Grasping-Right Hand (files, supplies)	1-11	O			
15 Simple Grasping-Left Hand (files, supplies)	1-11	O			
16 Power Grasping-Right Hand	N/A	N			
17 Power Grasping-Left Hand	N/A	N			
18 Fine Manipulation-Right Hand (taking notes manually)	2-8,11	F			
19 Fine Manipulation-Left Hand (taking notes manually)	2-8,11	F			
20 Pushing and Pulling (right hand) (doors, cabinet drawers)	1-11	O			
21 Pushing and Pulling (left hand) (doors, cabinet drawers)	1-11	O			
22 Reaching (above shoulder level) (reaching for	1,3,5,6,10	O			
23 Reaching (below shoulder level) (reaching for supplies)	1,3,5,6,10	O			
24 Lifting-up to 10 lbs. (files, laptops, mobile devices, lifting inventory supplies, putting away)	4,5,6,7,10	O			
25 Lifting-11-25 lbs. (lifting inventory supplies, putting away)	11	O			
26 Lifting-26-50 lbs.	N/A	N			
27 Lifting 51-75 lbs.	N/A	N			
28 Lifting 76-100 lbs.	N/A	N			
29 Lifting 100 + lbs.	N/A	N			
30 Carrying 0-10 lbs. (files, laptops, mobile devices, lifting inventory supplies, putting away)	4,5,6,7,9,10,11	O			
31 Carrying 11-25 lbs. (lifting inventory supplies, putting away)	11	O			
32 Carrying 26-50 lbs.	N/A	N			
33 Carrying 51-75 lbs.	N/A	N			
34 Carrying 76-100 lbs.	N/A	N			

**PART 3: SENSORY REQUIREMENTS**

Activity	Examples of Duties/Functions Requiring Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY Permanently Restricted
1 Functional vision, normal or corrected	1-11	C			
2 Functional color vision, normal or corrected	N/A	N			
3 Functional night vision, normal or corrected	N/A	N			
4 Functional hearing, normal or corrected	1-11	C			
5 A sense of smell or taste	N/A	N			

**PART 4: COMPREHENSION LEVEL**

Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY Permanently Restricted
1 Follow Oral Instructions	C			
2 Follow Written Instructions	C			
3 Required to sustain concentration	F			

**PART 5: NATURE OF TASKS**

Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY Permanently Restricted
1 Follow set procedures	F			
2 Organize own work	F			
3 Able to ask questions or request assistance when needed	C			
4 Required to make decisions independently	F			
5 Required to train and/or lead other staff	O			
6 Required to direct other staff (e.g. planning, goal setting, performance)	N			

**PART 6: WORK PACE**

Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY Permanently Restricted
1 Tightly scheduled and rapid pace of work activities at high volume	O			
2 Meet time sensitive deadlines	O			
3 Long and/or irregular hours	N			
4 Limited/unpredictable opportunity for breaks	N			
5 Required to perform on-call or emergency work	N			

**PART 7: COMPLEXITY/VARIABILITY**

Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY Permanently Restricted
1 Variable and unpredictable workflow	O			
2 Attention divided by issues requiring multi-tasking	F			
3 Work requires precise attention to detail	F			
4 Use of judgment in routine matters	F			
5 Requires use of judgment in adapting procedures from one task to another	O			
6 Possible legal ramifications associated with work activities or work product	F			

**PART 8: INTERACTIONS WITH OTHERS**

Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY Permanently Restricted
1 Works with others (e.g., co-workers, other departments/agencies, public)	C			
2 Interactions limited to giving/receiving information	C			
3 Interactions exceed giving/receiving information (e.g., advises, persuades, justifies)	O			
4 Interactions occur under circumstances of emotional stress	N			
5 Risk of confrontation with violent or assaultive clients or customers	N			

**PART 9: ENVIRONMENTAL FACTORS/WORKING CONDITIONS:**

Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY Permanently Restricted
1 Work Inside	C			
2 Work Outside	N			
3 Extreme Heat (above 100 degrees)	N			
4 Extreme Cold (below 32 degrees)	N			
5 Excessive Noise (must raise voice to be heard)	N			
6 Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.)	N			
7 Dust, Vapors, Fumes, Smoke	O			
8 Silica, asbestos, etc.	N			
9 Solvents (e.g., gas, turpentine, etc.)	N			
10 Grease, oils	N			
11 Acidic, Caustic Solutions	N			
12 Pesticides	N			
13 Explosives (e.g., dynamite, bomb, etc.)	N			
14 Cleaning supplies, abrasives (e.g. wet wipes, sponges)	O			
15 Other Chemicals (e.g. drugs and other contraband)	N			
16 Human Blood, Body Tissues, or Fluids	N			
17 Human Wastes	N			
18 Animal Blood, Body Tissues, or Fluids	N			
19 Animal Wastes	N			
20 Biological Toxins (e.g., poison ivy, poison oak, anthrax, etc.)	N			
21 Insect Bites (e.g., ticks, mosquitos, spiders, etc.)	O			
22 Biomedical Waste	N			
23 Ionizing Radiation	N			
24 Non-Ionizing Radiation	N			
25 Electrical Energy	N			
26 Walking on uneven, slippery, or rough surfaces	O			
27 Proximity to moving mechanical parts (e.g., equipment, machinery)	N			
28 Proximity to moving vehicles or objects	N			
29 Heights (e.g., rooftop, ladders, scaffolding, etc.)	N			
30 Contact with water, other liquids, humid conditions - not weather related	N			
31 Work Below Ground: (e.g., excavation, trench, etc.)	N			
32 Potential exposure to airborne infectious diseases (e.g. clinics, labs, corrections)	N			
33 Operates non-commercial motor vehicles (cars, trucks)	N			
34 Operates commercial vehicles – CDL Class _____ Endorsements _____	N			
35 Operates passenger van to transport clients, inmates, etc.	N			
36 Pulls non-commercial trailers or equipment	N			
37 Operates heavy equipment	N			
38 Other:	N			

**PART 10: MEDICAL SCREENING, SURVEILLANCE AND VACCINATION REQUIREMENTS: Not Applicable**

Please check each of the medical screening, surveillance, and vaccination requirements that apply to the position, and indicate if the requirement applies pre-employment/pre-placement only, or whether there are additional requirements after hire.

Medical Screening, Surveillance or Vaccination	Pre-Hire	Post-Hire	Frequency (one time, annual, etc.)
1 Audiometric Testing			
2 DOT Commercial Driver Drug and Alcohol Screening			
3 DOT Commercial Driver Physical Exam			
4 Respirator Physical Exam			
5 Respirator Questionnaire – Short			
6 Respirator Questionnaire – Standard			
7 Blood lead level			
8 Hazardous Waste/Emergency Worker physical			
9 Heavy metal screen (mercury, lead, arsenic)			
10 HINT Hearing Noise Sensitivity Testing			
11 Tuberculosis skin test			
12 Vaccine: MMR			
13 Vaccine: Hepatitis B			
14 Vaccine: Influenza			
15 Vaccine: Meningococcal			
16 Vaccine: Pneumococcal			
17 Vaccine: Rabies			
18 Vaccine: Rabies Titer			
19 Vaccine: Tdap			
20 Vaccine: Chickenpox			



**PART 11: ADDITIONAL INFORMATION, PICTURES, ETC.**

**N/A**

**PART 12 – FORM REVIEW AND SIGNATURES**

**SUPERVISOR/SECTION MANAGER**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HUMAN RESOURCES RECRUITMENT AND CLASSIFICATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HUMAN RESOURCES SAFETY UNIT**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HUMAN RESOURCES DISABILITY MANAGEMENT**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 13 – MEDICAL PROVIDER REVIEW AND COMMENTS**

Employee Name: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_