

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Administrative Services Officer I - Finance

DATE COMPLETED: July 2019

DEPARTMENT: Information Systems Department

DIVISION: Administration

PHYSICAL DEMAND STRENGTH RATING:

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 the *re 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.						
Manages and assists with the billing function, budget preparation, and other financial tasks; develops project costing and billing models; calculates billing rates; utilizes spreadsheets and County Fiscal computer system; reconciles expenditures against revenues; periodically reviews actual expenditures against budget; prepares or assists with the preparation of mid-year fiscal reports, related documentation, and other fiscal paperwork to ensure the control of fiscal operations; follows County policies and procedures; analyzes program costs to determine means to recoup expenditures; ensures accuracy and completeness of	1	C	Computer		E	

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information; enters and retrieves data from computer systems; maintains electronic and paper records and files.						
Assists with the development and coordination of contract agreements, Requests for Proposals (RFPs), and Board Items; analyzes needs of the department; provides direction to staff.	2	F	Computer		E	
Identifies need and responds to requests from executive management for new policies, or for other written reports; researches and analyzes issue; reviews relevant laws, regulations, and policies; writes policy using approved format and professional level writing; ensures policy is reviewed by other County departments as appropriate, such as Human Resources and County Counsel; identifies need for, and meets and confers with Union as appropriate; communicates newly approved policies to Commission staff.	3	C	Computer, phone		E	
Using good judgment and discretion, communicates by phone, email, or in person with staff, management, and other County staff; answers questions related to department financial matters; requests guidance, advice, or assistance, or to resolve work issues; maintains a calm, courteous demeanor.	4	C	Computer, phone		E	
Actively participates in advisory groups and teams, such as: safety, process improvement, new program implementation/Initiatives; provides input and makes recommendations; responds to requests for information; provides information to co-workers.	5	O	Computer		E	
Participates in continuous training, research, study, and reading, both of and off-site, to keep current in human resources legal decisions, standards and best practices, and to maintain working knowledge of County fiscal operations; attends off-site training.	6	O			E	

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	1-6	C			
2 Walking (to meetings)	5	O			
3 Running	N/A	N			
4 Standing (meetings, standing computer desk)	1-6	O			
5 Bending-Neck (computer work)	1-6	C			
6 Bending-Waist (reaching for materials)	1-6	O			
7 Squatting	N/A	N			
8 Climbing	N/A	N			
9 Kneeling	N/A	N			
10 Crawling	N/A	N			
11 Twisting (neck)	1-6	F			
12 Twisting (waist)	1-6	O			
13 Repetitive Hand Use (computer use, note taking)	1-6	C			
14 Simple Grasping-Right Hand (pens, files)	1-6	O			
15 Simple Grasping-Left Hand (pens, files)	1-6	O			
16 Power Grasping-Right Hand	N/A	N			
17 Power Grasping-Left Hand	N/A	N			
18 Fine Manipulation-Right Hand (taking handwritten notes)	1-6	O			
19 Fine Manipulation-Left Hand (taking handwritten notes)	1-6	O			
20 Pushing and Pulling (right hand) (drawers, cabinets, doors)	1-6	O			
21 Pushing and Pulling (left hand) (drawers, cabinets, doors)	1-6	O			
22 Reaching (above shoulder level)(reaching for files/folders on upper shelves)	1-6	O			
23 Reaching (below shoulder level) (reaching for files/folder on lower shelves)	1-6	O			
24 Lifting-up to 10 lbs. (mobile devices, binders, files)	1-6	O			
25 Lifting-11-25 lbs.	N/A	N			
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. (mobile devices, binders, files)	1-6	O			
31 Carrying 11-25 lbs.	N/A	N			
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	1-6	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	1-6	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	F			
2 Follow Written Instructions	F			
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)	O			

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	F			
6 Possible legal ramifications associated with work activities or work product	C			

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)	F			
2 Interactions limited to giving/receiving information	F			
3 Interactions exceed giving/receiving information (e.g., advises, persuades, justifies)	O			
4 Interactions occur under circumstances of emotional stress	O			
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	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.)	N			
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.

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: _____