

**COUNTY OF SONOMA - JOB DEMANDS ANALYSIS**

**JOB CLASSIFICATION:** Legal Staff Supervisor  
**DEPARTMENT:** Human Services Department  
**PHYSICAL DEMAND STRENGTH RATING:** Light/Sedentary

**DATE COMPLETED:** June 2019  
**DIVISION:** Family, Youth & Children

**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 routinely use office equipment such as computers, phones, photocopiers, fax machines, etc.						
Directly supervises assigned staff including: plans, organizes, and assigns work; orients and trains staff; monitors and facilitates staff continuing education; evaluates, reviews, and monitors activity of staff, both formally and informally, in writing and in person; takes appropriate disciplinary action in conjunction with Human Resources staff; participates in hiring interviews and decisions; actively utilizes and implements established safety practices.	1	C	Phone, Computer, office equipment		E	

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.
Communicates by phone, in person, or by email or other written format with departmental staff, members of the public, and public and private agencies; explains regulations, policies and procedures; provides forms and other materials; assists in the proper completion of forms; asks questions of caller to screen and route telephone calls and messages; maintains a calm and professional demeanor when dealing with emotionally distraught, verbally abusive, or confrontational persons.	2	C	Phone, Computer, office equipment		E	
Maintains electronic records and files including: adds, codes, reviews, updates, and corrects records; generates various reports.	3	F	Computer, Office Equipment		E	
Maintains paper files including; receives, processes, and files documents; assembles files in established format; copies and distributes files to appropriate parties; stores and receives files; lifts and places file boxes, weighing up to 30 pounds, on carts reaches forward, above shoulders, and below waist to retrieve and place paper files on shelves and file cabinet drawers.	4	F	Computer, files, office equipment		E	
Prepares and processes memos, forms, legal documents, and other correspondence; reviews and revises templates and forms as needed to ensure compliance with changing requirements and to maximize efficiencies.	5	F	Computer, Office Equipment		E	
Participates in continuous training to maintain and enhance required knowledge and skills, including Division-wide training; participates in Safety 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 (working at a desk, attending meetings and trainings)	1-6	F			
2 Walking (going to meetings and trainings, walking around office - supervising)	1-6	F			
3 Running	N/A	N			
4 Standing (accessing files, working on computer)	1-6	O			
5 Bending-Neck (computer work, working with forms and files, working at a desk, answering phone calls)	1-6	O			
6 Bending-Waist (picking up files, file boxes)	4	O			
7 Squatting	N/A	N			
8 Climbing	N/A	N			
9 Kneeling (accessing file drawers, picking up files)	4	O			
10 Crawling	N/A	N			
11 Twisting (neck)	1-6	O			
12 Twisting (waist)	1-6	O			
13 Repetitive Hand Use (writing, typing, mousing, copying, faxing, filing, phone dialing)	1-6	F			
14 Simple Grasping-Right Hand (hold pen, phone, pick up files and papers)	1-6	F			
15 Simple Grasping-Left Hand (hold pen, phone, pick up files and papers)	1-6	F			
16 Power Grasping-Right Hand	N/A	N			
17 Power Grasping-Left Hand	N/A	N			
18 Fine Manipulation-Right Hand (using paper/binder clips)	4	O			
19 Fine Manipulation-Left Hand (using paper/binder clips)	4	O			
20 Pushing and Pulling (right hand) (Opening doors, file drawers)	1-4	O			
21 Pushing and Pulling (left hand) (Opening doors, file drawers)	1-4	O			
22 Reaching (above shoulder level) (accessing files, file drawers, writing on board/easel in a meeting)	4	O			
23 Reaching (below shoulder level) (accessing files)	4	O			
24 Lifting-up to 10 lbs. (lifting files, binders, file boxes)	3, 4	O			
25 Lifting-11-25 lbs. (lifting boxes)	4	O			
26 Lifting-26-50 lbs. (lifting file boxes)	4	O			
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. (carrying files, binders, file boxes)	4	O			
31 Carrying 11-25 lbs. (carrying file boxes)	4	O			
32 Carrying 26-50 lbs. (carrying file boxes)	4	O			
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, 3, 4, 5, 6	C			
2 Functional color vision, normal or corrected	2,4,5	O			

Activity	Examples of Duties/Functions Requiring Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY Permanently Restricted
(identify correct ink color and file colors)					
3 Functional night vision, normal or corrected	N/A	N			
4 Functional hearing, normal or corrected	1, 2, 7	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	C			

**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	C			
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	C			
6 Required to direct other staff (e.g. planning, goal setting, performance)	C			

**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	C			
2 Meet time sensitive deadlines	C			
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	C			
2 Attention divided by issues requiring multi-tasking	F			
3 Work requires precise attention to detail	F			
4 Use of judgment in routine matters	C			
5 Requires use of judgment in adapting procedures from one task to another	C			
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)	C			
2 Interactions limited to giving/receiving information	O			
3 Interactions exceed giving/receiving information (e.g., advises, persuades, justifies)	C			
4 Interactions occur under circumstances of emotional stress	F			
5 Risk of confrontation with violent or assaultive clients or customers	O			

**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	C			
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	N			
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	N			
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: \_\_\_\_\_