

Empl	oyee l	Name:		
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DEPARTMENT: VARIOUS PHYSICAL REQUIREMENTS: ASSISTANT DIRECTOR

Work is performed primarily in an office environment and some field work. Positions in this class typically require:

- Sitting or standing for extended periods of time. Walking and balancing on all types of terrain,
- Bending, stooping, twisting, and climbing steps.
- Reaching above and/or below shoulder,
- Handling/grasping documents or equipment,
- Clear speaking and adequate hearing sufficient to communicate effectively and respond appropriately in-person and/or on the telephone;
- Hearing audible signals, traffic, & equipment.
- Vision sufficient to read source materials, computer screen data, see detail or color,
- Repetitive motions for computer use.

Incumbents may be exposed to:

- Inclement weather (temperature extremes, slippery surfaces)
- Road and traffic hazards,
- Potentially hazardous conditions and/or violent or hostile individuals.

PHYSICAL AND MENTAL DEMANDS

Activity	Never 0%	Inter. 1–10%	Occas. 11-33%	Freq. 34-66%	Cont. 67+%	Further Description
1. Walking			х			Alternates standing and walking when completing job tasks
2. Balance					x	
3. Lifting	-	-	-	-	-	
0-10 lbs.			х			Office supplies, paperwork, and files
11-20 lbs.		x				
21-35 lbs.		X				
36-50 lbs.	х					
50 + lbs.	x					



Activity	Never 0%	Inter. 1–10%	Occas. 11-33%	Freq. 34-66%	Cont. 67+%	Further Description
4 Corn	-	-	-	-	-	
4. Carry 0-10 lbs.			x			Office supplies, paperwork, and files
11-20 lbs.		х				
21-35 lbs.		х				
36-50 lbs.	x					
5. Pushing/ Pulling	-	-	-	-	-	
0-10 lbs.		х				File drawers, office equipment, files
11-20 lbs.		х				
21-35 lbs.	x					
36-50 lbs.	х					
6. Climbing		X				May periodically climb stairs
7. Twisting		x				Accessing files, office supplies and equipment
8. Reaching		х				44
9. Grasping		x				Office supplies, equipment, phone
10.Stooping/ Bending		х				To access low filing cabints/shelves
11. Sitting					x	
12.See/Hear/ Speak	-	-	-	-	-	
Sees Detail					х	Documents, computer screen
Color Discrim.					х	Files may be color coded
Visual Displays					x	Computer screen
Audible Signals					x	



Employee Name:

Oral						
Direction					Х	
Activity	Never 0%	Inter. 1–10%	Occas. 11-33%	Freq. 34-66%	Cont. 67+%	Further Description
13. Working Cond/Exp.	-	-	-	-	-	
Uneven Ground	x					
Work Outside	х					
Work Inside					х	Office environment
High Elevations	x					
Moving Objects	х					
Slippery Surface	х					
Wetness	х					
Temp. Extremes	х					
Confined Spaces	х					
Special Clothing					х	Professional/semi professional attire
Vibration	х					
Use of Solvents	х					
Use of Detergent	X					
Chemical Contact	X					
Chemical Vapors	x					
Dust or Particles		х				Nuisance dust



WASHINGTO	Port Orchard WA 98366	Employee Name:	_					
PHYSIC	CIAN TO COMPLETE							
SUMMA	ARY DETERMINATION (Please chec	k appropriate item)						
Worker can fully perform the job with no restrictions as of the date below								
Worker requires restrictions to perform the job. The restrictions are described on the Physician's Estimate of Physical Capacities.								
Physicia	an Signature	Date						
ADDITIO	ONAL COMMENTS:							