# Essential Functions Worksheet

# FAQ's and Instructions for Completion of the Form

# Q. What is the purpose of the Essential Functions Worksheet (EFW)?

- A. The County utilizes EFWs in a number of ways:
  - Job Bulletins for hiring,
  - Post-Offer Pre-Employment physicals,Fitness For Duty examinations,

Disability Retirement determinations,

- Temporary Transitional Duty cases,
- ADA Reasonable Accommodation cases,
- Worker's Compensation cases, and
- Long Term Disability eligibility.
- Q. If one assignment in a job class performs an essential function such as billing and another assignment does not, is billing listed in the essential function?
- A. Yes. The EFW reflects the whole job class. Assignments specific to one individual should be listed using a range of hours that the task requires in a week. For example, if billing is done by one individual for 10 hours a week, the range would be listed as 0-10. Zero would represent everyone who does not do billing, and 10 would represent the task hours for the individual assigned to handle billing.

## Q. Do you ever need to fill out more than one EFW for a job class?

A. Yes, if the requirements of a position vary significantly from those of other positions in the class. For example, a Public Health Assistant who inspects swimming pools should have a different EFW from a Public Health Assistant who performs HIV test counseling.

## Q. What are the "Medical Provider Use Only" areas used for?

A. These areas will be completed by a medical provider when evaluating an employee for a post-offer pre-employment physical and/or for an injury or medical condition.

# Instructions for Completion of the EFW Form

The form may be revised as needed.

## 1. Essential Functions:

List all essential functions in the first column, including details on the critical physical, mental and emotional factors. These details assist medical providers in evaluating an employee's ability to perform each essential function and/or to set work restrictions, where appropriate. Rows may be deleted or added to complete the Section as needed.

In the second column, list the range of hours the task is performed in a week. *The total does not have to equal 40 hours a week.* Infrequent functions are still considered essential if serious consequences result from non-performance even if the function is performed intermittently (e.g., tasks required during a flood, an election, or year-end tasks).

If required, indicate the knowledge base or level of expertise, and the necessity of staying current in the field (e.g., Child Welfare Code, or Nursing Certification).

Job classes with multiple levels such as I/II and/or III as a lead person, may be listed on one EFW form.

#### 2. Typical Job Duties/Tasks and Physical/Environmental Factors:

Complete by using the frequency definitions listed after Section 1.

# 3. Lifting and Carrying:

Check the appropriate box for frequency of occurrence using the **frequency definitions** listed after Section 1. Make a note in the space provided above the table if items lifted are:

- awkward or unusual (e.g., poles of up to 17 ft. in length and that weigh up to 35 lbs. or loose bags of material weighing up to 50 lbs), and/or
- carried under "non-standard" conditions (i.e., at waist height over level, dry ground).

# 4. Sensory:

Check if required in the County Job Description.

#### 5. Mental Activities:

Check all that apply.

#### 6. Other:

Check if <u>required</u> in County Job Description. (Note: Cal OSHA Regulation 8, Section 5193 requires the County to make the Hepatitis B vaccination available to anyone exposed. However, an employee has the right to refuse the vaccination.)

#### 7. Supervisor's/Manager's Comments:

Supervisors and/or managers can use this section to clarify/explain any item(s) in the preceding sections that need in-depth discussion (e.g., emotional stressors or unique physical environments).

## 8. Medical Provider's Comments & Signature:

The medical provider use this section to provide the name of the employee being evaluated, to clarify/explain the information provided in the preceding sections, as necessary, and to sign the form.

# 9. County Form Review Signatures:

You may submit electronic EFWs by typing your name where your signature as indicated and forwarding to the next reviewer by email. The final version will be housed with Human Resources.

Essential Functions Worksheet						
JOB CLASS:	<b>D</b> ерт:	DIVISION:				
JOB CLASS #:	<b>D</b> ерт #:	DIVISION #:				

**INSTRUCTIONS TO MEDICAL PROVDERS COMPLETING THIS FORM:** Please use the "Medical Provider Use Only" columns at the right and/or the "Medical Provider's Comments & Signature" Section (Section 8) 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 (T) or permanent (P), and
- stipulating the expected duration of any temporary work restriction(s).

To finalize the form, provide the name of the employee evaluated and additional comments, as appropriate, then sign and date where indicated in the "Medical Provider's Comments & Signature" Section (Section 8).

Section 1. ESSENTIAL FUNCTIONS (Specific Skills Required For the Job Class):

Note: The usual number of hours per week does not have to equal 40.

Essential Functions cannot be reassigned to another employee or modified without causing significant work disruption.		Medical Provider Use Only Please indicate whether Temporary (T) or Permanent (P)						
	a <b>week</b>	Employee Can Perform	Т	Р				
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

# FREQUENCY DEFINITIONS FOR SECTIONS TWO AND THREE THAT FOLLOW

The table below contains definitions for frequency rates typically required for the physical and environmental activities and lifting requirements listed in Sections 2 and 3. Note: Time ranges listed below are approximate and may overlap with those of other activities so they may total more than 40 hours in a week.

FREQUENCY RANKING		Per	PERCENT OF			RANGE OF HOURS WORKED GIVEN LENGTH OF SHIFT:										
		Тіме			8 HOURS		9 Hours		10 Hours		12 Hours		S			
Not Required Or Never	(NR)															
Occasionally	(0)	0	-	33%	0	to	2.5	0	to	3	0	to	3.5	0	to	4
Frequently	(F)	34	-	66%	2.5	to	5.5	3	to	6	3.5	to	7	4	to	8
Continuously	(C)	67	-	100%	5.5	to	8	6	to	9	7	to	10	8	to	12

PH	YSICAL				ENVIRONMENTAL						
FUNCTIONAL ACTIVITIES	MAXIMUM REQUIRED	Medical Provi Only	der	Use	FUNCTIONAL ACTIVITIES	MAXIMUM REQUIRED	Medical Provid Only	ler U	lse		
TOTAL DOES NOT HAVE TO EQUAL <b>40</b> HOURS	FREQUENCY PER DAY	EMPLOYEE CAN PERFORM	т	Ρ	TOTAL DOES NOT HAVE TO EQUAL <b>40</b> HOURS	FREQUENCY PER DAY	EMPLOYEE CAN PERFORM	т	Ρ		
Use of Keyboard, Sporadic 10-Key					Work Inside						
Use of Mouse (or alternative input					Work Outside						
device)					Work Closely with Others						
Finger Manipulation (continuous					Work Alone				L		
10-key, handwriting)					Unprotected Heights: (rooftop, loading dock, ladder, stairs)						
Wrist Turning (locking/unlocking, door knob, screwdriver)					Work Around Moving				-		
Grasping or Pinching (firm)					Machinery: (traffic, electric. lift, tractor, presses)						
Pushing/Pulling					Exposure to Marked Changes				T		
Telephone Use					in Temperature & Humidity (outside temp 28 – 110°)						
(if without headset check here )					Exposure to Dust, Fumes,						
Neck Motion (Left/Right, Up/Down)					Smoke, Gases, or Other Irritating Substances (paint, glue)						
Reaching Forward					Exposure to Slippery or Uneven				Γ		
Reaching Above Shoulder					Walking Surfaces (construction obstacles, mud, undeveloped						
Sitting (can stand at will)					ground)						
Standing (static) (working at counter)					Exposure to Solvents or Chemicals						
Walking					Vibration (chainsaws, jack hammers, jig saws, sanders)						
Twisting Spine					Exposure to Excess Noise						
Repetitive Bending					Work with Explosive or Exposure to Electrical Energy						
Stair Climbing					Work with Hands in Water or Other Substance						
Ladder/Stepstool (used as a tool)					Work Below Ground: (basement, excavation, trench)						
Kneeling					Drive Material Handling or						
Squatting (unloaded, two knees)					Cleaning Equipment (forklift, hand truck)						
Stooping (one knee)					Work in a Fixed POST						
Crawling					Assignment. (May not leave without having replacement						
Driving					employee cover assignment – 911 Emergency Dispatch,						
Operation of Hand or Foot Controls					Sourcectional Officer)						

# Section 3. LIFTING AND CARRYING:

Assumes walking on level ground in dry conditions and carrying at waist height. Please note awkward, oversized, or non-static items below.

S S	
d)	
÷.	
0	
Ž	

WEIGHT	NOT	OCCASIONALLY	FREQUENTLY	CONTINUOUSLY	Medical Provider Use Only		
WEIGHT	REQUIRED				Employee Can Perform	т	Р
0 - 10 lbs							
11 - 20 lbs							
21 - 35 lbs							
36 - 50 lbs							
51 - 75 lbs							
76 - 100+ lbs							

Sectio	on 4. SENSORY:			
This	position requires:	Medical Provider Use	Only	
		Employee Can Perform	Т	Ρ
	onal vision, normal or corrected Yes No			
	onal color vision, normal or corrected Yes No			
	onal night vision, normal or corrected Yes No Doesn't work nights			
	onal hearing, normal or corrected Yes No		_	
	onal speech  Yes  No    e of smell or taste  Yes  No		_	
Check	on 5. MENTAL ACTIVITIES:		• •	
all that	Skill Level Required For This Job Class:	Medical Provider Use Employee Can Perform	Only	Р
apply	Comprehension Level:	Employee Can Perform		Г
	Follow instructions received orally			
	· · ·		_	
	Follow instructions received in writing		_	
	Frequently required to sustain concentration			
	Nature of Tasks:			
	Follow set procedures or set sequences			
	Organize own work			
	Ask questions or request assistance when needed			
	On-Call and emergency work			
	Work Pace:			
	Deal with emergency and time sensitive situations on an ongoing basis			
	Tightly scheduled and hurried pace of work activities			
	Require precise attention to detail			
	Meet frequent project deadlines			
	Long and irregular hours			
	Limited opportunity for breaks			
	Required to Perform Complex or Varied Tasks:			
	Attention divided between issues requiring multi-tasking			
	Frequent use of judgment on routine matters			
	Situations requiring judgment and adaptation of procedures from one task to another			
	Required to Relate to People:			
	Frequently works with others (co-workers, professionals, public)			
	Face to face interaction with others			
	Interaction exceeds giving /receiving of instructions			
	Able to perform under circumstances of emotional stress			
	Risk of confrontation with violent or assaultive customers			
	Diffuse residual emotional effects when crisis is over			
	Required to Influence People:           Negotiate, motivate, redirect, or convince others			
	Required to Make Generalizations, Evaluations, or Decisions without Supervisi	ion:		
	Ability to make quick accurate decisions	011.		
	Expected to make decisions without supervision			
	Evaluate or make decisions based on experience or knowledge			
	Required to Accept and Carry Out Responsibility for Direction, Control and Pla	nning		
	Lead person – act as supervisor in Supervisor's absence, has broad technical			
	knowledge			
	Supervise other employees			
	Ability to train others			
	Goal setting and planning for others is an integral part of the position			
	Responsible for results			

This position requires:       Medical Provider Use Only       T       P         is a Driver's License required for all employees in this job class?       If Yes:       Class A       Yes       No       I       I       P         is a Driver's License required for all employees in this job class?       If Yes:       Class A       Yes       No       I       I       P         If Yes:       Class A       Yes       No       I	Section 6. OTHER REQUIREMENTS	5:				
Is a Driver's License required for all employees in this job class? Yes No If Yes: Class A Yes No Class B Yes No Class B Yes No Class C Yes No Workplace exposure to blood pathogens? If yes, Ibcounty will off the Hepatitis B vaccination in scoordance with Ccl OKAR Regulation B, Section 5193. Professional Cartification or Dogree? If yes, Ibcos No Section 7. SUPERVISOR'S/MANAGER'S COMMENTS: Section 7. SUPERVISOR'S/MANAGER'S COMMENTS & SIGNATURE: Employee NAME: Exployee NAME: Exployee NAME: Exployee NAME: Evaluation Date: MEDICAL PROVIDER'S SIGNATURE: Evaluation Date: Prime Name Section 9. COUNTY FORM REVIEW SIGNATURES: Supervision or Section Manager Review: Prime Name Signative Departur				Medical Provider Use Only	Т	Ρ
Class B       Yes       No       Image: Class B       Image: Class B       No       Image		-		No		
Class C       Yess       No         If yes, the County will offer the Hepatitis B vaccination in accordance with Cal OSHA Regulation 8, Section 5193.         Professional Centification or Degree?       Yes       No         If yes, please specify.       Yes       No       I         Professional Centification or Degree?       Yes       No       I         Professional Centification or Degree?       Yes       No       I         Professional Centification or Degree?       Yes       No       I         Psychological Testing?       Yes       No       I         Section 7.       SUPERVISOR'S/MANAGER'S COMMENTS:       I       I         Section 8.       MEDICAL PROVIDER'S COMMENTS & SIGNATURE:       I       I         EMPLOYEE NAME:       Evaluation Date:       I       I         Image: Signature       Evaluation Date:       I       I         Image: Signature       Evaluation Date:       I       I         Image: Signature       Evaluation Date:       I       I       I         Image: Signature       Evaluation Date:       I       I       I       I         Medical Provider's Signature:       Evaluation Date:       I       I       I         Image: Signature       Ev						
Workplace exposure to blood pathogens?       Yes       No       I         If yes, the County will offer the Hepatitis B vaccination in accordance with CdSHA Regulation 8, Section 5133.       Professional Certification or Degree?       Yes       No       I         If yes, these specify:       Yes       No       I       Pertoined and the section of Degree?       Yes       No       I         Section 7.       SUPERVISOR'S/MANAGER'S COMMENTS:       I       I       I       I         Section 7.       SUPERVISOR'S/MANAGER'S COMMENTS & SIGNATURE:       I       I       I       I         Section 8.       MEDICAL PROVIDER'S COMMENTS & SIGNATURE:       I						
If yes, the County will offer the Hepatitis B vaccination in accordance with Cat OSHA Regulation 8, Section 5193.       Professional Counting of the Hepatitis B vaccination in accordance with Cat OSHA Regulation 8, Section 5193.         Professional Counting of Participation B, Section 5193.       Yes       No         Programming of Participation B, Section 7.       SUPERVISOR'S/MANAGER'S COMMENTS:       Image: Section 7.         Section 7.       SUPERVISOR'S/MANAGER'S COMMENTS:       Image: Section 7.       Supervision Comments and the section of the se		Class C		-		
Professional Carification or Degree?  Prose Section 7. SUPERVISOR'S/MANAGER'S COMMENTS:  Section 7. SUPERVISOR'S/MANAGER'S COMMENTS:  Section 8. MEDICAL PROVIDER'S COMMENTS & SIGNATURE:  EMPLOYEE NAME:  Section 8. MEDICAL PROVIDER'S COMMENTS & SIGNATURE:  EMPLOYEE NAME:  EMPLOYEE NAME:  MEDICAL PROVIDER'S SIGNATURE:  MEDICAL PROVIDER'S SIG						
If yes, please specify:       Imagendining?         Pringerprinting?       Yes       No         Section 7. SUPERVISOR'S/MANAGER'S COMMENTS:       Imagendining?         Section 8. MEDICAL PROVIDER'S COMMENTS & SIGNATURE:         EMPLoyee Name:       Evaluation Date:         Imagendining?       Imagendining?         Medical Provider's Signature:       Evaluation Date:         Imagendining?       Imagendining?         Imagendining?       Imagending?         Imagendin		ation in accordance v				
Fingerprinting?       Yes       No       No         Section 7. SUPERVISOR'S/MANAGER'S COMMENTS:         Section 7. SUPERVISOR'S/MANAGER'S COMMENTS:         Section 8. MEDICAL PROVIDER'S COMMENTS & SIGNATURE:         Environment         Section 8. MEDICAL PROVIDER'S COMMENTS & SIGNATURE:         Environment         Signature         Date         Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervision on Section Manager Review:         Print Name       Signature         Date         Every Manager       Date         Every Man			🗌 Yes 🔲 I	No		
Psychological Testing?						
Section 7. SUPERVISOR'S/MANAGER'S COMMENTS:						
Section 8. MEDICAL PROVIDER'S COMMENTS & SIGNATURE: EMPLOYEE NAME:				No		
EMPLOYEE NAME:       EVALUATION DATE:	Section 7. SUPERVISOR'S/MANAG	SER'S COMME	NTS:			
EMPLOYEE NAME:       EVALUATION DATE:						
EMPLOYEE NAME:       EVALUATION DATE:						—
EMPLOYEE NAME:       EVALUATION DATE:						—
EMPLOYEE NAME:       EVALUATION DATE:						
EMPLOYEE NAME:       EVALUATION DATE:						
EMPLOYEE NAME:       EVALUATION DATE:						
EMPLOYEE NAME:       EVALUATION DATE:						
EMPLOYEE NAME:       EVALUATION DATE:						
EMPLOYEE NAME:       EVALUATION DATE:						—
EMPLOYEE NAME:       EVALUATION DATE:						
EMPLOYEE NAME:       EVALUATION DATE:						
Medical Provider's Signature:         Print Name         Signature         Date         Supervisor or Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:         Print Name       Signature         Department ADA Coordinator Review:         Print Name       Signature         Department ADA Coordinator Review:         Print Name       Signature         Date         HUMAN Resources CLassification Analyst Review:         Print Name       Signature         HUMAN Resources ADA Analyst Review & Original to Human Resources:	Section 8. MEDICAL PROVIDER'S	COMMENTS &	SIGNAT	JRE:		
Medical Provider's Signature:         Print Name         Signature         Date         Supervisor or Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:         Print Name       Signature         Department ADA Coordinator Review:         Print Name       Signature         Department ADA Coordinator Review:         Print Name       Signature         Date         HUMAN Resources CLassification Analyst Review:         Print Name       Signature         HUMAN Resources ADA Analyst Review & Original to Human Resources:				Εναι ματιον Date:		
Print Name       Signature       Date         Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:						
Print Name       Signature       Date         Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:						
Print Name       Signature       Date         Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:						
Print Name       Signature       Date         Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:						
Print Name       Signature       Date         Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:						_
Print Name       Signature       Date         Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:						—
Print Name       Signature       Date         Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:						—
Print Name       Signature       Date         Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:						
Print Name       Signature       Date         Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:						
Print Name       Signature       Date         Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:						
Print Name       Signature       Date         Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:						
Print Name       Signature       Date         Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:						—
Print Name       Signature       Date         Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:						—
Print Name       Signature       Date         Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:						
Print Name       Signature       Date         Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:						
Print Name       Signature       Date         Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:						
Print Name       Signature       Date         Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:						
Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:         Print Name       Signature         Department ADA Coordinator Review:         Print Name       Signature         Date         Human Resources Classification Analyst Review:         Print Name       Signature         Date         Human Resources ADA Analyst Review & Original to Human Resources:	MEDICAL PROVIDER'S SIGNATURE:					
Section 9. COUNTY FORM REVIEW SIGNATURES:         Supervisor or Section Manager Review:         Print Name       Signature         Department ADA Coordinator Review:         Print Name       Signature         Date         Human Resources Classification Analyst Review:         Print Name       Signature         Date         Human Resources ADA Analyst Review & Original to Human Resources:						
Supervisor or Section Manager Review:       Date         Print Name       Signature       Date         Department ADA Coordinator Review:	Print Name	Signature		Date		
Supervisor or Section Manager Review:       Date         Print Name       Signature       Date         Department ADA Coordinator Review:						
Print Name       Signature       Date         DEPARTMENT ADA COORDINATOR REVIEW:	Section 9. COUNTY FORM REVIE	W SIGNATU	RES:			
DEPARTMENT ADA COORDINATOR REVIEW:	SUPERVISOR OR SECTION MANAGER REVIEW:					
DEPARTMENT ADA COORDINATOR REVIEW:						
DEPARTMENT ADA COORDINATOR REVIEW:	Print Name	Signature		Date		
HUMAN RESOURCES CLASSIFICATION ANALYST REVIEW:       Print Name     Signature       Print Name     Date	DEPARTMENT ADA COORDINATOR REVIEW:					
HUMAN RESOURCES CLASSIFICATION ANALYST REVIEW:       Print Name     Signature       Print Name     Date						
HUMAN RESOURCES CLASSIFICATION ANALYST REVIEW:       Print Name     Signature       Print Name     Date	Print Name	Signature		Date		—
Print Name     Signature     Date       HUMAN RESOURCES ADA ANALYST REVIEW & ORIGINAL TO HUMAN RESOURCES:						
HUMAN RESOURCES ADA ANALYST REVIEW & ORIGINAL TO HUMAN RESOURCES:						
HUMAN RESOURCES ADA ANALYST REVIEW & ORIGINAL TO HUMAN RESOURCES:	Print Name	Signature		Data		—
				Dale		
Print Name Signature Date		IU HUMAN RESOURCES	).			
Print Name Date Date		0:				
	Print Name	Signature		Date		