

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

**JOB CLASSIFICATION:** Business Systems Analyst, Senior Business Systems Analyst  
**DEPARTMENT:** Information Systems Department  
**PHYSICAL DEMAND STRENGTH RATING:** Sedentary/Light

**DATE COMPLETED:** May 2019  
**DIVISION:** Web; Justice

**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 an office environment routinely using office equipment such as computers, phones, photocopiers, fax machines, etc.						
Works stand-by shifts outside of normal business hours, responding to urgent priority requests for troubleshooting; must be available to remotely access computer or return to county site during all stand-by hours.	1	O	Computer, phone		E	
Works closely with assigned department customers to analyze and understand their business processes and operational procedures; researches, identifies, evaluates, and recommends information systems solutions; evaluates and assesses needs for information systems development, updates, enhancements, maintenance, support, training, and policies; recommends security measures.	2	C	Computer, phone		E	
Manages and coordinates the deployment and implementation of	3	F	Computer, phone		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.
information technology projects; develops plan for system implementation, upgrades, and support; oversees coordination and implementation of business and technical solutions; adheres to project scope and schedule; monitors and ensures that customer timelines and deliverables are met for pre-determined deadlines for completion of each stage of the project and for "go live" dates; re-evaluates project and timelines as needed.						
Communicates by phone, email, instant messaging, or in person with customers, vendors, and ISD staff to make recommendations, coordinate activities, answer questions, problem solve, trouble shoot and resolve obstacles, and provide information regarding complex business and technical issues; trains staff and customers on new processes and systems.	4	F	Computer, phone		E	
Develops and generates statistical reports, and other enterprise systems using various reporting tools; analyzes data to identify metrics, issues, trends, and opportunities for improvement; summarizes and presents findings in written and oral formats.	5	F	Computer, phone		E	
Participates in continuous training, research, study, and reading, to maintain certifications, and to maintain knowledge and skills necessary keep up-to-date on information technology products, standards and best practices.	6	O	Computer		E	
Provides on and off-site technical support to management, staff, and customers; trains staff and clients in processes and ISD systems	7	O	Computer, phone		E	
Actively participates in department advisory groups and teams; assists in development of departmental goals and objectives as related to the County Strategic Plan to keep infrastructure technology current; provides input and makes recommendations; responds to requests for information; provides information to co-workers.	8	O	Computer		E	
<b>Senior Business Systems Analyst only:</b>						
Works with customer to determine scope and timeline for information technology projects; gathers requirements; estimates hours to complete project.	9	F	Computer, phone		E	
Acts as the lead on multi-department system deployments; trains staff; assigns work; provides advice and business and technical	10	F	Computer, phone		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.
guidance as a subject matter expert; manages the most complex projects.						

**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 (i.e., using computer for a variety of job duties/tasks; using phone; driving)	1-10	C			
2 Walking (to meetings)	1-10	O			
3 Running	N/R	N			
4 Standing(i.e., using computer for a variety of job duties/tasks; using phone; providing on and off-site technical support for management, staff and clients)	1-10	O			
5 Bending-Neck (i.e., using computer for a variety of job duties/tasks; using phone; providing on and off-site technical support for management, staff and clients)	1-10	F			
6 Bending-Waist	N/R	N			
7 Squatting	N/R	N			
8 Climbing (ie curbs, stairs)	1-10	O			
9 Kneeling	N/R	N			
10 Crawling	N/R	N			
11 Twisting (neck) (i.e., using computer for a variety of job duties; driving; supervising staff; providing on and off-site technical support for management, staff and clients)	1-10	F			
12 Twisting (waist)	1-10	O			
13 Repetitive Hand Use	1-10	C			
14 Simple Grasping-Right Hand(i.e., holding mobile devices; holding file folders)	1-10	F			
15 Simple Grasping-Left Hand(i.e., holding mobile devices; holding file folders)	1-10	F			
16 Power Grasping-Right Hand	N/R	N			
17 Power Grasping-Left Hand	N/R	N			
18 Fine Manipulation-Right Hand (ie, taking notes manually)	1-4,6,9	F			
19 Fine Manipulation-Left Hand (ie, taking notes manually)	1-4,6,9	F			
20 Pushing and Pulling (right hand) (ie, doors, cabinet drawers)	1,2,3,9	O			
21 Pushing and Pulling (left hand) (right hand) (ie, doors, cabinet drawers)	1,2,3,9	O			
22 Reaching (above shoulder level)(to access files and resources in overhead cabinets)	1,2,3,9	O			
23 Reaching (below shoulder level) (to access files and resources in lower desk drawers)	1,2,3,9	O			
24 Lifting-up to 10 lbs. (i.e., laptops; mobile devices; files)	1-10	O			
25 Lifting-11-25 lbs.	N/R	N			
26 Lifting-26-50 lbs.	N/R	N			
27 Lifting 51-75 lbs.	N/R	N			
28 Lifting 76-100 lbs.	N/R	N			
29 Lifting 100 + lbs.	N/R	N			
30 Carrying 0-10 lbs. (i.e., laptops; mobile devices; files)	1-10	O			
31 Carrying 11-25 lbs.	N/R	N			
32 Carrying 26-50 lbs.	N/R	N			
33 Carrying 51-75 lbs.	N/R	N			
34 Carrying 76-100 lbs.	N/R	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	1-10	C			
2 Functional color vision, normal or corrected (i.e., to be able to distinguish the color codes use to determine progress of project on spreadsheets)	1,9	O			
3 Functional night vision, normal or corrected	N/R	N			
4 Functional hearing, normal or corrected(i.e., providing technical assistance in person or over the phone; overseeing coordination and implementation of technical solutions; supervising staff; communicating with clients, vendors, and staff; participating in department advisory groups)	1-10	C			
5 A sense of smell or taste	N/R	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	C			
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 – Senior only	F			
6 Required to direct other staff (e.g. planning, goal setting, performance) – Senior only	F			

**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	O			

**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	C			
3 Work requires precise attention to detail	C			
4 Use of judgment in routine matters	C			
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)	C			
2 Interactions limited to giving/receiving information	O			
3 Interactions exceed giving/receiving information (e.g., advises, persuades, justifies)	F			
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)	O			
6 Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.)	N			
7 Dust, Vapors, Fumes, Smoke	N			
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.)	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)	O			
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: \_\_\_\_\_