

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Information Systems Project Manager
DEPARTMENT: Information Systems Department
PHYSICAL DEMAND STRENGTH RATING: Sedentary

DATE COMPLETED: June 2019
DIVISION: Multiple

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.						
Uses good judgment and discretion while providing technical assistance and advice to assigned departments: evaluates and assesses needs and priorities for information systems development, updates, operation, enhancement, maintenance, support, training, policies, and security; researches options for technical solutions to meet client needs; makes recommendations on systems to implement.	1	C	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.
Develops plan for system implementation, upgrades, and support; oversees coordination and implementation of technical solutions; sets and maintains timelines to insure contracts are written and approved, necessary hardware and software are ordered and in place, client and vendors are meeting pre-determined deadlines for completion of each stage of the project and for "go live" dates; re-evaluates project and timelines as needed.	2	F	Computer; phone		E	
Prepares project charter, project status reports, Requests for Proposal, contracts and other documentation, following county guidelines and policies; analyze and update budget	3	O	Computer		E	
Directly supervises staff engaged in conducting work assignments; plans, organizes, and assigns work; orients and trains staff; monitors and facilitates staff required continuing education requirements and other training; 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; utilizes appropriate discretion in matters of employee relations, EEO, and ADA circumstances.	4	F	Computer; Phone		E	
Communicates by phone, email, or in person with clients, vendors, and ISD staff to make recommendations, coordinate activities, answer questions, problem solve, trouble shoot and resolve obstacles, and provide information regarding complex technical issues.	5	F	Computer; phone		E	
Participates in continuous training, research, study, and reading, to maintain required certifications, and to maintain knowledge and skills necessary keep in information technology products, standards and best practices.	6	O	Computer		E	
Provides on and off-site technical support to management, staff, and clients; trains staff and clients in processes and ISD systems	7	O	Vehicle	CA Driver's License	N	
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 attends management training and meetings.	8	O	Computer		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 (i.e., using computer for a variety of job duties/tasks; using phone; driving)	1,2,3,4,5,6,7,8	C			
2 Walking (i.e., supervising staff; providing on and off-site technical support for management, staff and clients)	4,5,7,8	O			
3 Running	N/A	N			
4 Standing (i.e., using computer for a variety of job duties/tasks; using phone; supervising staff; providing on and off-site technical support for management, staff and clients)	1,2,3,4,5,6,7,8	O			
5 Bending-Neck (i.e., using computer for a variety of job duties/tasks; using phone; driving; supervising staff; providing on and off-site technical support for management, staff and clients)	1,2,3,4,5,6,7,8	O			
6 Bending-Waist	N/A	N			
7 Squatting	N/A	N			
8 Climbing	N/A	N			
9 Kneeling	N/A	N			
10 Crawling	N/A	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)	1,2,3,4,5,6,7,8	F			
12 Twisting (waist)	N/A	N			
13 Repetitive Hand Use	1,2,3,4,5,6,7,8	O			
14 Simple Grasping-Right Hand (i.e., holding mobile devices; holding file folders)	1,2,3,4,5,6,7,8	O			
15 Simple Grasping-Left Hand (i.e., holding mobile devices; holding file folders)	1,2,3,4,5,6,7,8	O			
16 Power Grasping-Right Hand	N/A	N			
17 Power Grasping-Left Hand	N/A	N			
18 Fine Manipulation-Right Hand (i.e., using paper clips on files and reports)	3,4	O			
19 Fine Manipulation-Left Hand (i.e., using paper clips on files and reports)	3,4	O			
20 Pushing and Pulling (right hand) (drawers, doors)	1-8	O			
21 Pushing and Pulling (left hand) (drawers, doors)	1-8	O			
22 Reaching (above shoulder level) (i.e., reaching for reference book/binder on higher shelf of a bookcase)		O			
23 Reaching (below shoulder level)	1,2,3,4,5,6,7,8	F			
24 Lifting-up to 10 lbs. (i.e., laptops; mobile devices; files)	1,2,3,4,5,6,7,8	F			
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. (i.e., laptops; mobile devices; files)	1,2,3,4,5,6,7,8	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			

Activity	Examples of Duties/Functions Requiring Activity	FREQUENCY RATING Never, Occasional; Frequent, or Constant	MEDICAL Can Perform	PROVIDER Temporarily Restricted	USE ONLY: Permanently Restricted
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 (i.e., using computer for variety of job duties/tasks; driving; supervising staff;	1,2,3,4,5,6,7,8	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)	2,3	O			
3 Functional night vision, normal or corrected	N/A	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)	1,2,4,5,6,7,8	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	C			
2 Organize own work	C			
3 Able to ask questions or request assistance when needed	C			
4 Required to make decisions independently	C			
5 Required to train and/or lead other staff	F			
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	C			
2 Meet time sensitive deadlines	O			
3 Long and/or irregular hours	O			
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	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.)	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	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)	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: _____