

## **EMPLOYER'S JOB DESCRIPTION**

	Job of Injury
	Permanent Modified Job
$\boxtimes$	Light duty/Transitional

1038M-Limit one per day
1028M-Each additional review, up to five per worker per day

Worker		Claim#			
Company City of Port Or		Job Title Sidewalk Safety (Public Works)			
Phone #		FAX#	Hours per da	•	Days per week
Employer Name (Please print				n Resource Manag	
Employer Signature	<u>′</u>	L			Date
Employer Signature					Date
<b>Essential Job Duties</b>					
Monitor City sidewalks, and			d other areas	requiring repair.	Maintain records of when
repairs are made, and monitor	r schedule	of repairs.			
Machinery, tools, equipmen	nt and per	sonal protective equipme	ent.		
Computer, telephone, telephone	_			ter, and scanner.	
1 / 1 / 1		,, I	, 1	,	
Frequency Guidelines		N: Never (not at all)		<b>S:</b> Seldom (1-10	% of the time)
O: Occasional (11-33% of the	e time)	<b>F:</b> Frequent (34%-66% of	the time)	C: Constant (67	%-100% of the time)
Dhardaal Damaa da	<b>F</b>		Dagarin	tion of Tools (90)	I
Physical Demands Sitting	Frequer S U	<b>1cy</b> Itilizing computer to docume		tion of Task (80 c	
Standing		Occument areas needing repair			
Walking		raversing foot traffic areas to			
Climbing Ladders/Stairs	t	Not required	make not or	needed side wark rej	54118
		•			
Twisting at the waist Bending/ Stooping		Not required Not required			
Squatting/Kneeling		Not required  Not required			
Crawling		Not required			
Reaching Out		Operate office equipment, ans	wer telephone	keyboarding	
Working above shoulders		Not required	wer tereprione	o, ne joour umg	
Handling/Grasping		Answer phones, file paperwor	k, operate mo	use, operate camera	, writing
Fine Finger Manipulation		Keyboarding	· 1	, I	, ,
Foot Controls/Driving	S C	Operating motor vehicle to according	cess various a	reas of the City	
Repetitive Motion	O K	Keyboarding			
Talking/Hearing/Seeing		Observing traffic conditions, 1	nonitoring sid	lewalks, operating c	omputer
Vibratory Tasks	N N	Vot required			
Lifting (5) lbs	S P	aper work, files, telephone h	eadset, camera	a	
Carrying (5) lbs	Carrying (5) lbs S Paperwork, files, camera				
Pushing/Pulling (5) lbs		pening and closing file draw			
Comments/Other: (270 Characte					
and other outdoor protective clo	thing durin	g the winter months. The pos	sition also req	uires appropriate fo	otwear.
FOR HEALTH PROVIDER'S USE ONLY					
Provider Approval	es 🗌 No	Hours per day	Days p	er week	Effective date
If no, please provide objectiv	e medical	documentation to support	your decisio	n.	
Provider Signature		Provid	ler Name (Pl	ease print)	Date



## **EMPLOYER'S JOB DESCRIPTION**

	] Job of Injury
	Permanent Modified Job
$\times$	Light duty/Transitional

1038M-Limit one per day	
1028M-Each additional review	w, up to five per worker per day

Worker			Claim#		
Company City of Port Orchard			Job Title Pump/Meter Inspection (Public Works)		
Phone # FAX#			Hours per o		Days per week
Employer Name (Please print	) De	borah Howard	•	an Resource Mana	
Employer Signature		ooran 110 wara	Title Titili	an resource manag	Date
Employer Signature					Date
<b>Essential Job Duties</b>					
Monitor City pump stations. I	Drive to	and inspect gates, pump ar	rea, pump sta	tion, and meters. N	Note any areas of concern.
					•
Machinery tools agricus	4 0 1 2				
Machinery, tools, equipmen				mbana matanyahi	ala
Computer, telephone, telepho	ne neac	iset (ii needed), two-way fa	dio, centular	phone, motor vemo	cie.
Frequency Guidelines		N: Never (not at all)		<b>S:</b> Seldom (1-10	)% of the time)
O: Occasional (11-33% of the	e time)	` ,	of the time)	,	%-100% of the time)
<b>5.</b> Occusional (11 3370 of the	o time)	1.11equent (5170 0070 C	or the time,	C. Constant (o7	70 10070 of the time)
<b>Physical Demands</b>	Frequ	iency	Descrip	otion of Task (80 a	characters)
Sitting	F	Utilizing computer to docum		on, operate motor vel	nilce
Standing	O	Check station pumps, and me			
Walking	F	Walking pump station areas,	checking fend	celine, reading meter	S
Climbing Ladders/Stairs	N	Not required			
Twisting at the waist	N	Not required			
Bending/ Stooping	О	Required to enter/exit motor	vehicle		
Squatting/Kneeling	N	Not required			
Crawling	N	Not required			
Reaching Out	S	Opening gates, pump stations	s, checking m	eters, operating vehc	ile
Working above shoulders	N	Not required			
Handling/Grasping	F	Operate motor vehicle, open	close gates, p	aperwork, two-way 1	adio
Fine Finger Manipulation	S	Keyboarding			
Foot Controls/Driving	F	Operating motor vehicle to a	ccess various	pump stations	
Repetitive Motion	S C	Keyboarding			
Talking/Hearing/Seeing	N	Observing traffic conditions,	monitoring p	ump station/meters, o	operating computer
Vibratory Tasks	S	Not required  Paper work, files, telephone	haadaat		
Lifting (5) lbs	S		neauset		
Carrying (5) lbs		Paperwork, files	1.1.1.		. 1
Pushing/Pulling (5) lbs	0	Opening and closing file draw			
Comments/Other: (270 Characte					
and other outdoor protective clothing during the winter months. The position also requires appropriate footwear.					
FOR HEALTH PROVIDER'S USE ONLY					
Provider Approval					
If no, please provide objective medical documentation to support your decision.					
Provider Signature		Droxii	der Nama (E	Please print)	Date
1 TO VIGOT SIGNATURE	Provider Signature Provider Name (Please print) Date				



#### **EMPLOYER'S JOB DESCRIPTION**

	Job of Injury
	Permanent Modified Job
$\boxtimes$	Light duty/Transitional

1038M-Limit one per day
1028M-Each additional review, up to five per worker per day

Worker			Claim #		
Company City of Port Or		Job Title MSDS Maintenance (Public Works)			
Phone #		FAX#	Hours per da	ay	Days per week
Employer Name (Please print	) Deb	oorah Howard		n Resource Manag	
Employer Signature	<u> </u>				Date
Essential Job Duties  Maintain Material and Safety Data Sheets (MSDS). Make sure inforamtion is on file for all materials, and that the information is up to date. Check materials for proper storage, and expiration dates.					
Machinery, tools, equipmen	_	ersonal protective equipm	ent		
Computer, printer, MSDS bir	iders				
Frequency Guidelines		N: Never (not at all)		<b>S:</b> Seldom (1-10	)% of the time)
O: Occasional (11-33% of the	e time)	<b>F:</b> Frequent (34%-66% o	f the time)	*	%-100% of the time)
Dhysical Damanda	F		Dogowine	tion of Tools (90).	oh ana ot ona)
Physical Demands Sitting	Frequ	ency Utilizing computer to docume		tion of Task (80 c	
Standing	0	Utilize office equipment, chec			
Walking	F	Monitoring all areas of shop t			
•	-		o check for the	iteriais, storage, etc	•
Climbing Ladders/Stairs		Not required			
Twisting at the waist		Not required			
Bending/ Stooping		Not required			
Squatting/Kneeling		Not required Not required			
Crawling Reaching Out		Operate office equipment, che	als matarials f	for information and	storege
Working above shoulders	S	Access materials on shelves a			storage
Handling/Grasping	F	Work with materials, manuals			
Fine Finger Manipulation	O	Keyboarding	s, paperwork, a	ind mouse	
Foot Controls/Driving		Not required			
Repetitive Motion	0	Keyboarding			
Talking/Hearing/Seeing		Observing materials, commun	nicating with c	oworkers	
Vibratory Tasks		Not required	ireating with c	o workers	
Lifting (Up to 20) lbs		Paper work, files, telephone h	eadset, materi	als	
Carrying (5) lbs	• • •				
Pushing/Pulling (5) lbs		Opening and closing file draw	vers and buildi	ng doors moving n	naterials
Comments/Other: (270 Characte					
these be moved. Assistance with			ns weighing in	ore than 20 103., no	wever, it is not required that
		FOR HEALTH PROVI	DED'S LISE	ONLV	
					7.00 11 1 1
Provider Approval  Ye		1 0	• -	er week	Effective date
If no, please provide objective	If no, please provide objective medical documentation to support your decision.				
Provider Signature		Drovid	ler Name (Pl	ease print)	Date



#### **EMPLOYER'S JOB DESCRIPTION**

	Job of Injury
	Permanent Modified Job
$\boxtimes$	Light duty/Transitional

1038M-Limit one per day
1028M-Each additional review, up to five per worker per day

Worker		Claim#				
Company City of Port Or		Job Title Community Outreach (Public Works)				
Phone #		FAX#	Hours per		Days per week	
Employer Name (Please print	t) Deb	orah Howard		nan Resource Mana	• •	
Employer Signature		oran 110 ward	1100 11011	ian resource mana	-	
Employer Signature					Date	
Essential Job Duties						
Provide City of Port Orchard	citizens	with current inforamtion re	egarding sto	rmwater and sewe	r systems Prenare	
community information prese			~ ~		•	
presentations at community c		•	•	on, and appropriate	nandouis. Conduct	
presentations at community c		omor comors, and rocar ser	10015.			
Machinery, tools, equipmen						
Computer, telephone, telepho	ne heads	set (if needed), copier, fax	machine, pr	inter, and scanner.		
Frequency Guidelines		N: Never (not at all)		<b>S:</b> Seldom (1-10	· · · · · · · · · · · · · · · · · · ·	
O: Occasional (11-33% of the	e time)	<b>F:</b> Frequent (34%-66% of	of the time)	C: Constant (67	7%-100% of the time)	
Physical Demands	Freque	nev	Doscri	ption of Task (80 a	characters)	
Sitting		Preparing presentations utiliz			characters)	
Standing		Conduct presentation (a chair				
Walking		Access areas of buildings, an		· · · · · · · · · · · · · · · · · · ·		
Climbing Ladders/Stairs		Not required	a parking for			
Twisting at the waist		Not required				
Bending/ Stooping		Not required				
Squatting/Kneeling		Not required				
Crawling		Not required				
Reaching Out		Operate office equipment, an	swer telepho	ne, distribute paperw	ork, keyboarding	
Working above shoulders		Not required		ne, distribute paper ii	om, neye our unig	
Handling/Grasping		Answer phones, file paperwo	ork, operate n	nouse		
Fine Finger Manipulation		Keyboarding	, . <u>F</u>			
Foot Controls/Driving		Operating motor vehicle				
Repetitive Motion		Keyboarding				
Talking/Hearing/Seeing	С	Answering phone, observing	audience, op	erating computer		
Vibratory Tasks	N	Not required				
Lifting (5) lbs	S	Paper work, files, telephone l	headset			
Carrying (5) lbs						
Pushing/Pulling (5) lbs	0	Opening and closing file drav	wers			
Comments/Other: (270 Characte				l a standing positon a	t will. A chair can be made	
available when presenting inform	nation to	the general public.				
		FOR HEALTH PROV	IDFR'S LIS	E ONLY		
FOR HEALTH PROVIDER'S USE ONLY						
Provider Approval Ye				per week	Effective date	
If no, please provide objective	If no, please provide objective medical documentation to support your decision.					
Provider Signature		Provi	der Name (1	Please print)	Date	



## **EMPLOYER'S JOB DESCRIPTION**

	Job of Injury
	Permanent Modified Job
$\boxtimes$	Light duty/Transitional

1038M-Limit one per day	
1028M-Each additional review, up to five per worker per day	,

					Eight duty/Transitional		
Worker			Claim	#			
Company City of Port Orchard				Job Title Research Assistant - Police			
Phone #	FAX#	-	Hours per day  Days per week				
				Human Resource Mana	J I		
Employer Name (Please print	i) Dei	Doran Howard	Title F	Tuman Resource Mana	-		
Employer Signature					Date		
inquiries and investigations.	Assist detectives and other members in the Police Department in researching information, and conductiong follow-up inquiries and investigations. Utilize telephone and computer to conduct research. Contact members of the community to either schedule interviews, or conduct interviews/inquiries. Research information pertinent to open cases.						
Computer, telephone, telepho				e, printer, and scanner.			
Frequency Guidelines		N: Never (not at all)		<b>S:</b> Seldom (1-10	0% of the time)		
O: Occasional (11-33% of th	e time)	*	of the tin	,	7%-100% of the time)		
<b>6.</b> Occasional (11-33% of th	c tillic)	1. 1 requent (3470-0070 V	or the thi	ic) C. Constant (07	70-10070 of the time)		
Physical Demands	Frequ			scription of Task (80 a	characters)		
Sitting	F-C	Conduct research via telepho					
Standing	S	Retrieve information from fi		· 1			
Walking	S	Access various areas of office	ce: lobby,	, workstation, office equip	pment room		
Climbing Ladders/Stairs	N	Not required					
Twisting at the waist	N	Not required					
Bending/ Stooping	S	Only required when accessing					
Squatting/Kneeling	S	Only required when accessing	ng files at	levels below waist			
Crawling	N	Not required					
Reaching Out	S	Operate office equipment, an	nswer tele	phone, distribute paperw	ork, filing		
Working above shoulders	N	Not required					
Handling/Grasping	0	Utilize phones, handle paper	rwork, ope	erate mouse			
Fine Finger Manipulation	0	Keyboard					
Foot Controls/Driving	N	Not required		1 ' C			
Repetitive Motion	S C	Entering data into computer,					
Talking/Hearing/Seeing	-	Answering phone, researching Not required	ng interne	et, reviewing case file info	ormation		
Vibratory Tasks	N S	1	1				
Lifting (5) lbs	<del>                                     </del>	Paper work, files, telephone	neadset				
Carrying (5) lbs	S	Paperwork, files					
Pushing/Pulling (5) lbs	O	Opening and closing file dra		1 1 . 1' '.	. '11		
Comments/Other: (270 Characte	ers) *Ihe	e worker may alternate between	een a seate	d and a standing position	at will.		
		FOR HEALTH PROV	IDER'S	USE ONLY			
Provider Approval	Provider Approval						
If no, please provide objectiv	e medic	al documentation to suppor	ort your d	ecision.			
Provider Signature		Prov	ider Nam	ne (Please print)	Date		



## **EMPLOYER'S JOB DESCRIPTION**

	Job of Injury
	Permanent Modified Job
X	Light duty/Transitional

1038M-Limit one per day	
1028M-Each additional review	w, up to five per worker per day

Worker		Claim#			
Company City of Port Or		Job Title	Community Serv	vice - Parking Enf. (Police)	
Phone #		FAX#	Hours per d		Days per week
Employer Name (Please print	borah Howard		an Resource Manag		
	.) De	boran Howard	Title Tiulia	an Resource Ivianag	
Employer Signature					Date
<b>Essential Job Duties</b>					
Monitor Kitsap County Court	thouse p	parking lots. Patrol parking l	lots by foot o	or via motor vehicle	e. Issue citations for parking
violations. Provide guidance,	and dir	ections to patrons of the cou	arthouse.		
_		-			
Marking Archine	4 1		4		
Machinery, tools, equipmen				· · · · · · · · · · · · · · · · · · ·	
Motor vehicle, two-way radio	o, cenui	ar phone, writing utensil, cir	ipboard, citai	tion paperwork.	
Frequency Guidelines		N: Never (not at all)		<b>S:</b> Seldom (1-10	0% of the time)
O: Occasional (11-33% of the	a tima)	<b>F:</b> Frequent (34%-66% o	of the time)	,	%-100% of the time)
O. Occasional (11-33% of the	c tillic)	<b>F.</b> Frequent (3470-0070 0	i the time)	C. Constant (07	70-100 70 of the time)
Physical Demands	Frequ	iency	Descrip	otion of Task (80 a	characters)
Sitting	O-F	Patrolling parking lot with me			
Standing	S	Issuing citations	•		
Walking	О	Patrolling parking lots via foo	ot.		
Climbing Ladders/Stairs	N	Not required			
Twisting at the waist	N	Not required			
Bending/ Stooping	N	Not required			
Squatting/Kneeling	N	Not required			
Crawling	N	Not required			
Reaching Out	S	Issuing citations.			
Working above shoulders	N	Not required			
Handling/Grasping	О	Operating motor vehicle, util	izing writing i	utensil, cellular phon	e
Fine Finger Manipulation	О	Keyboard, two-way radio		•	
Foot Controls/Driving	О	Operating motor vehicle			
Repetitive Motion	N	Not required			
Talking/Hearing/Seeing	С	Monitoring courthouse parking	ng lots, issuin	g citations, checking	e-mail
Vibratory Tasks	N	Not required			
Lifting (5) lbs	S	Paper work, files, telephone,	clipboard, cita	ations	
Carrying (5) lbs	S	Paperwork, files, telephone, o	elipbvoard, cit	tations	
Pushing/Pulling (5) lbs	N	Not required			
Comments/Other: (270 Characte	ers) The	worker may alternate between	a seated and	a standing positon at	will.
		EOD HEAT THE BOOM	DED'S LIST	F ONL V	
		FOR HEALTH PROVI			
Provider Approval  Ye	es 📙 I	No Hours per day	Days 1	per week	Effective date
If no, please provide objective medical documentation to support your decision.					
Dravidar Cianatura		D!	dor Noma (D	lagga print)	Data
Provider Signature		Provi	der Name (P	iease priiit)	Date



#### **EMPLOYER'S JOB DESCRIPTION**

	Job of Injury
	Permanent Modified Job
$\boxtimes$	Light duty/Transitional

1038M-Limit one per day	
1028M-Each additional review, up to five per worker per day	y

Worker			Claim#			
Company City of Port Or	rchard		Job Title Community Service - Front Desk (Police)			
Phone #		FAX#	Hours per day	Days per week		
Employer Name (Please prin	t) De	borah Howard	Title Human Resource Mana	, , , , , , , , , , , , , , , , , , ,		
Employer Signature		oordin 110 ward	Title Tiaman Resource Mana	Date		
Employer Signature				Date		
				<u> </u>		
<b>Essential Job Duties</b>						
Serve citizens of Port Orchar	d via te	lephone or in person by ans	wering telephone calls, and gre	eting patrons at the lobby		
counter. Answer and address	s questi	ons, concerns, inquiries, and	d complaints. Provide thorough	response. If the response		
requires further research, or i	nfomra	tion from another person or	department, inform caller of ac	ctions to be taken, and follow		
			ddress patron's questions, conce			
,			cessary. File documents as need	led.		
Machinery, tools, equipmen						
Computer, telephone, telepho	one head	dset (if needed), copier, fax	machine, printer, and scanner.			
		NT NT ( 4 4 11)	0 0 11 (1 1)	00/ 6.1		
Frequency Guidelines		N: Never (not at all)	<b>S:</b> Seldom (1-10			
O: Occasional (11-33% of th	e time)	<b>F:</b> Frequent (34%-66% of	of the time) C: Constant (6)	7%-100% of the time)		
Physical Demands	Frequ	iencv	<b>Description of Task</b> (80	characters)		
Sitting	F-C		rons at front counter, operate com			
Standing	S		ssist patrons at front counter, file d	<b>.</b>		
Walking	S		e: lobby, workstation, office equi			
Climbing Ladders/Stairs	N	Not required				
Twisting at the waist	N	Not required				
Bending/ Stooping	S	Only required when filing at	levels below waist			
Squatting/Kneeling	S	Only required when filing at	levels below waist			
Crawling	N	Not required				
Reaching Out	S		nswer telephone, distribute paperw	ork, filing		
Working above shoulders	N	Not required	1			
Handling/Grasping	0	Answer phones, file paperwo	ork, operate mouse			
Fine Finger Manipulation Foot Controls/Driving	O-F N	Keyboard Not required				
Repetitive Motion	S	•	using mouse to reearch information	on via computer		
Talking/Hearing/Seeing						
Vibratory Tasks	N	Not required	autono at from counter 1000y			
Lifting (5) lbs	S	Paper work, files, telephone	headset			
Carrying (5) lbs	S	Paperwork, files				
Pushing/Pulling (5) lbs						
	ers) The		n a seated and a standing positon a	t will.		
· · · · · · · · · · · · · · · · · · ·						
FOR HEALTH PROVIDER'S USE ONLY						
Provider Approval  Yo	es 🔲 1	No Hours per day	Days per week	Effective date		
If no, please provide objective medical documentation to support your decision.						
/ 1 1 1 1 J 1 1 1 1 J 1 1 1 1 1 1 1 1 1		Tr				

Provider Name (Please print)

Date

Index: VOC

Provider Signature



#### **EMPLOYER'S JOB DESCRIPTION**

	Job of Injury
	Permanent Modified Job
$\bowtie$	Light duty/Transitional

1038M-Limit one per day
1028M-Each additional review, up to five per worker per day

Worker			Claim#		
Company City of Port Or		Job Title Community Outreach (Police)			
Phone #		Hours per da	<b>-</b>	Days per week	
Employer Name (Please print			Resource Mana		
* * *	, <u>B</u> co	orun 110 ward	True Trumai	Tresource manag	
Employer Signature			Date		
Machinery, tools, equipmen	erPoint slocal scho	ide presentation, and appropoles.(Note: Light duty public	riate handou speaking w nt	its. Conduct prese	
Computer, telephone, telepho	ne heads	set (if needed), copier, fax m	achine, print	ter, and scanner.	
Fraguency Cuidalines		N: Never (not at all)		<b>S:</b> Seldom (1-10	0% of the time)
Frequency Guidelines O: Occasional (11-33% of the	a tima)	<b>F:</b> Frequent (34%-66% of	the time)	`	7%-100% of the time)
<b>O.</b> Occasional (11-33% of the	c tillic)	1.1 requent (5470-0070 or	the time)	C. Constant (07	70-100 /0 Of the time)
Physical Demands	Freque	ency	Descript	ion of Task (80 a	characters)
Sitting	F-C	Preparing presentations utilizir	g computer.		
Standing	F	Conduct presentation (a chair i	nay be utilize	d, if necessary)	
Walking	S	Access areas of buildings, and	parking lots		
Climbing Ladders/Stairs	N	Not required			
Twisting at the waist	N	Not required			
Bending/ Stooping		Not required			
Squatting/Kneeling		Not required			
Crawling	N	Not required			
Reaching Out	F	Operate office equipment, answ	ver telephone	, distribute paperwe	ork, keyboarding
Working above shoulders	N	Not required			
Handling/Grasping	О	Answer phones, file paperwork	, operate mou	ise	
Fine Finger Manipulation	O-F	Keyboarding			
Foot Controls/Driving	S	Operating motor vehicle			
Repetitive Motion		Keyboarding			
Talking/Hearing/Seeing	C	Answering phone, observing a	idience, opera	ating computer	
Vibratory Tasks	N	Not required			
Lifting (5) lbs	S	Paper work, files, telephone he	adset		
Carrying (5) lbs	S	Paperwork, files			
Pushing/Pulling (5) lbs	О	Opening and closing file draws	ers		
Comments/Other: (270 Characte	ers) The v	worker may alternate between a	seated and a	standing positon at	t will. A chair can be made
available when presenting inform	mation to	the general public.			
		FOR HEALTH PROVII	DER'S USE	ONLY	
Provider Approval  Ye	es 🗌 N			er week	Effective date
If no, please provide objective	e medica	al documentation to support	your decision	n.	
, i i i i i i i i i i i i i i i i i i i	. ,	correction	,		
Provider Signature		Provide	er Name (Ple	ease print)	Date
1 10 vider Digitature		1100100	21 1 milio (1 l	ase print)	Duic



# **EMPLOYER'S JOB DESCRIPTION**

	Job of Injury
	Permanent Modified Job
$\boxtimes$	Light duty/Transitional

1038M-Limit one per day	
1028M-Each additional review,	, up to five per worker per day

Worker		Clai	m #							
Company City of Port Orchard				Claim #  Job Title Code Enforcement Assistant - Planning						
Phone #	Chara	FAX#		Hours per day  Days per week						
	4) <b>D</b> al				. Manag	<u>, , , , , , , , , , , , , , , , , , , </u>				
Employer Name (Please print	t) De	borah Howard	1111	e Human Resourc	e Manage					
Employer Signature						Date				
Essential Job Duties Assist Code Enforcement Officers with community investigations. Answer phone calls, address customer concerns. Drive to locations within the City to take pictures of possible code violation. Research associated codes, and present information to Code Enforcement Officer.										
Machinery, tools, equipment and personal protective equipment  Computer, telephone, telephone headset (if needed), copier, fax machine, printer, scanner, camera, and motor vehicle.										
Frequency Guidelines		N: Never (not at all)		S: Seldo	om (1-109	% of the time)				
O: Occasional (11-33% of the time)  F: Frequent (34%-66% of the time)  C: Constant (67%-100% of the time)										
Dhardaal Damaa Ja	E			Dagarintian of Ta	al- (00 -1					
Physical Demands Sitting	Frequ F-C			Description of Ta						
Standing	S S	Operate motor vechile, conduct research via telephone or computer*  Retrieve items from filing cabinets, take pictures operate office equipment*								
Walking	S									
<u> </u>	<del>                                     </del>	Access various areas of office: lobby, workstation, and City								
Climbing Ladders/Stairs	N	Not required								
Twisting at the waist	N	Not required								
Bending/ Stooping	S Only required when accessing areas below waist for pictures									
Squatting/Kneeling	S N	Only required when accessing areas below waist for pictures								
Crawling Reaching Out	S	Not required  Operate office equipment, answer telephone, distribute paperwork, filing								
Working above shoulders	N	Not required	it, answer	terephone, distribute	paper wor	ik, iiiiig				
Handling/Grasping	0	Utilize phones, handle paperwork, operate mouse, operate camera								
Fine Finger Manipulation	0	Keyboard, operate camer	-	operate mouse, ope	rate carrier					
Foot Controls/Driving	O-F	Operate motor vehicle	Cia							
Repetitive Motion	S	Entering data into compu	uter using	mouse to rsearch in	formation	via computer				
Talking/Hearing/Seeing	C	Answering phone, resear				•				
Vibratory Tasks	N	Not required	- B	<u> </u>						
Lifting (5) lbs  S  Paper work, files, telephone headset, camera										
Carrying (5) lbs  S  Paperwork, files, camera  S  Paperwork, files, camera										
Pushing/Pulling (5) lbs	0	Opening and closing file drawers								
				eated and a standing	positon at	will, unless operating a motor				
Comments/Other: (270 Characters) *The worker may alternate between a seated and a standing positon at will, unless operating a motor vehicle.										
FOR HEALTH PROVIDER'S USE ONLY										
Provider Approval				Days per week		Effective date				
If no, please provide objective medical documentation to support your decision.										
Provider Signature Provider Name (Please print) Date										