## **DESCRIPTION OF EMPLOYEE'S JOB DUTIES**

**INSTRUCTIONS:** This form shall be developed jointly by the employer and employee and is intended to describe the employee's job duties. The completed form will be reviewed by the treating doctor to determine whether the employee is able to return to his/her job. This is an important document and should accurately show the requirements of the employee's job. If the employee needs help in completing this form, the employee may contact the Information and Assistance Officer at the Division of Workers' Compensation. The phone number can be found in the State Government section of the phone book.

EMPLOYEE NAME:	(LAST)	(	(FIRST)	(M.I.)	CLAIM#:			
		100 1000	300					
EMPLOYER NAME: JOB ADDRESS:								
JOB TITLE:			HRS. WORKED PER I	DAY:	HRS. WORKED PER WEEK:			
TOD TITEE.								
DESCRIPTION OF JOB RESPO	ONSIBILITIES	: (DESCRIBE AI	LL JOB DUTIES)		•			
			C 4 1					
1. Check the frequency of activi	ty required of	the employee to pe	erform the job.					
ACTIVITY	<u> </u>	NEVER	OCCASIONALLY	EDEOLI	ENTLY	CONSTANTLY		
		0 hours	up to 3 hours			6 - 8+ hours		
(Hours per day)		Officials	up to 3 nours	3 - 6 hours		0 - 8+ Hours		
Sitting								
Walking								
Standing								
Bending (neck)								
Bending (waist)								
Squatting								
Climbing								
Kneeling								
Crawling								
Twisting (neck)								
Twisting (waist)								
Hand Use: Dominant hand Righ	nt Left							
Is repetitive use of hand requi								
Simple Grasping (right hand)								
Simple Grasping (left hand)								
Power Grasping (right hand)								
Power Grasping (left hand)								
Fine Manipulation (right hand	d)							
Fine Manipulation (left hand)								
Pushing & Pulling (right hand								
Pushing & Pulling (left hand)								
Reaching (above shoulder leve								
Reaching (below shoulder leve								

2. Please indicate the daily Lifting and Carrying requirements of the job: Indicate the height the object is lifted from floor, table or overhead location and the distance the object is carried.										
		LIFTIN	G				(	CARRYING	ı r	
	Never	Occasionally	Frequently	Constantly	Height	Never	Occasionally	Frequently	Constantly	Distance
0.10.11	0 hrs	up to 3 hrs	3-6 hrs.	6-8+ hrs.		0 hrs.	up to 3 hrs.	3-6 hrs.	6-8+ hrs.	
0-10 lbs.										
11-25 lbs.										
26-50 lbs. 51-75 lbs.										
76-100lbs.										
100+ lbs.										
100   105.		1					l			1
Describe the he	eaviest ite	em required to	carry and the	distance to b	e carried	:				
2 Di : "										1
3. Please indic	cate if you	ir job requires:		371	EC NI	) (IE	VEC DIEACE	DDIEDI V	DECCDIDE	
<b>D</b> · ·		6 1116 1		YI	ES NO	_	YES, PLEASE	DRIEFLY	DESCRIBE)	
a. Driving car				nt						
b. Working ar	ound equ	ipment and ma	chinery							
c. Walking on	uneven g	ground								
d. Exposure to					П					
-			humidity o	r wetness	Ī					
e. Exposure to extremes in temperature, humidity or wetness  f. Exposure to dust, gas, fumes, or chemicals										
-	_	, rumes, or che	micais							
g. Working at heights										
h. Operation of foot controls or repetitive foot movement										
i. Use of speci	al visual	or auditory pro	tective equip	ment						
j. Working wi					_	_				
sewage, hos										
, , , , , ,	· I	,								
Employee Con	nments:									
Employer Com	mante:									
Employer Con	mients.									
EMPLOYER (	CONTAC	T NAME:			EMPI	OYER C	ONTACT TIT	LE:		
E) (E) (C)		N 100 A 100 X 200 A 100 A	N. I. A. PRI I T. T.		F :	1				
EMPLOYER I	KEPRESE	ENTATIVE SIC	JNATURE:		DATE	ı:				
EMPLOYEE'S	SIGNAT	TURF			DATE	·				
ENH LOTEES	PIONA	UKL.			DATE	4.				
QUALIFIED F	REHAB. I	REPRESENTA	TIVE SIGNA	ATURE:	DATE	<u>:</u>				
(IF APPLICABLE)										