

**KENTUCKY PUBLIC PENSIONS AUTHORITY**

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**Print Form****Form 8035**

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Employee Job Description**Member Information**

Member Name:		Member ID:
Job Title:	Agency:	

Job Description

Describe your essential job duties:

_____ Total hours in a workday. _____ Sitting hours in a day. _____ Standing/walking hours in a day.

Do you have the ability to alternate between sitting and standing/walking? ☐ Yes ☐ No

Physical effort required: (check appropriate boxes)	<u>Never</u>	<u>Seldom/ Rare</u>	<u>Occasional</u> (up to 1/3 of work day)	<u>Frequent</u> (1/3 to 2/3 of work day)	<u>Repetitive</u> (2/3 or more of work day)
Handle/Finger/Feel:	☐	☐	☐	☐	☐
Reach/Push/Pull:	☐	☐	☐	☐	☐
Bend/Stoop/Crouch:	☐	☐	☐	☐	☐
Kneel/Crawl:	☐	☐	☐	☐	☐
Climb/Balance:	☐	☐	☐	☐	☐
Lift/Carry (frequency):	☐	☐	☐	☐	☐
☐ Up to 10 lbs.	☐	☐	☐	☐	☐
☐ Up to 20 lbs.	☐	☐	☐	☐	☐
☐ Up to 50 lbs.	☐	☐	☐	☐	☐
☐ Up to 100 lbs.	☐	☐	☐	☐	☐
☐ Over 100 lbs.	☐	☐	☐	☐	☐

Identify the items or tools you were required to lift and/or carry in performing the essential job duties (include the weight, distance, and frequency of the lifting and/or carrying):

Identify the heaviest item and weight lifted on a frequent basis (1/3 to 2/3 of workday):

Identify the heaviest item and weight lifted without assistance:

Please identify any physical effort requirements to perform your job duties as of the last day worked.
(Check appropriate boxes)

- ☐ I was required to handle, grab, or grasp items or tools. (file, ledger, hammer, wrench, pot/pan, mop/bucket)
- ☐ I was required to finger, feel, or sort items or tools. (computer keyboard, typewriter, calculator, pen/pencil)
- ☐ I was required to use machinery that used hand and/or foot controls. (backhoe, school bus)
- ☐ I was required to use vibratory equipment, machinery, or tools. (jackhammer, floor buffer, lawnmower)
- ☐ I was required to reach overhead, and in all other directions.
- ☐ I was required to use stairs or ramps.
- ☐ I was required to use ladders or scaffolding.
- ☐ I was exposed to environmental elements such as extreme heat, extreme cold, or extreme wetness/dampness.
- ☐ I was exposed to excessive noise, fumes, odors, gases, or dust.

Please make any remarks concerning the physical effort requirements for performing your job duties as of the last day worked:
