



### 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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach/Push/Pull:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend/Stoop/Crouch:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneel/Crawl:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb/Balance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift/Carry (frequency):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Up to 20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Up to 50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Up to 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Over 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_

## Accommodations

1. Did you request accommodations, assistance, or help to perform the essential job duties?  Yes  No

**IF YES**, please attach a copy of the request. Please attach any written response such as describing the accommodations, assistance, or help that was offered or attempted to allow you to perform the essential job duties.

**IF NO**, please attach a statement describing the accommodations, assistance, or help that was reasonably available to allow you to perform the essential job duties.

2. Did you have any machines, tools, or equipment available to assist in performing job duties, such as a handcart, desk mover, special chair, headphones, keyboard, tape recorder, or other? \_\_\_\_\_

3. Did you have assistance available from co-workers? \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

Attach additional pages if necessary.

Supervisor Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

## Workers' Compensation and Social Security Benefits

1. Did you apply for Workers' Compensation benefits?  Yes  No

If yes, are you receiving a benefit from Workers' Compensation?  Yes  No

If yes, please provide the date that you began receiving Workers' Compensation benefits and the amount paid.

2. Did you apply for disability benefits from the Social Security Administration?  Yes  No

If yes, please provide the status of your disability benefit from the Social Security Administration:

## Certification

I hereby certify that the information provided on this form is correct and accurate as of my last day worked.

I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to the penalty of perjury in accordance with KRS 523.010, et seq. I further acknowledge that if I knowingly submit or cause to be submitted a false or fraudulent claim for the payment or receipt of benefit, I may be liable for repayment of benefits I was not entitled to receive, but also liable for civil payments, legal fees, and costs.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_