

## EMPLOYER JOB DESCRIPTION

Name: \_\_\_\_\_ Group Policy No.: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

### To be completed by Employer:

Describe in detail what the job involves including shift work, week-ends, supervisory responsibilities and whether job is dependent upon others or whether their job depends on this Employee.

If you have a job description or PDA of the Employee's job, please submit a copy along with the completed form.

List all types of machines, tools, office equipment and other special equipment this Employee uses to do his/her job.

What functions are required or considered necessary to operate the equipment in a safe manner?

Describe the work environment with regards to presence of respiratory irritants, noise, humidity, heat, cold, hazards, etc.

This work is considered:  Sedentary  Light  Medium  Heavy  Very Heavy

**Sedentary Work** Exerting up to 10 pounds (4.5 kg) of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

**Light Work** Exerting up to 20 pounds (9.1 kg) of force occasionally and/or up to 10 pounds (4.5 kg) of force frequently, and/or negligible amount of force constantly to move objects. Physical demand requirements are in excess of those for Sedentary Work. Light Work usually requires walking or standing to a significant degree. However, if the use of the arm and/or leg controls requires exertion of forces greater than that for **Sedentary Work** and the worker sits most the time, the job is rated Light Work.

**Medium Work** Exerting up to 50 (22.7 kg) pounds of force occasionally, and/or up to 25 pounds (11.3 kg) of force frequently, and/or up to 10 pounds (4.5 kg) of forces constantly to move objects.

**Heavy Work** Exerting up to 100 pounds (45.4 kg) of force occasionally, and/or up to 50 pounds (22.7 kg) of force frequently, and/or in excess of 20 pounds (9.1 kg) of force constantly to move objects.

**Very Heavy Work** Exerting in excess of 100 pounds (45.4 kg) of force occasionally, and/or in excess of 50 pounds (22.7 kg) of force frequently, and/or in excess of 20 pounds (9.1 kg) of force constantly to move objects.

The Department of Labour job classifications focus on physical effort only. This may not be relevant to the duration of some disability.

In addition to pounds of force, other important factors contribute to the definition of an individual's job classification. These factors include posture, biomechanics (size, shape, and manageability of the object being moved), height from and to which the object is lifted, and frequency of exertion. Each of these factors (and any other job-specific requirements) should be considered when determining expected length of disability.

**PHYSICAL ACTIVITIES REQUIRED**

**TOTAL HOURS PERFORMED DAILY**

Please mark off (x) in the applicable spaces below, those physical activities REQUIRED in this job.

	Less than 1	1 - 2	3 - 4	5 - 6	7 - 8
<b>LIFTING</b>					
Under 10 pounds					
10 - 20 pounds					
20 - 50 pounds					
Over 50 pounds					
<b>CARRYING</b>					
Under 10 pounds					
10 - 20 pounds					
20 - 50 pounds					
Over 50 pounds					
<b>REACHING</b>					
Above shoulder height					
At shoulder height					
Below shoulder height					

In the normal work day, how long would this Employee be in the following positions if he/she was doing his/her regular occupation?

Sitting \_\_\_\_\_ hours

Seeing \_\_\_\_\_ hours

Standing \_\_\_\_\_ hours

Pushing/Pulling \_\_\_\_\_ hours

Walking \_\_\_\_\_ hours

Gripping \_\_\_\_\_ hours

Talking \_\_\_\_\_ hours

Pinching \_\_\_\_\_ hours

Hearing \_\_\_\_\_ hours

Overhead Lifting \_\_\_\_\_ hours

Regular hours of work: \_\_\_\_\_

Days of work week:  Mon.  Tues.  Wed.  Thursday  Fri.  Sat.  Sun.

First Break: from \_\_\_\_\_ to \_\_\_\_\_

Please indicate what (if any) modified duties and/or hours are available for this Employee:

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

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

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