



Job Description Request Form

Employer: _____

Employee: _____

Job Title: _____

Duty Status (Pre-injury): F/T P/T

Strength Demands

What is the heaviest item that you (employee) would have to lift without aid of another person or assistive device? Describe item and weight:

How often would employee have to lift/carry/move that item during the workday?

What other items are your required to lift or carry during the workday?(tools, files, boxes etc.)

The following are duties pertaining to the job at the time of injury. Please mark the appropriate box with regard to the duration of each activity. Refer to the chart below to determine the correct category. In terms of an 8 hour day*:

- Not At All = 0 Hours of the day are spent performing this activity**
- Occasionally = 0 to 3 Hours of the day are spent performing this activity**
- Frequently = 3 to 6 Hours of the day are spent performing this activity**
- Constantly = 6 to 8 Hours of the day are spent performing this activity**

***Please note these activities, when added together, should TOTAL an 8 HOUR workday. Please consider this when deciding percentages of activities.** Select category that best describes the strength demands of this job. If "custom", specify the maximum demand at each frequency level (occasional, frequent and constant) in pounds.

Physical Demand Category (select ONLY one)	Occasional (1-33% of workday)	Frequent (34-66% of workday)	Constant (67-100% of workday)
<input type="checkbox"/> Sedentary	1 - 10 Lb.	None	None
<input type="checkbox"/> Light	11 – 20 Lb.	1 – 10 Lb.	None
<input type="checkbox"/> Medium	21 – 50 Lb.	11 – 25 Lb.	1 – 10 Lb.
<input type="checkbox"/> Heavy	51 – 100 Lb.	26 – 50 Lb.	11 – 20 Lb.
<input type="checkbox"/> Very Heavy	Over 100 Lb.	Over 50 Lb.	Over 20 Lb.
<input type="checkbox"/> Custom	_____ Lb.	_____ Lb.	_____ Lb.

Frequency of Lift/Carry Tasks

	Never	Occasional	Frequent	Constant
Floor to Knuckle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knuckle to Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Frequency of other Essential Job Demands

	Never	Occasional	Frequent	Constant
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending/Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling (medium or large objects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fingering (handling small objects)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach Above Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach Immediate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gripping/Grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Upper Extremity Demands

- Keyboarding Hand Tools Other Machinery/Tools: _____

Lower Extremity Demands

- Driving (accelerator/brake pedal/clutch) Foot Controls (Eye/Hand/Foot)

Walking/Standing Demands

- Inclined surfaces Uneven/rough surfaces Vibration Hot/Cold/Slippery surfaces

Balance and Climbing

- Works while on scaffolding or narrow walkways Works from ladders (max. height ____ ft.)

Can Modified Duty be accommodated?

- No Modified Duty is available Sedentary duty (answering phones, sorting mail, etc)
 Reduced work hours Breaks as medically necessary Other _____

Please describe the duties of the job being performed at the time of injury:

Supervisor Print Name

Title

Signature

Date