RETURN-TO-WORK PROGRAM TEMPORARY ASSIGNMENT JOB DESCRIPTION

| Employee Name: Position Name: | | | | | | | |
|--|-----------------|----------|---|------------|--------------------------|--|--|
| Position Name: | | | Effective Date: | | | | |
| Essential Functions: (Health | Care P | rovider: | Indicate if the employee can/canr | not perf | Form the essentia | | |
| | | | or: List essential job functions.) | 1 | | | |
| | | | | _ Yes | No | | |
| | | | | Yes | No | | |
| | | | | Yes | No | | |
| | | | | Yes | No | | |
| | | | | Yes | No | | |
| | | | | - - | No | | |
| | | | | | No | | |
| | | | | Yes | No | | |
| Physical Requirements: (Super Provider: Check yes or no) Requirement: | ervisor: Yes | Check t | those that apply to job described a Requirement: | bove | Health Care <u>No</u> | | |
| Lifting | 105 | 110 | Walking | 103 | 110 | | |
| Moderate (15-45 lbs) | | | Standing | | | | |
| Light (up to 15 lbs) | | | Standing Sitting | | | | |
| Carrying | | | Crawling | | | | |
| Heavy (45 lbs and up) | | | Twisting | | | | |
| Moderate (15-45 lbs) | | | Pushing | | | | |
| Light (up to 15 lbs) | | | Stooping | | | | |
| Reaching above shoulders | | | Kneeling | | | | |
| Straight pulling | | | Ability to read | | | | |
| Pulling hand over hand | | | Ability to type | | | | |
| Dual simultaneous graspin | σ | | Ability to write | | | | |
| Operating mechanical equi | | | Hearing | | | | |
| Specify | | | Speaking | | | | |
| Operating office equipmen | nt | | Climbing stairs | | | | |
| Specify | | | Simple grasp | | | | |
| Operating a motor vehicle | | | Repeated bending | | | | |
| Other: | | | <u> </u> | | | | |
| Additional Recommendations | s/Restri | ictions: | (Health Care Provider: List if ap | plicable | e) | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Health Care Provider Signat | ure: | | Date: | | | | |
| Health Care Provider Printed | | | | | | | |
| Approval of Hosting Departm | nent: _ | | Date: | | | | |