

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

**JOB CLASSIFICATION:** Administrative Aide (Coordinator)

**DEPARTMENT:** County Counsel

**PHYSICAL DEMAND STRENGTH RATING:** Sedentary/Light

**DATE COMPLETED:** October, 2025

**DIVISION:** Administration

**INSTRUCTIONS TO MEDICAL PROVIDERS COMPLETING THIS FORM:**

*Please use the "Medical Provider Use Only" columns to the right of each section and the "Medical Provider's Comments & Signature" Section on the signature page to provide work restrictions by indicating whether there is some portion of each function that the employee can perform; designating whether each restriction is temporary or permanent; and, if restriction is temporary, stipulating the expected duration of work restriction(s). To finalize the form, please provide the name of the employee evaluated and additional comments, as appropriate, then sign and date where indicated.*

**FREQUENCY RATING:**

| Frequency              | Percentage of time per shift | Repetition (# times per shift) | 8 Hr Shift | 9 Hr Shift | 10 Hr Shift | 12 Hr Shift |
|------------------------|------------------------------|--------------------------------|------------|------------|-------------|-------------|
| Never/Not Required (N) | n/a                          | n/a                            | n/a        | n/a        | n/a         | n/a         |
| Occasionally (O)       | 1 - 33%                      | 1 – 100                        | 0 - 2.5    | 0 - 3      | 0 - 3.5     | 0 – 4       |
| Frequently (F)         | 34 - 66%                     | 100 – 500                      | 2.5 - 5.5  | 3 - 6      | 3.5 - 7     | 4 – 8       |
| Continuously (C)       | 67 - 100%                    | 500+                           | 5.5 – 8    | 6 - 9      | 7 - 10      | 8 - 12      |

**PART 1 - JOB DUTIES/FUNCTIONS:**

| A. Job Duty/Function                                                                                                                                                                                                                                                                                                                                                                                                | B. Job Duty # | C. Freq Rating | D. Equipment or tools used to perform (Describe)        | E. Specialized Expertise, License, Certification Required? (Describe) | F. Essential or Non- Essential | Medical Provider Use Only: For each job duty/function, indicate in this column "Can Perform", is "Temporarily Restricted" from performing, or is "Permanently Restricted" from performing. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|---------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| While performing the following duties, employees in this position work in a typical office setting, sitting for long periods of time and routinely using office equipment such as computers, phones, photocopiers, fax machines, etc.                                                                                                                                                                               |               |                |                                                         |                                                                       |                                |                                                                                                                                                                                            |
| Processes accounts payable, accounts receivable deposits, and payroll for the department; enters and reviews detailed information in attorney timekeeping database; research changes, omissions, and errors; obtains information needed to correct record; adjusts and corrects records; generates various timekeeping reports using database reporting tools for payroll, litigation and code enforcement matters. | 1             | C              | Laptop, phone, webcam with microphone, office equipment | None.                                                                 | E                              |                                                                                                                                                                                            |

| A. Job Duty/Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | B. Job Duty # | C. Freq Rating | D. Equipment or tools used to perform (Describe)                              | E. Specialized Expertise, License, Certification Required? (Describe) | F. Essential or Non- Essential | Medical Provider Use Only: For each job duty/function, indicate in this column "Can Perform", is "Temporarily Restricted" from performing, or is "Permanently Restricted" from performing. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Communicates in person, by phone, or email with co-workers, supervisors, vendors, and department liaisons to explain detailed and complex information; asks questions of caller to ensure accurate information is provided; assists in the proper completion of forms; advises staff on training and other administrative requirements.                                                                                                                                                                                                                       | 2             | F              | Laptop, phone, webcam with microphone, office equipment                       | None.                                                                 | E                              |                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |                |                                                                               |                                                                       | E                              |                                                                                                                                                                                            |
| Coordinates facility and maintenance issues; contacts the appropriate department(s) to request work to be done.                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3             | F              | Laptop, phone, webcam with microphone, office equipment                       | None.                                                                 | N                              |                                                                                                                                                                                            |
| Provides general non-legal administrative support for office including: scheduling/calendaring, email, phones, correspondence, records management, receives, sorts, and distributes incoming and outgoing mail.                                                                                                                                                                                                                                                                                                                                               | 4             | F              | Laptop, phone, webcam with microphone, office equipment                       | None.                                                                 | E                              |                                                                                                                                                                                            |
| Attends county-wide safety meetings.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5             | O              | Laptop, phone, webcam with microphone, office equipment                       | None.                                                                 | E                              |                                                                                                                                                                                            |
| Takes inventory and places orders; receives deliveries and compares with order/requisition to ensure accuracy; rotates and replenishes stock; reaches forward, above shoulders and below waist to lift, push, pull, carry, and place items weighing up to 30 pounds.                                                                                                                                                                                                                                                                                          | 6             | F              | Laptop, phone, webcam with microphone, office equipment                       | None.                                                                 | N                              |                                                                                                                                                                                            |
| Prepares legal files for sending to Records Management; gathers files, logs pertinent information in Versatile software, boxes and labels files and send to storage.                                                                                                                                                                                                                                                                                                                                                                                          | 7             | O              | Laptop, phone, webcam with microphone, office equipment                       | None.                                                                 | N                              |                                                                                                                                                                                            |
| Uses judgment, discretion, oral communication skills, and interpersonal skills to convey information effectively and professionally to the public, County staff, and management. Maintains a professional demeanor and communication style in a manner consistent with County Counsel expectations, policies, practices, and procedures. This includes the screening of all visitors requesting access to County Counsel lobby, which can include County employees, clients, members of the public, and opposing counsel, via Virtual Receptionist equipment. | 8             |                | Virtual Receptionist, laptop, phone, webcam with microphone, office equipment |                                                                       | E                              |                                                                                                                                                                                            |

**PART 2: PHYSICAL DEMANDS**

| Activity                                                                                                                                         | Examples of Duties/Functions Requiring Activity | FREQUENCY RATING<br>Never, Occasional;<br>Frequent, or Constant | MEDICAL<br>Can Perform | PROVIDER<br>Temporarily<br>Restricted | USE ONLY:<br>Permanently<br>Restricted |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------|------------------------|---------------------------------------|----------------------------------------|
| 1 Sitting                                                                                                                                        | All                                             | C                                                               |                        |                                       |                                        |
| 2 Walking                                                                                                                                        | All                                             | F                                                               |                        |                                       |                                        |
| 3 Running                                                                                                                                        | N/A                                             | N                                                               |                        |                                       |                                        |
| 4 Standing                                                                                                                                       | All                                             | F                                                               |                        |                                       |                                        |
| 5 Bending-Neck                                                                                                                                   | All                                             | C                                                               |                        |                                       |                                        |
| 6 Bending-Waist (reaching for supplies and files below waist level, doing inventory, putting supplies away, preparing files for records storage) | 6,7                                             | O                                                               |                        |                                       |                                        |
| 7 Squatting (doing inventory, putting supplies away, preparing files for records storage)                                                        | 6,7                                             | O                                                               |                        |                                       |                                        |
| 8 Climbing (curbs, stairs)                                                                                                                       | N/A                                             | N                                                               |                        |                                       |                                        |
| 9 Kneeling (doing inventory, putting supplies away)                                                                                              | 6,7                                             | O                                                               |                        |                                       |                                        |
| 10 Crawling                                                                                                                                      | N/A                                             | N                                                               |                        |                                       |                                        |
| 11 Twisting (neck) (looking from notes to computer, or from person to another)                                                                   | All                                             | F                                                               |                        |                                       |                                        |
| 12 Twisting (waist)(reaching for supplies, looking from one person to another)                                                                   | All                                             | O                                                               |                        |                                       |                                        |
| 13 Repetitive Hand Use                                                                                                                           | All                                             | C                                                               |                        |                                       |                                        |
| 14 Simple Grasping-Right Hand (files, supplies)                                                                                                  | All                                             | C                                                               |                        |                                       |                                        |
| 15 Simple Grasping-Left Hand (files, supplies)                                                                                                   | All                                             | C                                                               |                        |                                       |                                        |
| 16 Power Grasping-Right Hand                                                                                                                     | N/A                                             | N                                                               |                        |                                       |                                        |
| 17 Power Grasping-Left Hand                                                                                                                      | N/A                                             | N                                                               |                        |                                       |                                        |
| 18 Fine Manipulation-Right Hand (taking notes manually, typing)                                                                                  | All                                             | F                                                               |                        |                                       |                                        |
| 19 Fine Manipulation-Left Hand (taking notes manually, typing)                                                                                   | All                                             | F                                                               |                        |                                       |                                        |
| 20 Pushing and Pulling (right hand) (doors, cabinet drawers)                                                                                     | All                                             | F                                                               |                        |                                       |                                        |
| 21 Pushing and Pulling (left hand) (doors, cabinet drawers)                                                                                      | All                                             | F                                                               |                        |                                       |                                        |
| 22 Reaching (above shoulder level)                                                                                                               | All                                             | O                                                               |                        |                                       |                                        |
| 23 Reaching (below shoulder level)                                                                                                               | All                                             | O                                                               |                        |                                       |                                        |
| 24 Lifting-up to 10 lbs. (files, laptops, mobile devices, inventory supplies, file storage boxes)                                                | All                                             | F                                                               |                        |                                       |                                        |
| 25 Lifting-11-25 lbs. (inventory supplies, file storage boxes)                                                                                   | 6,7                                             | O                                                               |                        |                                       |                                        |
| 26 Lifting-26-50 lbs. (file storage boxes)                                                                                                       | 6,7                                             | N                                                               |                        |                                       |                                        |
| 27 Lifting 51-75 lbs.                                                                                                                            | N/A                                             | N                                                               |                        |                                       |                                        |
| 28 Lifting 76-100 lbs.                                                                                                                           | N/A                                             | N                                                               |                        |                                       |                                        |
| 29 Lifting 100 + lbs.                                                                                                                            | N/A                                             | N                                                               |                        |                                       |                                        |
| 30 Carrying 0-10 lbs. (files, laptops, mobile devices, inventory supplies, moving file storage boxes)                                            | All                                             | F                                                               |                        |                                       |                                        |
| 31 Carrying 11-25 lbs. (inventory supplies, moving file storage boxes)                                                                           | All                                             | O                                                               |                        |                                       |                                        |
| 32 Carrying 26-50 lbs.                                                                                                                           | N/A                                             | N                                                               |                        |                                       |                                        |
| 33 Carrying 51-75 lbs.                                                                                                                           | N/A                                             | N                                                               |                        |                                       |                                        |
| 34 Carrying 76-100 lbs.                                                                                                                          | N/A                                             | N                                                               |                        |                                       |                                        |

**PART 3: SENSORY REQUIREMENTS**

| Activity                                       | Examples of Duties/Functions Requiring Activity | FREQUENCY RATING<br>Never, Occasional;<br>Frequent, or Constant | MEDICAL<br>Can Perform | PROVIDER<br>Temporarily Restricted | USE ONLY<br>Permanently Restricted |
|------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------|------------------------|------------------------------------|------------------------------------|
| 1 Functional vision, normal or corrected       | All                                             | C                                                               |                        |                                    |                                    |
| 2 Functional color vision, normal or corrected | All                                             | N                                                               |                        |                                    |                                    |
| 3 Functional night vision, normal or corrected | N/A                                             | N                                                               |                        |                                    |                                    |
| 4 Functional hearing, normal or corrected      | All                                             | C                                                               |                        |                                    |                                    |
| 5 A sense of smell or taste                    | N/A                                             | N                                                               |                        |                                    |                                    |

**PART 4: COMPREHENSION LEVEL**

| Activity                            | FREQUENCY RATING<br>Never, Occasional;<br>Frequent, or Constant | MEDICAL<br>Can Perform | PROVIDER<br>Temporarily Restricted | USE ONLY<br>Permanently Restricted |
|-------------------------------------|-----------------------------------------------------------------|------------------------|------------------------------------|------------------------------------|
| 1 Follow Oral Instructions          | C                                                               |                        |                                    |                                    |
| 2 Follow Written Instructions       | C                                                               |                        |                                    |                                    |
| 3 Required to sustain concentration | F                                                               |                        |                                    |                                    |

**PART 5: NATURE OF TASKS**

| Activity                                                                    | FREQUENCY RATING<br>Never, Occasional;<br>Frequent, or Constant | MEDICAL<br>Can Perform | PROVIDER<br>Temporarily Restricted | USE ONLY<br>Permanently Restricted |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------|------------------------------------|------------------------------------|
| 1 Follow set procedures                                                     | C                                                               |                        |                                    |                                    |
| 2 Organize own work                                                         | C                                                               |                        |                                    |                                    |
| 3 Able to ask questions or request assistance when needed                   | C                                                               |                        |                                    |                                    |
| 4 Required to make decisions independently                                  | F                                                               |                        |                                    |                                    |
| 5 Required to train and/or lead other staff                                 | O                                                               |                        |                                    |                                    |
| 6 Required to direct other staff (e.g. planning, goal setting, performance) | N                                                               |                        |                                    |                                    |

**PART 6: WORK PACE**

| Activity                                                             | FREQUENCY RATING<br>Never, Occasional;<br>Frequent, or Constant | MEDICAL<br>Can Perform | PROVIDER<br>Temporarily Restricted | USE ONLY<br>Permanently Restricted |
|----------------------------------------------------------------------|-----------------------------------------------------------------|------------------------|------------------------------------|------------------------------------|
| 1 Tightly scheduled and rapid pace of work activities at high volume | O                                                               |                        |                                    |                                    |
| 2 Meet time sensitive deadlines                                      | F                                                               |                        |                                    |                                    |
| 3 Long and/or irregular hours                                        | O                                                               |                        |                                    |                                    |
| 4 Limited/unpredictable opportunity for breaks                       | N                                                               |                        |                                    |                                    |
| 5 Required to perform on-call or emergency work                      | N                                                               |                        |                                    |                                    |

**PART 7: COMPLEXITY/VARIABILITY**

| Activity                                                                       | FREQUENCY RATING<br>Never, Occasional;<br>Frequent, or Constant | MEDICAL<br>Can Perform | PROVIDER<br>Temporarily Restricted | USE ONLY<br>Permanently Restricted |
|--------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------|------------------------------------|------------------------------------|
| 1 Variable and unpredictable workflow                                          | O                                                               |                        |                                    |                                    |
| 2 Attention divided by issues requiring multi-tasking                          | F                                                               |                        |                                    |                                    |
| 3 Work requires precise attention to detail                                    | F                                                               |                        |                                    |                                    |
| 4 Use of judgment in routine matters                                           | F                                                               |                        |                                    |                                    |
| 5 Requires use of judgment in adapting procedures from one task to another     | O                                                               |                        |                                    |                                    |
| 6 Possible legal ramifications associated with work activities or work product | F                                                               |                        |                                    |                                    |

**PART 8: INTERACTIONS WITH OTHERS**

| Activity                                                                                 | FREQUENCY RATING<br>Never, Occasional;<br>Frequent, or Constant | MEDICAL<br>Can<br>Perform | PROVIDER<br>Temporarily<br>Restricted | USE ONLY<br>Permanently<br>Restricted |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------|---------------------------------------|---------------------------------------|
| 1 Works with others (e.g., co-workers, other departments/agencies, public)               | C                                                               |                           |                                       |                                       |
| 2 Interactions limited to giving/receiving information                                   | C                                                               |                           |                                       |                                       |
| 3 Interactions exceed giving/receiving information (e.g., advises, persuades, justifies) | N                                                               |                           |                                       |                                       |
| 4 Interactions occur under circumstances of emotional stress                             | O                                                               |                           |                                       |                                       |
| 5 Risk of confrontation with violent or assaultive clients or customers                  | O                                                               |                           |                                       |                                       |

## PART 9: ENVIRONMENTAL FACTORS/WORKING CONDITIONS:

| Activity                                                                                | FREQUENCY RATING<br>Never, Occasional;<br>Frequent, or Constant | MEDICAL<br>Can<br>Perform | PROVIDER<br>Temporarily<br>Restricted | USE ONLY<br>Permanently<br>Restricted |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------|---------------------------------------|---------------------------------------|
| 1 Work Inside                                                                           | C                                                               |                           |                                       |                                       |
| 2 Work Outside                                                                          | N                                                               |                           |                                       |                                       |
| 3 Extreme Heat (above 100 degrees)                                                      | N                                                               |                           |                                       |                                       |
| 4 Extreme Cold (below 32 degrees)                                                       | N                                                               |                           |                                       |                                       |
| 5 Excessive Noise (must raise voice to be heard)                                        | N                                                               |                           |                                       |                                       |
| 6 Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.)                           | N                                                               |                           |                                       |                                       |
| 7 Dust, Vapors, Fumes, Smoke                                                            | N                                                               |                           |                                       |                                       |
| 8 Silica, asbestos, etc.                                                                | N                                                               |                           |                                       |                                       |
| 9 Solvents (e.g., gas, turpentine, etc.)                                                | N                                                               |                           |                                       |                                       |
| 10 Grease, oils                                                                         | N                                                               |                           |                                       |                                       |
| 11 Acidic, Caustic Solutions                                                            | N                                                               |                           |                                       |                                       |
| 12 Pesticides                                                                           | N                                                               |                           |                                       |                                       |
| 13 Explosives (e.g., dynamite, bomb, etc.)                                              | N                                                               |                           |                                       |                                       |
| 14 Cleaning supplies, abrasives (e.g. wet wipes, sponges)                               | O                                                               |                           |                                       |                                       |
| 15 Other Chemicals (e.g. drugs and other contraband)                                    | N                                                               |                           |                                       |                                       |
| 16 Human Blood, Body Tissues, or Fluids                                                 | N                                                               |                           |                                       |                                       |
| 17 Human Wastes                                                                         | N                                                               |                           |                                       |                                       |
| 18 Animal Blood, Body Tissues, or Fluids                                                | N                                                               |                           |                                       |                                       |
| 19 Animal Wastes                                                                        | N                                                               |                           |                                       |                                       |
| 20 Biological Toxins (e.g., poison ivy, poison oak, anthrax, etc.)                      | N                                                               |                           |                                       |                                       |
| 21 Insect Bites (e.g., ticks, mosquitos, spiders, etc.)                                 | N                                                               |                           |                                       |                                       |
| 22 Biomedical Waste                                                                     | N                                                               |                           |                                       |                                       |
| 23 Ionizing Radiation                                                                   | N                                                               |                           |                                       |                                       |
| 24 Non-Ionizing Radiation                                                               | N                                                               |                           |                                       |                                       |
| 25 Electrical Energy                                                                    | N                                                               |                           |                                       |                                       |
| 26 Walking on uneven, slippery, or rough surfaces                                       | N                                                               |                           |                                       |                                       |
| 27 Proximity to moving mechanical parts (e.g., equipment, machinery)                    | N                                                               |                           |                                       |                                       |
| 28 Proximity to moving vehicles or objects                                              | N                                                               |                           |                                       |                                       |
| 29 Heights (e.g., rooftop, ladders, scaffolding, etc.)                                  | N                                                               |                           |                                       |                                       |
| 30 Contact with water, other liquids, humid conditions - not weather related            | N                                                               |                           |                                       |                                       |
| 31 Work Below Ground: (e.g., excavation, trench, etc.)                                  | N                                                               |                           |                                       |                                       |
| 32 Potential exposure to airborne infectious diseases (e.g. clinics, labs, corrections) | N                                                               |                           |                                       |                                       |
| 33 Operates non-commercial motor vehicles (cars, trucks)                                | O                                                               |                           |                                       |                                       |
| 34 Operates commercial vehicles – CDL<br>Class _____ Endorsements _____                 | N                                                               |                           |                                       |                                       |
| 35 Operates passenger van to transport clients, inmates, etc.                           | N                                                               |                           |                                       |                                       |
| 36 Pulls non-commercial trailers or equipment                                           | N                                                               |                           |                                       |                                       |
| 37 Operates heavy equipment                                                             | N                                                               |                           |                                       |                                       |
| 38 Other:                                                                               | N                                                               |                           |                                       |                                       |

**PART 10: MEDICAL SCREENING, SURVEILLANCE AND VACCINATION REQUIREMENTS: Not Applicable**

Please check each of the medical screening, surveillance, and vaccination requirements that apply to the position, and indicate if the requirement applies pre-employment/pre-placement only, or whether there are additional requirements after hire.

| Medical Screening, Surveillance or Vaccination     | Pre-Hire | Post-Hire | Frequency (one time, annual, etc.) |
|----------------------------------------------------|----------|-----------|------------------------------------|
| 1 Audiometric Testing                              |          |           |                                    |
| 2 DOT Commercial Driver Drug and Alcohol Screening |          |           |                                    |
| 3 DOT Commercial Driver Physical Exam              |          |           |                                    |
| 4 Respirator Physical Exam                         |          |           |                                    |
| 5 Respirator Questionnaire – Short                 |          |           |                                    |
| 6 Respirator Questionnaire – Standard              |          |           |                                    |
| 7 Blood lead level                                 |          |           |                                    |
| 8 Hazardous Waste/Emergency Worker physical        |          |           |                                    |
| 9 Heavy metal screen (mercury, lead, arsenic)      |          |           |                                    |
| 10 HINT Hearing Noise Sensitivity Testing          |          |           |                                    |
| 11 Tuberculosis skin test                          |          |           |                                    |
| 12 Vaccine: MMR                                    |          |           |                                    |
| 13 Vaccine: Hepatitis B                            |          |           |                                    |
| 14 Vaccine: Influenza                              |          |           |                                    |
| 15 Vaccine: Meningococcal                          |          |           |                                    |
| 16 Vaccine: Pneumococcal                           |          |           |                                    |
| 17 Vaccine: Rabies                                 |          |           |                                    |
| 18 Vaccine: Rabies Titer                           |          |           |                                    |
| 19 Vaccine: Tdap                                   |          |           |                                    |
| 20 Vaccine: Chickenpox                             |          |           |                                    |

**PART 11: ADDITIONAL INFORMATION, PICTURES, ETC.**

N/A