

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Administrative Aide

DEPARTMENT: WTR

PHYSICAL DEMAND STRENGTH RATING: Sedentary

DATE COMPLETED: 04/2026

DIVISION: Administrative Services

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. Maintaining confidentiality and office decorum as they navigate these duties. | | | | | | |
| Working independently, enters, reviews, and files detailed information in hard copy and in databases and other computerized systems; understands, analyzes, and applies complex rules and regulations; reviews, researches, and verifies accuracy and completeness of data entered into systems; ensures compliance with County and Agency policies; researches changes, omissions, and errors; obtains information needed to correct records; adjusts and corrects records; generates various reports using database reporting tools. | 1 | C | Computer, phone | | E | |

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|--|---------------|----------------|--|---|--------------------------------|--|
| Communicates in person, by phone, or email with co-workers, supervisors, HR liaisons, and the public to explain detailed and complex information | 2 | F | Computer, phone | | E | |
| Coordinates and tracks documentation for HR processes, including Americans with Disabilities Act accommodations, worker's compensation, Leaves of Absence, and Temporary Transitional Duty assignments; prepares written documentation; ensures timelines are met; understands, applies, and ensures compliance with County policies and legal requirements. | 3 | F | Computer, phone | | E | |
| May supervise support staff and assist with the coordination of the Agency's selection process. | 4 | F | Computer, phone | | E | |
| Actively participates in a variety of meetings; prepares agendas; takes minutes; provides input and makes recommendations; responds to requests for information; provides information to co-workers and managers. | 5 | O | Computer | | E | |
| Attend meetings on and off-site as needed, including evening and weekend meetings (i.e. job fairs); travel to various locations to attend meetings, seminars, and training classes. | 6 | O | Computer, car, alternate forms of transportation | | E | |

PART 2: PHYSICAL DEMANDS

| Activity | Examples of Duties/Functions Requiring Activity | FREQUENCY RATING Never, Occasional; Frequent, or Constant | MEDICAL Can Perform | PROVIDER Temporarily Restricted | USE ONLY: Permanently Restricted |
|---|---|---|------------------------|------------------------------------|-------------------------------------|
| 1 Sitting | all | C | | | |
| 2 Walking | all | O | | | |
| 3 Running | N/A | N | | | |
| 4 Standing | N/A | O | | | |
| 5 Bending-Neck | all | O | | | |
| 6 Bending-Waist (reaching for supplies and files below waist level, doing inventory, putting supplies away) | all | O | | | |
| 7 Squatting (doing inventory, putting supplies away, room set-up) | 1 | O | | | |
| 8 Climbing (curbs, stairs) | 1 | O | | | |
| 9 Kneeling (doing inventory, putting supplies away) | 1 | O | | | |
| 10 Crawling | N/A | N | | | |
| 11 Twisting (neck) (looking from notes to computer, or from person to another, dual monitors) | all | F | | | |
| 12 Twisting (waist)(reaching for supplies, looking from one person to another) | 1 | O | | | |
| 13 Repetitive Hand Use | all | C | | | |
| 14 Simple Grasping-Right Hand (files, supplies) | all | F | | | |
| 15 Simple Grasping-Left Hand (files, supplies) | all | F | | | |
| 16 Power Grasping-Right Hand | N/A | N | | | |
| 17 Power Grasping-Left Hand | N/A | N | | | |
| 18 Fine Manipulation-Right Hand (taking notes manually, keyboarding) | all | C | | | |
| 19 Fine Manipulation-Left Hand (taking notes manually, keyboarding) | all | C | | | |
| 20 Pushing and Pulling (right hand) (doors, cabinet drawers, chairs, tables) | all | O | | | |
| 21 Pushing and Pulling (left hand) (doors, cabinet drawers, chairs, tables) | all | O | | | |
| 22 Reaching (above shoulder level) (reaching for supplies) | all | O | | | |
| 23 Reaching (below shoulder level) (reaching for supplies) | all | O | | | |
| 24 Lifting-up to 10 lbs. (files, laptops, mobile devices, lifting supplies, putting away, meeting materials) | all | O | | | |
| 25 Lifting-11-25 lbs. (lifting inventory supplies, putting away chairs, tables, file boxes job fair material) | 1 | O | | | |
| 26 Lifting-26-50 lbs. | N/A | 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, lifting inventory supplies, putting away) | all | O | | | |
| 31 Carrying 11-25 lbs. (lifting inventory supplies, putting away, file boxes, chairs, tables) | 1 | 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 Never, Occasional; Frequent, or Constant | MEDICAL Can Perform | PROVIDER Temporarily Restricted | USE ONLY Permanently Restricted |
|--|---|---|---------------------------|---------------------------------------|---------------------------------------|
| 1 Functional vision, normal or corrected | all | C | | | |
| 2 Functional color vision, normal or corrected | N/A | 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 Never, Occasional; Frequent, or Constant | MEDICAL Can Perform | PROVIDER Temporarily Restricted | USE ONLY 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 Never, Occasional; Frequent, or Constant | MEDICAL Can Perform | PROVIDER Temporarily Restricted | USE ONLY Permanently Restricted |
|---|---|---------------------------|---------------------------------------|---------------------------------------|
| 1 Follow set procedures | C | | | |
| 2 Organize own work | C | | | |
| 3 Able to ask questions or request assistance when needed | F | | | |
| 4 Required to make decisions independently | F | | | |
| 5 Required to train and/or lead other staff | F | | | |
| 6 Required to direct other staff (e.g. planning, goal setting, performance) | O | | | |

PART 6: WORK PACE

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

PART 7: COMPLEXITY/VARIABILITY

| Activity | FREQUENCY RATING Never, Occasional; Frequent, or Constant | MEDICAL Can Perform | PROVIDER Temporarily Restricted | USE ONLY 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 | O | | | |

PART 8: INTERACTIONS WITH OTHERS

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

PART 9: ENVIRONMENTAL FACTORS/WORKING CONDITIONS:

| Activity | FREQUENCY RATING Never, Occasional; Frequent, or Constant | MEDICAL Can Perform | PROVIDER Temporarily Restricted | USE ONLY Permanently Restricted |
|---|---|---------------------------|---------------------------------------|---------------------------------------|
| 1 Work Inside | C | | | |
| 2 Work Outside (job fair) | O | | | |
| 3 Extreme Heat (above 100 degrees) (job fair) | O | | | |
| 4 Extreme Cold (below 32 degrees) (job fair) | O | | | |
| 5 Excessive Noise (must raise voice to be heard) (job fair, meetings) | 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) | N | | | |
| 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 | O | | | |
| 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) | N | | | |
| 34 Operates commercial vehicles – CDL Class _____ Endorsements _____ | N | | | |
| 35 Operates passenger van to transport clients, inmates, etc. | O | | | |
| 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