

COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Senior Elections Specialist
DEPARTMENT: Clerk-Recorder-Assessor
DOT OCCUPATION CODE: 188.167-050

DATE COMPLETED: February 2018
DIVISION: Registrar of Voters
PHYSICAL DEMAND STRENGTH RATING: Medium per Job Analysis

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 use Section 8 to 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 (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. Reason position exists? (Y/N) | G. 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 class work long and irregular hours, including nights, weekends, and holidays, during election cycles. | 1 | | | | Y | E | |
| Issues and processes absentee ballots: assigns ballot types to be issued; assembles absentee ballots to be mailed; prepares returned ballots for data entry; researches and resolves problems relating to absentee ballots and absentee ballot applications, including voter registration, missing information and correction of staff errors; verifies signatures; validates voted ballots; sorts voted ballots into counting groups; understands, interprets and applies complex codes and regulations. | 2 | F | Computer, phone, fax, printer/copier | | Y | E | |
| Manages the Precinct Officer recruitment program: | 3 | F | Computer, | | Y | 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. Reason position exists? (Y/N) | G. 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. |
|---|---------------|----------------|---|---|----------------------------------|-------------------------------|--|
| maintains and updates computer file of precinct officers including records relating to specialized recruitment programs; prepares precinct officer recognition awards; reviews materials returned from precincts; compiles information and evaluates precinct officer performance; assists in preparing documentation and information for those programs | | | phone, fax, printer/copier | | | | |
| Receives campaign statement filings; reviews for accuracy and completeness; sends out late notices to individuals who have failed to file by deadline. | 4 | F | Computer | | Y | E | |
| Communicates by phone, in person, or by email or other written format, with co-workers/supervisors, members of the public, precinct officers, committee members, elected officials, and candidates, to answer inquiries regarding Vote by Mail Ballots, precinct officers program, Candidates' and Committees' Campaign Statement filing obligations, California Elections Code, campaign disclosure forms, filing deadlines, and requirements for filing nomination papers; researches and refers to appropriate codes to determine correct answer; refers more complex questions to supervisor. | 5 | F | Computer, phone, fax, printer/copier, mail processing machinery | | Y | E | |
| Enters data into elections data systems; enters fail-safe voter registrations and combined registrations/applications for military and overseas voters; maintains electronic and paper records and files. | 6 | F | Computer | | Y | E | |
| Provides elections training to extra-help staff, including appropriate codes, processes, and office procedures. | 7 | F | | | Y | N | |

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 |
|---|---|---|------------------------|------------------------------------|-------------------------------------|
| Sitting | 2-6 | F | | | |
| Walking | 2,3,6 | O | | | |
| Running | N/A | N | | | |
| Standing | 2-7 | F | | | |
| Bending-Neck (e.g., when proofing, entering applications) | 2-7 | F | | | |
| Bending-Waist | 2,3,5,6 | O | | | |
| Squatting (e.g., accessing lower cupboards/cabinets and bottom file drawers) | 2,3,5,6 | O | | | |
| Climbing (e.g., using step ladder to access ballot boxes on high shelves) | 2,6 | O | | | |
| Kneeling (e.g., accessing lower cupboards/cabinets and bottom file drawers) | 2,3,5,6 | O | | | |
| Crawling | N/A | N | | | |
| Twisting (neck) (e.g., when entering applications, looking up signatures) | 2-7 | F | | | |
| Twisting (waist) | 2,3,5,6 | O | | | |
| Repetitive Hand Use | 2-7 | F | | | |
| Simple Grasping-Right Hand (e.g., ream of paper, sorting absentee ballots) | 2-6 | O | | | |
| Simple Grasping-Left Hand (e.g., ream of paper, sorting absentee ballots) | 2-6 | O | | | |
| Power Grasping-Right Hand | N/A | N | | | |
| Power Grasping-Left Hand | N/A | N | | | |
| Fine Manipulation-Right Hand (e.g., assembling absentee ballots) | 2 | O | | | |
| Fine Manipulation-Left Hand (e.g., assembling absentee ballots) | 2 | O | | | |
| Pushing and Pulling (right hand) (e.g., pushing carts with trays of ballots) | 2,5 | O | | | |
| Pushing and Pulling (left hand) (e.g., pushing carts with trays of ballots) | 2,5 | O | | | |
| Reaching (above shoulder level) (e.g., placing or removing mail or ballot boxes on upper shelves) | 2-5 | O | | | |
| Reaching (below shoulder level) | 2-7 | F | | | |
| Lifting-up to 10 lbs. (e.g., ream of paper, office supplies) | 2,3,5,6 | F | | | |
| Lifting-11-25 lbs. (e.g., box of processed ballots) | 2,3,5,6 | F | | | |
| Lifting-26-50 lbs. (e.g., full mail tray, boxes of ballots, envelopes, election supplies) | 2,5,6 | O | | | |
| Lifting 51-75 lbs. | N/A | N | | | |
| Lifting 76-100 lbs. | N/A | N | | | |
| Lifting 100 + lbs. | N/A | N | | | |
| Carrying 0-10 lbs. (e.g., ream of paper, office supplies) | 2,3,5,6 | F | | | |
| Carrying 11-25 lbs. (e.g., box of processed ballots) | 2,3,5,6 | F | | | |
| Carrying 26-50 lbs. (e.g., full mail tray, boxes of ballots, envelopes, election supplies) | 2,5,6 | O | | | |
| Carrying 51-75 lbs. | N/A | N | | | |
| 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 |
|--|---|---|---------------------------|---------------------------------------|---------------------------------------|
| Functional vision, normal or corrected | 2-7 | C | | | |
| Functional color vision, normal or corrected Functional color vision, normal or corrected (e.g., to be able to validate signatures) | 1,5 | O | | | |
| Functional night vision, normal or corrected | N/A | N | | | |
| Functional hearing, normal or corrected | 2-7 | F | | | |
| 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 |
|-----------------------------------|---|---------------------------|---------------------------------------|---------------------------------------|
| Follow Oral Instructions | F | | | |
| Follow Written Instructions | F | | | |
| 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 |
|--|---|---------------------------|---------------------------------------|---------------------------------------|
| Follow set procedures | C | | | |
| Organize own work | F | | | |
| Able to ask questions or request assistance when needed | C | | | |
| Required to make decisions independently | F | | | |
| Required to train and/or lead others (e.g., trains extra-help staff) | O | | | |
| Required to direct others (e.g. planning, goal setting, performance) (e.g., evaluates precinct officer performance) | O | | | |

PART 6: WORK PACE

| Activity | FREQUENCY RATING Never, Occasional; Frequent, or Constant | MEDICAL Can Perform | PROVIDER Temporarily Restricted | USE ONLY Permanently Restricted |
|---|---|---------------------------|---------------------------------------|---------------------------------------|
| Tightly scheduled and rapid pace of work activities at high volume (e.g., during election cycles) | F | | | |
| Meet time sensitive deadlines (e.g., during election cycles) | F | | | |
| Long and/or irregular hours (e.g., during election cycles) | O | | | |
| Limited/unpredictable opportunity for breaks | O | | | |
| 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 |
|--|---|---------------------------|---------------------------------------|---------------------------------------|
| Variable and unpredictable workflow | O | | | |
| Attention divided by issues requiring multi-tasking | F | | | |
| Work requires precise attention to detail | F | | | |
| Use of judgment in routine matters | F | | | |
| Requires use of judgment in adapting procedures from one task to another | O | | | |
| Possible legal ramifications associated with work activities or work product | C | | | |

PART 8: INTERACTIONS WITH OTHERS

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

PART 9: ENVIRONMENTAL FACTORS/WORKING CONDITIONS:

| Activity | FREQUENCY RATING Never, Occasional; Frequent, or Constant | MEDICAL Can Perform | PROVIDER Temporarily Restricted | USE ONLY Permanently Restricted |
|---|---|---------------------------|---------------------------------------|---------------------------------------|
| Work Inside | C | | | |
| Work Outside | N | | | |
| Extreme Heat (above 100 degrees) | N | | | |
| Extreme Cold (below 32 degrees) | N | | | |
| Excessive Noise (must raise voice to be heard) | N | | | |
| Vibration (e.g., jack hammer, hammer drill, chainsaw, etc.) | N | | | |
| Dust, Vapors, Fumes, Smoke | N | | | |
| Silica, asbestos, etc. | N | | | |
| Solvents (e.g., gas, turpentine, etc.) | N | | | |
| Grease, oils | N | | | |
| Acidic, Caustic Solutions | N | | | |
| Pesticides | N | | | |
| Explosives (e.g., dynamite, bomb, etc.) | N | | | |
| Cleaning supplies, abrasives | N | | | |
| Other Chemicals (e.g. drugs and other contraband) | N | | | |
| Human Blood, Body Tissues, or Fluids | N | | | |
| Human Wastes | N | | | |
| Animal Blood, Body Tissues, or Fluids | N | | | |
| Animal Wastes | N | | | |
| Biological Toxins (e.g., poison ivy, poison oak, anthrax, etc.) | N | | | |
| Insect Bites (e.g., ticks, mosquitos, spiders, etc.) | O | | | |
| Biomedical Waste | N | | | |
| Ionizing Radiation | N | | | |
| Non-Ionizing Radiation | N | | | |
| Electrical Energy | N | | | |
| Walking on uneven, slippery, or rough terrain (e.g., gravel, rocks, hills, etc.) | N | | | |
| Proximity to moving mechanical parts (e.g., equipment, machinery) (e.g., ballot sorter, envelope opener, mail metering machine) | O | | | |
| Proximity to moving vehicles or objects | N | | | |
| Heights (e.g., rooftop, ladders, scaffolding, etc.) | N | | | |
| Contact with water, other liquids, humid conditions - not weather related | N | | | |
| Work Below Ground: (e.g., excavation, trench, etc.) | N | | | |
| Potential exposure to airborne infectious diseases (e.g. clinics, labs, corrections) | N | | | |
| Operates non-commercial motor vehicles (cars, trucks) | N | | | |
| Operates commercial vehicles – CDL Class _____ Endorsements _____ | N | | | |
| Operates passenger van to transport clients, inmates, etc. | N | | | |
| Pulls non-commercial trailers or equipment | N | | | |
| Operates heavy equipment | N | | | |
| 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.) |
|--|----------|-----------|------------------------------------|
| Audiometric Testing | | | |
| DOT Drug and Alcohol Screening | | | |
| DOT Physical Exam | | | |
| Respirator Physical Exam | | | |
| Respirator Questionnaire – Short | | | |
| Respirator Questionnaire – Standard | | | |
| Blood lead level | | | |
| Hazardous Waste/Emergency Worker physical | | | |
| Heavy metal screen (mercury, lead, arsenic) | | | |
| HINT Hearing Noise Sensitivity Testing | | | |
| Tuberculosis skin test | | | |
| Vaccine: MMR | | | |
| Vaccine: Hepatitis B | | | |
| Vaccine: Influenza | | | |
| Vaccine: Meningococcal | | | |
| Vaccine: Pneumococcal | | | |
| Vaccine: Rabies | | | |
| Vaccine: Tdap | | | |
| Vaccine: Chickenpox | | | |

PART 11: ADDITIONAL INFORMATION, PICTURES, ETC.



**5,000 count of secrecy envelopes
20" x 21" x 11" = 38 lbs.
Up to 36 inches high**



**Storage for unused ballots
Counter top 41 inches high**



Storage for ballots and registrations



Storage for ballots and registrations



**Ballot Storage- from 5 inches to 74 inches high
Example of step stool to access higher shelf**



Mail Processing Machinery



Mail Processing Machinery- Omaton Envelopener



Mail Processing Machinery



Mail Processing Machinery- Opex Rapid Mail Extractor Desk



Mail Sorting Machinery



Mail Sorting Machinery



Ballot Processing Station



Processed Ballot Storage



Ballot Counting Server



Cart- 32 inches to top; carries Full boxes of Processed Ballots – 24"x10"x7" 22lbs. from cart to 74"

PART 12 – FORM REVIEW AND SIGNATURES

OCCUPATIONAL HEALTH CONSULTANTS

Name: _____ Title: _____

Signature: _____ Date: _____

SUPERVISOR/SECTION MANAGER

Name: _____ Title: _____

Signature: _____ Date: _____

HUMAN RESOURCES RECRUITMENT AND CLASSIFICATION

Name: _____ Title: _____

Signature: _____ Date: _____

HUMAN RESOURCES SAFETY UNIT

Name: _____ Title: _____

Signature: _____ Date: _____

HUMAN RESOURCES DISABILITY MANAGEMENT

Name: _____ Title: _____

Signature: _____ Date: _____

PART 13 – MEDICAL PROVIDER REVIEW AND COMMENTS

Employee Name: _____ Date of Evaluation: _____

COMMENTS: _____

Provider Signature: _____ Date: _____