

SGEU LONG-TERM DISABILITY PLAN JOB DEMANDS

Employee's Name (Please Print): _____

Job Title (Please Print): _____

Employer (Please Print): _____

Department (Please Print): _____

JOB DEMANDS		Employer's Statement						
		WEIGHT		FREQUENCY				
		Max	Usual	Not performed	Performed not daily	<1 hour daily	1-3 hours daily	Maximum ability
STRENGTH								
Lifting-including pushing and pulling effort while stationary								
Carrying-including pushing and pulling effort while walking								
Fingering	Right							
	Left							
Handling	Right							
	Left							
Reaching	Below Shoulder							
	Above Shoulder							
Gripping	Minimum							
	Moderate							
	Maximum							
MOBILITY								
Throwing								
Sitting								
Standing								
Walking								
Running								
Climbing								
Stooping								
Crouching								
Kneeling								
Crawling								
Twisting								
SENSORY / PERCEPTUAL								
Conversation								
Hearing								
Other sounds								
Vision	Far							
	Near							
	Colour							
	Depth							
Reading								
Writing								
Speech								

JOB DEMANDS	Employer's Statement						
	WEIGHT		FREQUENCY				
	Max	Usual	Not performed	Performed not daily	<1 hour daily	1-3 hours daily	Maximum ability
ENVIRONMENT Inside Work							
Hot							
Cold							
Humid							
Dry							
Dust							
Vapour, Fumes							
HAZARDS Moving Objects							
Hazardous machines							
Electrical hazards							
Sharp tools, etc.							
Radiant energy							
Slippery floors							
Cluttered worksite							
JOB STRESSORS / CONDITIONS OF WORK Travel							
Working on call							
Working overtime							
Shift work							
Equipment/machinery/vehicle operation							
Deadlines to be met							
Work with public							
Speak with public							
Speak to groups							
Work independently							
Work in isolation							
Physical mobility in work							
Depend on others for information							
Boredom							
Decision making							
Other							

Member's Comments:

Member's Signature:

Supervisor's Name: _____ Official Title: _____

Supervisor's Signature: _____ Date: _____