

Department of Corrections

Activity Analysis

SOP 104.23

Attachment 2

10/8/19

Use this form to conduct an analysis of a specific job - Employee is responsible for providing healthcare provider with an authorization to release medical information.

EMPLOYEE NAME:		WORK LOCATION:	DATE COMPLETED:
JOB TITLE:		COMPLETED BY (NAME/TITLE):	
I. PURPOSE OF JOB (Describe in terms of desired outcomes, rather than in terms of how traditionally performed):			
II. JOB FUNCTIONS (Describe below each essential duty/job function in order of frequency performed; and indicate primary physical, mental and environmental demands required to perform each function):			
Essential Duty/Job Function Description		Primary Demands	
1.			
2.			
3.			
4.			
5.			
III. REQUIRED PRODUCTIVITY (Describe or quantify output required of employee in this position, including quality of work requirements):			
IV. WORK SCHEDULE REQUIREMENTS [Describe any special qualifications required for this job, including the ability to work specific shifts (including rotating shifts)]:			
V. HEALTHCARE PROVIDER COMMENTS (Check the appropriate box below and provide comments as necessary). An appointment for a review is required if not fully released.*			
<input type="checkbox"/> I release this employee to this job as described above.			If released to return to work, please indicate any prescribed medications and their side effects which may impact job performance (a separate sheet may be attached):
<input type="checkbox"/> I release this employee to this job under the following <input type="checkbox"/> temporary conditions/restrictions*: (DURATION: _____) <u>OR</u>			
<input type="checkbox"/> permanent conditions/restrictions*:			
<input type="checkbox"/> I cannot release this employee to any part of this job at this time*. The medical rationale is as follows:			
<input type="checkbox"/> *An appointment to review the employee's condition further is scheduled for (date):			
Healthcare Provider Signature:			Date Signed:
Print Name:			Telephone: ()

Record Retention: Upon completion, this form shall be retained permanently in the employee's local medical file.