

**DESCRIPTION FOR PHYSICAL DEMANDS & WORK REQUIREMENTS**

**JOB TITLE:** Educational Assistant, Library Assistant, School Assistant, Speech-Language Pathologist Assistant, Head Secretary, Asst. Secretary, Program Secretary, Receptionist, Athletic Secretary/Bookkeeper, Home School Contact, Student Data System Specialist, Assistant Student Data System Specialist, Parent Involvement Specialist, Site Supervisor

**LOCATION:** Elementary, Middle School, High School  
 Special Hazards/Notes: Requirements of Vision, Hearing, Exposure to Hazardous, Chemicals or Fumes, etc.

**ENDURANCE**

**HOURS AT ONE TIME**

	0	.5	1	2	3	4	5	6	7	8
SITTING			X							
STANDING				X						
WALKING			X							
DRIVING		X								

**TOTAL HOURS IN A WORKDAY**

	0	.5	1	2	3	4	5	6	7	8
SITTING				X						
STANDING					X					
WALKING				X						
DRIVING		X								

**PHYSICAL**

LIFT & CARRY	NEVER 0%	OCCAS. 1-33%	FREQ. 34-66%	CONT. 67-100%
1-10 lbs.		X		
11-20 lbs.		X		
21-50 lbs.		X		
51-75 lbs.	X			
76-100 lbs.	X			

**PUSHING**

1-10 lbs.		X		
11-20 lbs.		X		
21-50 lbs.		X		
51-75 lbs.		X		
76-100 lbs.		X		

**PULLING**

1-10 lbs.		X		
11-20 lbs.		X		
21-50 lbs.		X		
51-75 lbs.		X		
76-100 lbs.		X		

**ENVIRONMENTAL**

INDOORS				X
OUTDOORS		X		
HEAT		X		
COLD		X		
DUSTY		X		
NOISY			X	

**MOTIONS**

	NEVER 0%	OCCAS. 1-33%	FREQ. 34-66%	CONT. 67-100%
BENDING			X	
TWISTING			X	
CROUCHING		X		
KNEELING		X		
CRAWLING		X		
WALK-LEVEL SURFACE			X	
WALK-UNEVEN SURFACE			X	
CLIMB STAIRS		X		
CLIMB LADDER		X		
REACH- ABOVE SHOULDER		X		
REPETITIVE-USE OF ARMS			X	
REPETITIVE-USE OF WRIST			X	
REPETITIVE-USE OF HANDS		X		
(A)GRASPING		X		
(B)SQUEEZING		X		
USING FOOT CONTROL		X		

By signing below, I am acknowledging and attesting to my personal physical ability to performs the physical duties of this job, and I understand the physical demands required.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

