

EMPLOYEE:

CLAIM #



Job Analysis Form

ALTERNATE FORMAT AVAILABLE

JOB TITLE Administrative Specialist II **JOB CLASSIFICATION** Administrative Specialist II

DICTIONARY OF OCCUPATIONAL TITLES (DOT) NUMBER

DOT TITLE

DEPARTMENT Assessments

DIVISION Personal Property

OF POSITIONS IN THE DEPARTMENT WITH THIS JOB TITLE 3

CONTACT'S NAME & TITLE Lou Willett

CONTACT'S PHONE (206) 296-5139

ADDRESS OF WORKSITE 500 4th Ave, Seattle, WA

VRC NAME Chad Scheff

DATE COMPLETED

WORK HOURS 35 per week, 8.75 per day (flexible)

OVERTIME Optional

JOB DESCRIPTION

Provides a variety of technical clerical support services such as providing specialized, technical or program-specific information; interviewing internal and external customers to establish services needed; establishing and maintaining data; and drafting and editing documents such as correspondence and contracts.

ESSENTIAL ABILITIES FOR ALL KING COUNTY JOB CLASSIFICATIONS

1. Ability to demonstrate predictable, reliable, and timely attendance.
2. Ability to follow written and verbal directions and to complete assigned tasks on schedule.
3. Ability to read, write & communicate in English and understand basic math.
4. Ability to learn from directions, observations, and mistakes, and apply procedures using good judgment.
5. Ability to work independently or part of a team; ability to interact appropriately with others.
6. Ability to work with supervision, receiving instructions/feedback, coaching/counseling and/or action/discipline.

JOB SPECIFIC REQUIREMENTS

Knowledge of general office principles and practices. Knowledge of standard office equipment that may include typewriter, personal computer, copier, fax machines, and multi-line telephone. Knowledge of proper English and grammar, usage as well as spelling. Must have customer service and written communication skills. Computer skills including spreadsheet, word-processing and data entry with. Ability to maintain confidentiality, handle

difficult client situations with discretion and diplomacy, work independently as well as prioritize and complete multiple tasks simultaneously. Must have excellent oral and written communication skills, including ability to communicate in a pleasant, non-judgmental, respectful, culturally sensitive manner under varying levels of stress.

ESSENTIAL FUNCTIONS

1. Input BTA Notice information into appropriate Assessor database application
2. Input BTA scheduling information into appropriate Assessor database application
3. Package and process completed BTA responses prepared by Assessor office for mailing (certify mailing)
4. Input BTA decision information into appropriate Assessor database application and prepare and process related tax roll correction, if necessary
5. "bundling" case files for hearing dates (this step is being phased out as new appeals are being scanned and worked/heard electronically thereby no longer requiring a "hard copy" file folder)
6. Filing appeal file folders according to docket number (this step is being phased out as new appeals are being scanned and worked/heard electronically thereby no longer requiring a "hard copy" file folder)
7. All of the clerks in the Appeals Group are responsible for:
8. Scanning incoming new Local Board of Equalization Petitions
9. Scanning incoming new State Board of Tax Appeals Notices
10. Scanning additional information related to appeals at either level
11. Answering the phone and responding to general appeal questions (non specific questions with the exception of scheduled hearing date)

OTHER TOOLS & EQUIPMENT USED

Equipment used may include a computer, multi-line telephone, printer, copy machine, fax machine, typewriter, calculator, stapler, files, documents, cash, checks, credit cards, point of sale keyboard and hole punch.

PHYSICAL DEMANDS AS JOB IS TYPICALLY PERFORMED

Continuously = occurs 66-100% of the time

Frequently = occurs 33-66% of the time

Occasionally = occurs 1-33% of the time

Rarely = may occur less than 1% of the time

Never = does not ever occur (such demands are not listed)

Highly Repetitive = Repeating the same motion every few seconds with little or no variation for more than two hours total per day.

This job is classified as

Light—exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently and/or a negligible amount of force constantly. A job is light if involves less than or up to the indicated pounds of force and one or more of the following apply; walking and standing to a significant degree, sitting and

pushing/pulling of arm or leg controls, or constant pushing and pulling to maintain a production rate even when weight is negligible.

Standing

Health Care Provider initials if restricted_____

Occasionally on carpeted or tile surfaces for 5 minutes at a time for up to 30 minutes total in a work shift. Most commonly occurs while sorting petitions and board orders. Once per year employees do archiving and scanning which may increase standing to 5 minutes at a time for up to 1 hour total in a work shift.

Walking

Health Care Provider initials if restricted_____

Occasionally on Rare occasion on carpeted or tile surfaces for up to 15 minutes at a time for up to 15 minutes total in a work shift. Most commonly occurs while traveling from the 7th floor to the 5th floor to pick up files. This only occurs if coworker who normally performs this task is absent.

Sitting

Health Care Provider initials if restricted_____

Continuously for 15 min-2 hours at a time for up to 8 hours total in a work shift. Most commonly occurs while sitting at computer, answering phones, printing response labels, sorting, bundling packages, or scanning petitions, and brand orders.

Bending neck down

Health Care Provider initials if restricted_____

Occasionally for 15 minutes at a time for up to 1.5 hours total in a work shift. Most commonly occurs while filing.

Bending/Stooping

Health Care Provider initials if restricted_____

Occasionally for 15 minutes at a time for up to 1.5 hours total in a work shift. Most commonly occurs while filing.

Squatting

Health Care Provider initials if restricted_____

Rarely for 5 minutes at a time for 15 minutes total in a work shift. Most commonly occurs while filing.

Reaching above shoulder height

Health Care Provider initials if restricted_____

Rarely for 5 minutes at a time for 15 minutes total in a work shift. Most commonly occurs while filing.

Reaching at waist to shoulder height

Health Care Provider initials if restricted_____

Frequently while sitting at computer, answering phones, printing response labels, sorting, bundling packages, or scanning petitions, and brand orders.

Reaching at knee to waist height

Health Care Provider initials if restricted_____

Rarely for 5 minutes at a time for 15 minutes total in a work shift. Most commonly occurs while filing.

Reaching at floor to knee height

Health Care Provider initials if restricted_____

Rarely for 5 minutes at a time for 15 minutes total in a work shift. Most commonly occurs while filing.

Lifting 1-10 pounds

Health Care Provider initials if restricted_____

Rarely for 5 minutes at a time for 15 minutes total in a work shift. Most commonly occurs while filing in drawers and accordion folders.

Carrying 1-10- pounds

Health Care Provider initials if restricted_____

Rarely for 5 minutes at a time for 15 minutes total in a work shift. Most commonly occurs while filing in drawers and accordion folders.

Lifting 11-20 pounds

Health Care Provider initials if restricted_____

Occasionally, on a Rare basis for 5 minutes at a time for 1 hour total in a work shift. Once per year employees do archiving and scanning.

Carrying 11-20 pounds

Health Care Provider initials if restricted_____

Occasionally, on a Rare basis for 5 minutes at a time for 1 hour total in a work shift. Once per year employees do archiving and scanning.

Pushing and Pulling

Health Care Provider initials if restricted_____

Occasionally on Rare occasion pushing a cart on carpeted or tile surfaces for up to 15 minutes at a time for up to 15 minutes total in a work shift. Most commonly occurs while traveling from the 7th floor to the 5th floor to pick up files. This only occurs if coworker who normally performs this task is absent. while

Handling

Health Care Provider initials if restricted_____

Occasionally for

Fingering

Health Care Provider initials if restricted_____

Continuously & Highly Repetitive for 15 min-2 hours at a time for up to 7 hours in a work shift while typing at computer, answering phones, printing response labels, sorting, bundling packages, or scanning petitions, and brand orders.

Talking

Health Care Provider initials if restricted_____

Continuously Frequently Occasionally Rarely & Highly Repetitive
at a time with for at a time for up to total in a work shift while

Hearing

Health Care Provider initials if restricted_____

Continuously Frequently Occasionally Rarely & Highly Repetitive
at a time for up to total in a work shift while

Seeing

Health Care Provider initials if restricted_____

Continuously Frequently Occasionally Rarely
for at a time for total in a work shift while

KING COUNTY JOB ANALYSIS COMPLETED ON: 6/30/10
JOB TITLE: Administrative Specialist II DOT # 169.167-010
EMPLOYEE: CLAIM #

ENVIRONMENTAL FACTORS

Work is performed in an office setting.

The noise level is

Approximately 40 decibels. The noise is caused by office machinery.

HCP Initials if Restricted

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Work environment may include the following exposure(s):

Outside weather
Non-weather related temperatures below 55 degrees
Non-weather related temperatures above 75 degrees
Wet
Humidity/dampness
Fumes
Odors
Dusts
Mists
Gases
Moving mechanical parts
Vibration
Working in high, exposed places
Radiation
Working with explosives
Toxic or caustic chemicals
Confined spaces
Other:

HCP Initials if Restricted

POTENTIAL MODIFICATIONS TO JOB

KING COUNTY JOB ANALYSIS COMPLETED ON: 6/30/10

JOB TITLE: Administrative Specialist II

DOT # 169.167-010

EMPLOYEE:

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SIGNATURES

Signatures on this page are obtained before the document becomes available for use and are not required each time the document is reused. Obtained signatures are kept on file at King County Safety & Claims. The Health Care Provider signature section is separate and appears on the following page.

Printed name & title of VRC evaluator

Signature of VRC evaluator

Date

Printed name & title of contact

Signature of contact

Date

Printed name & title of employee

Signature of employee

Date

EMPLOYEE:

CLAIM #

HEALTH CARE PROVIDER SECTION

Check all that apply

- ☐ The employee is released to perform the described duties without restrictions on performance or work hours as of _____.
- ☐ The employee is released to perform the described duties on a reduced schedule as of _____. The recommended schedule is:
_____ ☐ Temporary until _____ ☐ Permanent as of _____
- ☐ The employee is released to perform the described job with the following modifications:

_____ ☐ Temporary until _____ ☐ Permanent as of _____
- ☐ The employee is not released to perform the described duties due to the following job functions:

_____ ☐ Temporary until _____ ☐ Permanent effective _____
- ☐ The employee is unable to work in any capacity.
A release to work is: ☐ anticipated by _____ ☐ Not expected

The limitations are due to the following objective medical findings:

Printed or typed name and phone number of Health Care Provider

Signature of Health Care Provider

Date