



## Job Analysis Sensory Addendum

ALTERNATE FORMAT AVAILABLE

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### THIS ADDENDUM IS FOR REVIEW WITH THE FOLLOWING JOB ANALYSIS:

**JOB TITLE** Network Engineer

**JOB CLASSIFICATION** Network Engineer - Journey

**DOT TITLE** Computer Systems Hardware Analyst

**DOT NUMBER** 033.167-010

**DEPARTMENT** King County Executive **DIVISION** Office of Information and Resource Management

**CONTACT'S NAME & TITLE** Lori Dickneite, Supervisor

**VRC NAME** Kyle Pletz

**DATE COMPLETED** 11/14/03

**ADDENDUM CONTACT'S NAME & TITLE** Lori Dickneite, Supervisor

**CONTACT'S PHONE** 206-263-7851

**ADDRESS OF WORKSITE** 401 Fifth Ave STE 0700 Seattle, WA 98104

**VRC NAME** Kyle Pletz

**DATE COMPLETED** 11/14/03

**VRC NAME** Jeff Casem

**DATE REVISED** 05/14/09

### 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)

### Seeing

#### Near acuity—clarity of vision at 20 inches or less

Continuously for up to 2.5 hours at a time for up to 6 hours total in a work shift while reading documents, looking at a computer monitor and installing equipment.

#### Far acuity—clarity of vision at 20 feet or more

Occasionally for up to 30 minutes at a time for up to 2 hours total in a work shift while driving a county vehicle and walking between various County buildings.

#### Depth perception—three dimensional vision

Occasionally for up to 30 minutes at a time for up to 2 hours total in a work shift while driving a county vehicle and walking between various County buildings.

**Visual accommodation—Adjustment of lens of eye to bring an object into sharp focus**

Rarely for up to 1 minute at a time for up to 5 minutes total in a work shift while inspecting equipment and wires.

**Color vision—ability to identify and distinguish colors**

Rarely for up to 1 minute at a time for up to 5 minutes total in a work shift while organizing color coded wires and cables.

**Field of vision—observing an area that can be seen up and down or right or left while eyes are fixed on a given point**

Occasionally for up to 30 minutes at a time for up to 2 hours total in a work shift while driving a county vehicle and walking between various County buildings.

**Night vision--seeing after sundown with minimal or no supplemental light sources**

Rarely for up to 5 minutes at a time for up to 5 minutes total in a work shift while working in poorly lit rooms and closets as well as when installing equipment and tracing cables.

## 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.

Kyle Pletz, BA, VRC, Vocational Consultant

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

**HEALTH CARE PROVIDER SECTION**  
**Check all that apply**

- ☐ The employee is released to perform the described physical demands without restrictions on performance or work hours as of \_\_\_\_\_.
- ☐ The employee is released to perform the described physical demands on a reduced schedule as of \_\_\_\_\_. The recommended schedule is:

\_\_\_\_\_  
\_\_\_\_\_ ☐ Temporary until \_\_\_\_\_ ☐ Permanent as of \_\_\_\_\_

- ☐ The employee is released to perform the described physical demands with the following modifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ☐ Temporary until \_\_\_\_\_ ☐ Permanent as of \_\_\_\_\_

- ☐ The employee is not released to perform the following physical demands described in this document:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ☐ 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