

EMPLOYEE:

CLAIM #



Job Analysis Form

ALTERNATE FORMAT AVAILABLE

JOB TITLE Customer Information Specialist

JOB CLASSIFICATION Customer Service Specialist

DICTIONARY OF OCCUPATIONAL TITLES (DOT) NUMBER 237.367-018/237.367-042

DOT TITLE Information Clerk / Referral and Information Aide

DEPARTMENT Transportation **DIVISION** Transit

OF POSITIONS IN THE DEPARTMENT WITH THIS JOB TITLE 30

CONTACT'S NAME & TITLE Michele Ruxlow, Customer Services Supervisor

CONTACT'S PHONE (206) 684-1582

ADDRESS OF WORKSITE 201 South Jackson, Seattle, WA 98104

VRC NAME Diana Wurn, MS, VRC

DATE COMPLETED 07-25-2011

WORK HOURS CIO office is open Monday through Sunday, except major holidays, from 5 a.m. to 10 p.m. on weekdays and 8 a.m. to 7 p.m. on weekends. These are 40-hour per week shifts picked three times per year by seniority.

OVERTIME (Note: Overtime requirements may change at the employer's discretion)
Optional, rare.

JOB DESCRIPTION

This position answers customer questions regarding transit routes, schedules, fares, transfer points and other transit services from the Customer Information Office (CIO) call center. This position also takes commendations and complaints concerning transit service, answers inquires about lost items, and may assist in selling fare media by phone.

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

Ability to work with a diverse group of callers, including elderly and disabled persons, in a tactful and sensitive manner, including those who may be angry and/or difficult. Handle large volume of calls while using problem-solving skills to accurately understand and resolve a customer's complaint and needs.

ESSENTIAL FUNCTIONS

1. Plan transit itineraries for customers traveling in the Puget Sound area. Suggest transit routes and schedules that meet customers' transportation needs.
2. Answer questions about how to use regional transit services.
3. Use a wide range of reference sources to find appropriate trip information, including Metro online, the lost and found database, MCS for complaints and commendations, ATIS trip planning, AVL to locate a bus, the ORCA database, bus stop locators, as well as information from Pierce Transit, Community Transit and Sound Transit (in order to complete trip planning).
4. Load money onto ORCA cards and accurately enter credit card information for customers using Puget Pass or E-purse.
5. Receive and respond to customer requests, complaints and inquiries via telephone or written correspondence. Enter data that customers provide into a tracking system (MCS). For thirty minutes per day while not on the phones, research and verify information.
6. Receive calls about articles lost on Metro vehicles and trace articles through transit operations personnel or through Lost and Found database.
7. Enter information and gather data from multiple computer databases while talking with customers simultaneously to resolve their needs, including providing information in a diplomatic manner to individuals from a wide variety of backgrounds.

NON-ESSENTIAL FUNCTIONS

May occasionally answer email complaints, proofread timetables, stuff envelopes or train and coach new staff.

PERSONAL PROTECTIVE EQUIPMENT USE

None

OTHER TOOLS & EQUIPMENT USED

Computer, keyboard, mouse, monitor, phone, headset, amplifier with voice volume, pen, paper, and paper route schedules.

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 Sedentary.

Sedentary—exerting up to ten pounds of force occasionally and/or a negligible amount of force frequently. A sedentary job involves sitting most of the time.

Standing

Health Care Provider initials if restricted _____

Rarely, on carpeted surfaces, while speaking with a lead or supervisor about a call, for up to five minutes at a time, approximately three times per shift.

Walking

Health Care Provider initials if restricted _____

Rarely, on carpeted surfaces, while going to and from a break or to walk approximately 15 feet at a time, for up to 30 minutes total within a work shift to discuss a phone call with a lead or supervisor.

Sitting

Health Care Provider initials if restricted _____

Continuously at work station while taking calls for the majority of the shift, from 8 to 10 hours. May sit or stand at work station as needed.

Balancing

Health Care Provider initials if restricted _____

Rarely, up to 15 feet, when traversing hallways to gather supplies or when walking to discuss a call with a lead or supervisor.

Bending neck up

Health Care Provider initials if restricted _____

Rarely, several times during a shift for a few moments when accessing notes or other items above phone on bulletin board.

Bending neck down

Health Care Provider initials if restricted _____

Rarely, up to several times during a shift for a few moments at a time, when adjusting volume on amplified or removing headset.

Reaching at waist to shoulder height

Health Care Provider initials if restricted _____

Rarely, up to several times during a shift for a few moments at a time when accessing printed material that is posted above phone.

Lifting 1-10 pounds

Health Care Provider initials if restricted _____

Occasionally, for 3-5 minutes at a time, for up to 45 minutes at a time per work shift. Most commonly occurs when adjusting keyboard, lifting headset, pens, paper and notes. Rarely may assist with stuffing of envelopes involving a lift of 5 pounds of paper at one time.

Carrying 1-10- pounds

Health Care Provider initials if restricted _____

Rarely for distances of up to 15 feet, approximately three times per shift, while holding paper, schedule and a pen weighing up to 1 pound. Most commonly occurs while walking to the desk of a lead or supervisor.

Handling

Health Care Provider initials if restricted _____

Frequently, for 2-3 minutes at a time, approximately 12.5 times per hour, during a work shift while using the mouse, checking paper timetables, brochures, or envelopes.

Operating Controls with Hands

Health Care Provider initials if restricted _____

Frequently, for 2-3 minutes at a time, approximately 12.5 times per hour, in order to manipulate mouse to navigate through multiple databases and to adjust volume on headset.

Fingering

Health Care Provider initials if restricted _____

Continuously, up to 40 minutes per hour, throughout work shift, including an additional 20-30 minutes per shift that most commonly occurs while researching and typing notes related to calls.

Talking

Health Care Provider initials if restricted _____

Continuously throughout the entire shift while answering approximately 100 calls per day, with an average call time of 2:35 minutes in duration.

Hearing

Health Care Provider initials if restricted _____

Continuously up to 6 hours per shift to listen to callers and interpret their requests, as well as when interacting with coworkers and supervisors to receive direction.

Seeing

Health Care Provider initials if restricted _____

Frequently, for 2-3 minutes at a time up to 12.5 times per hour, while viewing numbers and text on multiple computer databases at one time, in order to relay information back to a customer on the phone, and while entering reports of phone calls and researching information, and when typing credit card into a database.

ENVIRONMENTAL FACTORS

Work is performed in an office setting, in a cubicle with headphones in a secure building.

The noise level is

HCP Initials if Restricted _____

Approximately 40-70 decibels. The noise is caused by conversations with telephone callers, ambient noise dependent upon the caller's location and telephone – and may be modulated by the worker through use of the amplifier box.

Work environment may include the following exposure(s):

HCP Initials if Restricted

Dust: occasional

POTENTIAL MODIFICATIONS TO JOB

Alternate between sitting and standing position when handling telephone calls

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

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