

# NOTICE OF MEETING



## *CITY OF BRANSON*

### HUMAN RESOURCES COMMITTEE

*Committee Meeting – Wednesday, November 9, 2016 – 9:00 a.m.*  
Municipal Courtroom – Branson City Hall – 110 W. Maddux

### AGENDA

- 1) Call to Order.
- 2) Roll Call.
- 3) Acknowledgment of October 10, 2016 Minutes.
- 4) Update of New Employees.
- 5) Discussion of the 2018 H&W Incentive Requirements (Employees will meet in 2017). [Incentive Plan]
- 6) Discussion of Compensation Study and Selection Criteria for Comparative Municipalities. [Timeline] [Instructions]
- 7) Human Resources Director's Report.
- 8) Adjourn.

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*Where Values are the Difference*

**NOVEMBER: INTEGRITY**

Doing the right thing, even when no one is looking.

Posted: November 8, 2016

At: \_\_\_\_\_ By: \_\_\_\_\_

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For more information please visit [www.bransonmo.gov](http://www.bransonmo.gov) or contact:

Lisa Westfall, City Clerk, 417-337-8522

# MINUTES

HUMAN RESOURCES COMMITTEE  
CITY OF BRANSON, MISSOURI  
October 10, 2016

## 1) Call to Order

The Human Resources Committee met in the Municipal Court Room of City Hall, Monday, October 10, 2016 at 9:00 a.m. The meeting was called to order by Mayor Karen Best.

## 2) Roll Call

Committee Members present were Donna Glotz, Kevin McConnell, Mayor Karen Best, and City Administrator, Bill Malinen.

Also present: Jan Fischer, Morgan Wermuth, Bob Smither, Kathy Olson, John Akers, Hillary Briand, Ted Martin, and Kimberly Cooper.

## 3) Acknowledgement of August 22, 2016 minutes.

The minutes of the August 22, 2016 were acknowledged on a motion by Donna Glotz, seconded by Kevin McConnell. Motion approved by a 4 to 0 count.

## 4) Update of New Employees.

Jan Fischer provided a list of New Hire names since the last HR Committee Meeting. The Committee discussed the list of new hires.

## 5) Discussion and Recommendation of the City's Health, Dental, and Vision Insurance Renewal.

John Akers presented the insurance plans the City plans to offer the employees for the 2017 Plan Year. He explained the differences between the insurance plan changes from the 2016 plan year and the 2017 plan year. He explained the City will be adding another plan option this year that will have a high deductible HSA plan available in addition to the traditional plan. The City will contribute the difference of what it pays to employees on the traditional plan into the HSA account for the high deductible plan. The Committee discussed what was presented. Mayor Karen Best made a motion to recommend the insurance package as presented to go to the Board of Alderman. Donna Glotz seconded the motion. Motion was approved by a 4 to 0 count.

## 6) Discussion of the 2018 H&W Incentive Requirements (to be met in 2017).

Jan Fischer shared another draft of the changes to the Health and Wellness Plan that he created with the help of the Cox Wellness Department and the Employee Human Resources Committee. He informed the Committee that the plan will be tracked electronically through Cox Health Express as the City is already paying for the use of the software with the online Annual Health Risk Assessments. The Committee discussed the plan that was presented. He shared that he plans on bringing the plan to the Department Heads and bringing it back to the Human Resources Committee once the Department Heads have had a chance to provide input.

## 7) Human Resources Manual Article 6 Update.

Jan Fischer informed the Committee that the Human Resources Department discovered that Article 6, Section 4 of the HR Manual had two section D bullet points. This section was in regards to hiring relatives at the City. The first D indicated that hiring of relatives in the same department would not be allowed. However, the second D allowed the City Administrator to review potential conflicts of interest and make those decisions. Bill Malinen made a motion to recommend removing the first D to the Board of Alderman with adding additional language to the second D bullet point indicating he will make a determination and such determination is final. Kevin McConnell seconded his motion. Motion was approved by a 4 to 0 count.

# MINUTES

HUMAN RESOURCES COMMITTEE

CITY OF BRANSON, MISSOURI

October 10, 2016

The Committee also discussed having Jan review Section C of Article 6, Section 4 to ensure that the City Administrator would be notified of relationships of individuals before the individuals are in a marriage relationship. Jan will be looking at the wording of the document and bringing that part up for discussion at a future meeting.

**8) Human Resources Director's Report.**

Jan Fischer updated the Committee on the plan for Open Enrollment for the 2017 plan year. He also gave an update on how the City Employee Health and Safety Fair was a success at the new location at the Convention Center. He informed the Committee that Tom Head and Kathy Olson have been selected to represent the City at the LAGERS conference at the end of October.

**9) Adjourn.**

A motion to Adjourn was made by Kevin McConnell, seconded by Donna Glotz. Motion approved by a 4 to 0 count.

## Promotions and Transfers

<u>Name</u>	<u>Date of Change</u>	<u>Position</u>	<u>Department</u>	<u>Promotion or Transfer</u>
Jeff Duckworth	10/09/2016	Fire Engineer	Fire	Promotion
Chris Chindlund	10/17/2016	Fire Engineer	Fire	Promotion
Kory Klein	10/31/2016	Plant Operator Trainee	Utilities	Transfer

## Hires

<u>Name</u>	<u>Date of Hire</u>	<u>Position</u>	<u>Department</u>	<u>Rehire or New Hire</u>
Zachariah Dumas	10/31/2016	Building Inspector	Planning and Development	New Hire
Jared Novak	11/2/2016	Temporary Firefighter	Fire	New Hire
Levi Lucas	11/2/2016	Firefighter	Fire	New Hire
Mark Blevins	11/2/2016	Firefighter	Fire	New Hire
W. Cody Eubanks	10/18/2016	Maintenance Worker I	Utilities	New Hire
Richard Juett	10/24/2016	Plant Operator Trainee	Utilities	New Hire
Jonathan Harris	10/31/2016	Plant Operator Trainee	Utilities	New Hire

## MEMORANDUM

**TO:** Human Resources Committee Members  
**FROM:** Jan Fischer, Human Resources Director  
**DATE:** November 7, 2016  
**SUBJECT:** Wellness Plan Update

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As an update to the 2017 Wellness Plan for the City of Branson, the Employee Human Resources Committee has provided repeated, iterative input into forming the plan with respect to using the Cox Health online system.

Additionally, legal sources provided by the City's property/liability/workers compensation carrier reviewed the plan and provided the following input:

In order to deal with the overly-large discount, I would recommend the following:

- 1) Attribute a 20% discount to the "Being or Becoming Nicotine Free" category;
- 2) Attribute a 50% discount to completing the Health Risk Assessment (The amount of points required to meet that threshold in that section are up to the City);
- 3) Attribute the remainder of the program a discount of 30%. (Again, the amount of points required to obtain that 30% is up to the City but it should be reasonably obtainable. The City could also make this section tiers – 10%, 20%, 30% based on earned points).

Structuring the program in this way would enable to you to provide up to a 100% discount without violating Federal law.

Further, you should include the (below) language regarding alternative methods of obtaining the reward and be prepared to work with an individual who requests an alternative method by which to obtain the reward:

"Your wellness plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resource to direct you to Cox Health who will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status."

In light of this input from various sources, the final aspect is to move forward with sending to Department Heads for review and the City Administrator for approval.

## 2017 City of Branson Wellness Plan

2017 City of Branson Wellness Plan			Example Points	Section Percent of Point Total
<b>Section 1: Being or Becoming Nicotine Free</b>				
<b>Required Points: 400</b>				
Nicotine free (includes all tobacco products and e-cigarettes)	400	400	400	20.00%
Completes Tobacco Cessation Program through EAP	400	400		
<b>Section 2: Establishing Healthcare Baseline</b>				
<b>Required Points: 1000</b>				
Complete Health Risk Assessment or equivalent logged through Cox Health	250	250	250	
Personal Health Assessment (online questionnaire)	100	100	100	
Annual Physical Exam with personal physician (PCP, OBGYN, etc.)	400	400	400	
Dental Visit	125	250	125	
Annual Vision Exam	125	125	125	
<b>Section 3: Activity Based</b>				
<b>Required Points: 600</b>				
<i>Physical Activities</i>				
Complete 30 minutes of (cardio/resistance/stretching/yoga) exercise anywhere	1	150		
Log 6,000 steps a day (not concurrent with 30 minutes of exercise)	1	150		
Six or more consecutive hours of sleep (Fitbit, personal log, etc.)	1	100	50	
Daily food tracking within USDA guidelines (SuperTracker, Livestrong, etc.)	1	100		
Daily water tracking within USDA guidelines (WaterLogged, Hydratrak, etc.)	1	100		
30 minutes' strenuous physical labor at home (yard work, cleaning, gardening, etc.)	10	100		
Participate in Wellness Challenges/Cooking presentations	40	80	80	
Attend/view Health/Financial Wellness Seminars	10	40	40	
Volunteer (injury free) 4 hours for a charitable/community organization	5	30		
Bonus for using City of Branson facilities for exercise (RecPlex, streets, parks, etc.)	1	30		
Use EAP coaching counseling, legal consultation, etc.	5	20		
Active member/coach of an organized sports team (bowling, basketball, etc.)	5	20		
Participate in a blood drive/donate blood	5	10		
<i>Health Professional Activities</i>				
Screenings (i.e., Colonoscopy, Prostate, Mammogram, etc.)	25	100		
Using Life Health on Line for Doctor's visits	25	100		
Chiropractic visits	5	50		
Registering for Live Health on Line through Anthem	1	20		
Fitting/purchase new corrective lenses	10	10		
Dental work (fillings, braces, crown, treatment for periodontal disease, etc.)	5	10		
Flu Shot, Vaccines, etc.	5	10		
<i>Safety Activities</i>				
No at-fault accidents or incidents entire year	150	150	150	
Safety Committee/departmental meetings discussing safety (10 min. minimum)	10	120	120	
Completed Health and Safety Fair passport	100	100	100	
Participate in City/Department safety drill	10	20		
Read one health-related research article	1	20	20	
Read one safety-related research article	1	20	20	
Wear seatbelt or helmet every time driving/riding all year	10	10	10	
Wear safety glasses every time when mowing, weedeating, etc.	5	5	5	
Cardio Pulmonary Resuscitation (CPR) training/retraining	5	5		
Automated External Defibrillator (AED) training/retraining	5	5		
Change batteries in household smoke alarms twice yearly	5	5	5	
Gun safety, hunter safety, CCW, etc. training	5	5		
Successfully pass work-related random drug screening	5	5		
<i>Physical Results</i>				
Overall physical condition is such that the employee presents a low risk for health-related problems, as determined by PCP, OBGYN etc.	100	100		
Blood pressure within healthy range or risk category improvement <b>or 5% improvement</b>	100	100		
All blood work (Cholesterol, Triglycerides, etc.) within healthy range or risk category improvement <b>or 5% improvement</b>	100	100		
Waist/Hip ratio within healthy range (men <.90; women <.80) <b>or 5% improvement</b>	100	100		
BMI not in the CDC underweight, overweight or obese range, or risk category improvement <b>or 5% improvement</b>	100	100		
<b>Total Points Earned</b>			<b>2000</b>	<b>100.00%</b>
<b>Total Points Earned</b>		<b>Employee Tier Selection</b>		
Fulfill point requirements for three sections		Tier 1 (100% discount)		
Fulfill point requirements for two sections		Tier 2 (85% discount)		
Fulfill point requirements for one or no sections		Tier 3 (70% discount)		
Discount is on the cost of employee only plan - not on dependent coverage				

Your wellness plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resource to direct you to Cox Health who will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status."

## MEMORANDUM

**TO:** Human Resources Committee Members  
**FROM:** Jan Fischer, Human Resources Director  
**DATE:** November 7, 2016  
**SUBJECT:** Comparison Municipalities for Salary Study

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The following is a basis for discussion by the Human Resources Committee:

Municipalities were used for the prior salary study comparison –

Springfield, MO	Lee's Summit, MO	Rogers, AR
Joplin, MO	N. Little Rock, AR	Ft. Smith, AR
Overland Park, MO	Jonesboro, AR	Ozark County, MO
Jefferson City, MO	Sedona, AZ	Douglas County, MO
Columbia, MO	St. George, UT	Taney County, MO
Fayetteville, AR	Steamboat Springs, CO	Benton County, MO
Tulsa, OK	Sturgeon Bay, WI	Carroll County, AR
Broken Arrow, OK	Grand Rapids, MN	Pigeon Forge, TN
Bentonville, AR	Gatlinburg, TN	Independence, MO
St. Joseph, MO		

Are these municipalities sufficient?

Additionally, considering Springsted has more granular comparative data that the City could access, what other areas are important for comparison sake:

1. Equivalent number of employees
2. Equivalent budget sizes
3. Community home values
4. Community average demographic (age, wage, male/female, etc.) makeup
5. Annual population growth
6. Other

## City of Branson, MO Classification and Compensation Study

Activity	Target Date
<ul style="list-style-type: none"> <li>City completes initial data request</li> </ul>	October 19
<ul style="list-style-type: none"> <li>Initial planning meeting (<i>onsite</i>), executive briefing, and employee communications</li> </ul>	November 3-4
<ul style="list-style-type: none"> <li>Electronic PAQ available/hard copy PAQ distributed</li> </ul>	November 4
<ul style="list-style-type: none"> <li>City approval of benchmark positions and organizations</li> </ul>	November 18
<ul style="list-style-type: none"> <li>Springsted submits salary survey for City approval</li> </ul>	November 30
<ul style="list-style-type: none"> <li>PAQ due to next-level supervisor for review</li> </ul>	November 30
<ul style="list-style-type: none"> <li>Springsted distributes salary survey to benchmark organizations</li> </ul>	December 16
<ul style="list-style-type: none"> <li>PAQ routed through additional approval and submitted to Springsted</li> </ul>	December 16
<ul style="list-style-type: none"> <li>Salary survey deadline</li> </ul>	January 27
<ul style="list-style-type: none"> <li>Draft SAFE evaluation and department director meetings</li> </ul>	Week of February 13
<ul style="list-style-type: none"> <li>Final SAFE evaluation (with City feedback)</li> </ul>	March 10
<ul style="list-style-type: none"> <li>Springsted submits draft salary structures and compiled salary survey results for City review</li> </ul>	March 17
<ul style="list-style-type: none"> <li>Springsted submits modified salary structures (as necessary) and approximate implementation costs</li> </ul>	March 31



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www.springsted.com

## MEMORANDUM

TO: Employees of the City of Branson, MO  
FROM: TL Cox, Springsted  
DATE: November 3-4, 2016  
SUBJECT: **Instructions for Completing Your Position Analysis Questionnaire**

**Please read these instructions before completing your Position Analysis Questionnaire (PAQ).** This form is used to obtain current information about your position and will be used in other phases of the study. The questionnaire consists of multiple-choice and fill-in-the-blank questions; please be clear, accurate and complete. For multiple-choice questions, please check only the appropriate box on the left-hand side of the document; the right-hand box is for your supervisor or department/division head to complete. **Please complete and return the PAQ to your supervisor by November 30, 2016.**

**We only need one PAQ per position, although each person is welcome to fill out a separate PAQ.**

### Tips for Completing Your PAQ

- Spell out acronyms – acronyms may be exclusive to your department and mean something else nationally or to another part of the organization
- Minimum Requirements – Answer the questions based on the minimum requirements needed to perform the duties of the position (you may have 10 years of experience, but would a new hire need that to do the job?).
- Priority/Description of Duties – Question number nine (9) requests the priority and description of your duties. This question provides you the opportunity to explain your day-to-day responsibilities in your own words.
  - Give this question extra thought and provide your response as clearly and completely as possible, so that someone who has never met you or performed your duties may understand what your job entails.
  - Think about your day, week, month and even year on the job; some major duties (budget preparation for example) are a key function that takes significant time, though it may only be performed annually).
  - Begin with your most important duty and continue on down to the least important duty.
  - Try to keep the description to one-line or short phrases; begin each statement with a verb. Avoid paragraphs.
  - As a percentage, indicate the amount of time that it takes for you to complete each of the described tasks. Please keep in mind that the most important duty may not take the highest percentage of time.
  - Percentages should total 100%; it is strongly recommended that these percentages should be no smaller than 5%.

***If you need more space than what is allotted, please feel free to attach a separate piece of paper.***

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TO: Supervisors and/or Division/Department Heads  
SUBJECT: **Instructions for Reviewing Position Analysis Questionnaire**

After the employee or group of employees under your day-to-day supervision has completed a PAQ, they should return them to you for your review and verification. You will want to check the appropriate boxes on the right-hand side of every page, either agreeing or disagreeing with the boxes the employee has checked on the left-hand side. There is a section on Page 5 where you can comment on the accuracy and completeness of the employee's response. Please note any comments in this section and do not make any changes to employee responses.





10. **Education and Experience** - Please indicate the minimum education and minimum experience level needed to complete the normal, day-to-day tasks:

- | <i>Employee (check one)</i>  | <i>Supervisor (check one)</i> |
|--|-------------------------------|
| <input type="checkbox"/> Less than High School Diploma or GED..... | <input type="checkbox"/>      |
| <input type="checkbox"/> High School Diploma or GED.....           | <input type="checkbox"/>      |
| <input type="checkbox"/> Associates Degree.....                    | <input type="checkbox"/>      |
| <input type="checkbox"/> Bachelors Degree.....                     | <input type="checkbox"/>      |
| <input type="checkbox"/> Masters Degree.....                       | <input type="checkbox"/>      |
| <input type="checkbox"/> PhD.....                                  | <input type="checkbox"/>      |
| <input type="checkbox"/> Other.....                                | <input type="checkbox"/>      |

Major/Coursework: \_\_\_\_\_

Type of Experience: \_\_\_\_\_

Years of Experience

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> No experience.....                           | <input type="checkbox"/> |
| <input type="checkbox"/> Less than one year (minimal).....            | <input type="checkbox"/> |
| <input type="checkbox"/> One to three years (moderate).....           | <input type="checkbox"/> |
| <input type="checkbox"/> Three through five years (considerable)..... | <input type="checkbox"/> |
| <input type="checkbox"/> Six or more years (extensive).....           | <input type="checkbox"/> |

11. **Licenses, Certificates and Registrations** - Please indicate if there are any licenses, certificates and/or registrations required to perform your job (e.g. driver's license) (*Supervisor's comments regarding this information may be provided in the Supervisor's Comments section*)

\_\_\_\_\_  
\_\_\_\_\_

Are these required:  Upon Hire  Within 6 months  Within 1 year  Within 2 years  
*If requirement is specific to the license, certification or registration, please indicate timeframe by each one individually.*

12. **Special Training** - Please indicate if there is any special training required to perform your job. (*Supervisor's comments regarding this information may be provided in the Supervisor's Comments section*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are these required:  Upon Hire  Within 6 months  Within 1 year  Within 2 years  
*If requirement is specific to the training, please indicate timeframe by each one individually.*

13. **Work Level** - Level of work required to complete your normal, day-to-day duties satisfactorily.

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> Handles everyday, reoccurring basic assignments and problems.....  | <input type="checkbox"/> |
| <input type="checkbox"/> Handles a variety of typical assignments and problems independently.....   | <input type="checkbox"/> |
| <input type="checkbox"/> Senior or supervisory level; handles all advanced assignments and problems except those requiring policy or procedural change..... | <input type="checkbox"/> |
| <input type="checkbox"/> Managerial in nature; directs all assignments and deals with all problems.....   | <input type="checkbox"/> |

14. **Work Complexity** - Complexity and difficulty level associated with the tasks necessary to complete your work. Consider the level of judgment, analytical ability and creativity required and whether there are standards, policies and procedures that guide your actions.

- |  |                          |
|--|--------------------------|
| <input type="checkbox"/> Regular and repetitive tasks, processes or operations requiring the selection and execution of actions based on defined procedures.....   | <input type="checkbox"/> |
| <input type="checkbox"/> Fairly standard procedures and tasks where basic analytical ability is required, such as comparison of numbers and facts to select the correct actions. Detailed guidelines and procedures are generally used to make decisions or determine actions..... | <input type="checkbox"/> |
| <input type="checkbox"/> Requires the application of a variety of procedures, policies and/or precedents and moderate analytic ability in adapting standard methods to fit facts and conditions.....   | <input type="checkbox"/> |
| <input type="checkbox"/> Considerable analytical ability is needed to select, evaluate and interpret data from several sources; interpretation of guidelines, policies and procedures is required.....   | <input type="checkbox"/> |
| <input type="checkbox"/> Widely varied and involving many complex and significant variables, requiring analytical ability and inductive thinking in adapting policies, procedures and methods to fit unusual and complex situations.....   | <input type="checkbox"/> |

15. **Working Conditions** - Conditions you are subjected to during your day-to-day duties:

Absence of disagreeable conditions .....

Involves occasional exposure to some disagreeable elements (*dust, heat, fumes, cold, noise, vibration or wetness*) and accidents are improbable other than minor injuries. ....

One or more elements above; involves frequent exposure to hazards where lost-time accidents are definitely possible .....

Several elements above are occasionally present to the extent of being objectionable or regular exposure to work situations that could result in incapacitating accidents or, on occasion, loss of life .....

One or more of the above elements are regularly present and objectionable, or continuing exposure to work situations that could result in incapacitating accidents or periodic exposure to situations involving hazards that could result in total disability, critical illness or loss of life .....

Continuous exposure to work situations involving hazards that could result in total disability, critical illness or loss of life, despite the provision and/or implementation of available safety measures. ....

16. **Mental Stress and/or Effort** - Conditions you are subjected to during your day-to-day duties:

Limited mental effort and/or stress .....

Some mental effort and stress involved resulting in inconvenience and frustration. ....

Considerable mental effort and stress .....

Serious mental stress involved that could, over a period of time, result in temporary nervous disorder and severe mental anguish. ....

Severe mental stress involved that could result in permanent nervous disorder/mental instability .....

17. **Interpersonal Skills and Communication Skills** - Skills required during your day-to-day duties:

Little or no contact required except with immediate associates and direct supervisor. ....

Regular contact within the department and periodic contacts with other departments, outside agencies and the general public .....

Regular contact within the department and other departments, outside agencies and general public (supplying or seeking information) on specialized matters. ....

Outside and inside contacts to carry out organization programs or occasional contacts with officials at higher levels on matters requiring cooperation, explanation and persuasion, or work requiring enforcement of laws, ordinances, policies and procedures .....

Regular contact with persons of importance and influence involving considerable tact, discretion and persuasion. ....

Continuing contact involving difficult negotiations calling for well-developed sense of timing and strategy; representing department or organization in policy settings .....

Please list people or groups with whom you must interact and/or communicate in the performance of your job.  
(e.g.: citizens, customers, clients, elected officials, supervisors, subordinates, consultants, engineers, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. **Level of Responsibility** - How much freedom or independence is required or allowed in the performance of your normal duties:

Close supervision, or tasks are so routine and standardized that they do not require supervision. ....

Moderate supervision within standard operating procedures; supervisor or senior workers are generally nearby to answer questions, make "judgment calls" and/or prioritize work .....

Limited supervision with general autonomy in determining how objectives are achieved; supervisors generally set operating benchmarks, goals and objectives .....

General direction, based on broad goals and policies .....

Involves setting policies and goals for the department or organization operation .....

19. **Organizational Impact and Consequences** - How your daily duties impact the organization and the consequences of those duties:

Supportive, informational, recording or other services to assist others in producing correct and effective results; minor consequences .....

Assisting and supporting others or individually providing data or facilitating services for use by others; minor to moderate consequences .....

Daily actions or services affect individual clients/citizens; activity has moderate impact on specific cases in service area ....

Participating with others (within and/or outside of community/agency) in program development, service delivery and supervision of subordinate staff; moderate to serious impact .....

Major individual impact on and accountability for end results affecting organizational unit or total community/agency .....

20. **Supervision and/or Oversight** - The scope and type of responsibility that you exercise as a supervisor or lead worker of other employees. (Supervisor's comments regarding this information may be provided in the Supervisor's Comments section)

Do you supervise or have oversight of other positions:  Yes, continue in this box  No, continue to next section

Please check all that apply:

N/A  Work Group/Team  Unit/Section  Department  Division  Organization

List the positions by title, along with number of individuals within the position, that you have responsibility for:

_____	_____
_____	_____
_____	_____
_____	_____

For the positions listed above, do you effectively recommend or take action on the following:

Effectively Recommend	Take Action		Effectively Recommend	Take Action	
<input type="checkbox"/>	<input type="checkbox"/>	Hire	<input type="checkbox"/>	<input type="checkbox"/>	Suspend
<input type="checkbox"/>	<input type="checkbox"/>	Assign Work	<input type="checkbox"/>	<input type="checkbox"/>	Terminate
<input type="checkbox"/>	<input type="checkbox"/>	Direct Work	<input type="checkbox"/>	<input type="checkbox"/>	Discipline (Oral Reprimand)
<input type="checkbox"/>	<input type="checkbox"/>	Reward	<input type="checkbox"/>	<input type="checkbox"/>	Discipline (Written Reprimand)
<input type="checkbox"/>	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	<input type="checkbox"/>	Evaluate Performance
<input type="checkbox"/>	<input type="checkbox"/>	Promote	<input type="checkbox"/>	<input type="checkbox"/>	Demote
<input type="checkbox"/>	<input type="checkbox"/>	Adjust Grievances	<input type="checkbox"/>	<input type="checkbox"/>	Coach and/or Counsel
<input type="checkbox"/>	<input type="checkbox"/>	Train	<input type="checkbox"/>	<input type="checkbox"/>	Develop Staff Schedules
<input type="checkbox"/>	<input type="checkbox"/>	Inspect Work	<input type="checkbox"/>	<input type="checkbox"/>	Other



# Americans with Disabilities Act Supplemental Information Form

In order to assist in developing class descriptions which recognize and accommodate the requirements of the Act, each employee is requested to complete the attached ADA supplemental information form. Please check only those physical requirements or activities and sensory requirements that are **absolutely necessary** to perform the essential functions of your job and those environmental conditions which apply. **If options provided are not applicable, please do not check the corresponding box.**

The employee should check the appropriate box on the left side of the form. Supervisors should review information provided by the employee and verify the requirements of the position by checking the appropriate box on the right side of the form.

**1. The physical requirements of this position.**

Does this job require that weight be lifted or force be exerted? If so, how much and how often? Check the appropriate boxes below.

	Employee Amount of Time				Supervisor's Input			
	None	up to 1/3	1/3 to 2/3	2/3 & up	None	up to 1/3	1/3 to 2/3	2/3 & up
Up to 10 pounds of force	<input type="checkbox"/>							
Up to 25 pounds of force	<input type="checkbox"/>							
Up to 50 pounds of force	<input type="checkbox"/>							
Up to 100 pounds of force	<input type="checkbox"/>							
In excess of 100 pounds of force	<input type="checkbox"/>							

What is being lifted: \_\_\_\_\_

**2. The physical activity of this position.**

How much on-the-job time is spent in the following physical activities? Show the amount of time by checking the appropriate boxes below.

	Employee Amount of Time				Supervisor's Input			
	None	up to 1/3	1/3 to 2/3	2/3 & up	None	up to 1/3	1/3 to 2/3	2/3 & up
Stand	<input type="checkbox"/>							
Walk	<input type="checkbox"/>							
Sit	<input type="checkbox"/>							
Speak or hear	<input type="checkbox"/>							
Use hands to finger, handle or feel	<input type="checkbox"/>							
Climb or balance	<input type="checkbox"/>							
Stoop, kneel, crouch or crawl	<input type="checkbox"/>							
Reach with hands and arms	<input type="checkbox"/>							
Taste or smell	<input type="checkbox"/>							
Push or pull	<input type="checkbox"/>							
Lifting	<input type="checkbox"/>							
Repetitive Motions	<input type="checkbox"/>							

**3. The sensory requirements of the position are:**

**Visual Acuity**

- Standard vision requirements.....
- Close vision.....
- Distance vision.....
- Ability to adjust focus.....
- Depth perception.....
- Color perception.....
- Night vision.....
- Peripheral vision.....

**Vocal Communication**

- Expressing or exchanging ideas by means of the spoken word.....
- Detailed or loud talking to convey detailed or important spoken instructions to others accurately, loudly or quickly.....

**Hearing Perception**

- Ability to recognize information at normal spoken word levels.....
- Ability to receive detailed information through oral communications and/or to make fine distinctions in sound.....

**Sensory Utilization**

- Preparing and analyzing written or computer data.....
- Visual inspection involving small defects and/or small parts.....
- Use of measuring devices .....
- Assembly or fabrication of parts within arms length .....
- Operating machines.....
- Operating motor vehicles or equipment .....
- Observing general surroundings and activities.....

**4. The environmental conditions the worker will be subject to in this position.**

How much exposure to the following environmental conditions does this job require? Show the amount of time by checking the appropriate boxes below.

	Employee Amount of Time				Supervisor's Input			
	None	up to 1/3	1/3 to 2/3	2/3 & up	None	up to 1/3	1/3 to 2/3	2/3 & up
Wet, humid conditions (non-weather)	<input type="checkbox"/>							
Work near moving mechanical parts	<input type="checkbox"/>							
Work in high, precarious places	<input type="checkbox"/>							
Fumes or airborne particles	<input type="checkbox"/>							
Toxic or caustic chemicals	<input type="checkbox"/>							
Outdoor weather conditions	<input type="checkbox"/>							
Extreme cold (non-weather)	<input type="checkbox"/>							
Extreme heat (non-weather)	<input type="checkbox"/>							
Risk of electrical shock	<input type="checkbox"/>							
Work with explosives	<input type="checkbox"/>							
Vibration	<input type="checkbox"/>							
Breathing apparatus	<input type="checkbox"/>							
Exposure to blood borne pathogens	<input type="checkbox"/>							
Other:	<input type="checkbox"/>							
Other:	<input type="checkbox"/>							
Other:	<input type="checkbox"/>							

**5. Typical Noise Level**

Employee (check only one)

Supervisor (verify job requirement)

- Very Quiet (e.g. park trail, storage or file room).....
- Quiet (e.g. library, private offices).....
- Moderate Noise (e.g. business office with typewriters and/or computer printers, light traffic) .....
- Loud Noise (e.g. heavy traffic, large earth-moving equipment) .....
- Very Loud Noise (e.g. jack hammer work, garbage recycle plant) .....