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| **STATE OF NORTH CAROLINA** **JUDICIAL BRANCH OF GOVERNMENT****North Carolina Administrative Office of the Courts** |  **POSITION DESCRIPTION** |
| Current Employee’s Name  | Position No.  |
| Present Job Title  | Proposed Job Title  |
| Present Working Title  | Proposed Working Title  |
| Immediate Supervisor’s Name  | Immediate Supervisor’s Title/Position No.  |
| Work Schedule (e.g., Mon. – Fri., rotating shifts, weekend work. If travel is required, indicate the average number of days per week spent away from the home office [e.g., 1, 2, 3, 4, or 5]).  | Work Hours (e.g., 8:00 AM – 5:00 PM)  |
| Department/Division/Section  | Date  |
| 1. **JUSTIFICATION FOR REQUEST:** Reason for classification action request. Briefly describe the need for a position review.

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| 1. **PRIMARY PURPOSE OF ORGANIZATIONAL UNIT:** Summarize the primary purpose (reason this organizational unit exists) in two or three sentences.

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| 1. **PRIMARY PURPOSE OF POSITION:** Summarize the primary purpose (reason this position exists) in two or three sentences.

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| 1. **KNOWLEDGE, SKILLS AND ABILITIES RECOMMENDED:**

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| 1. **EDUCATION AND EXPERIENCE RECOMMENDED:** What educational background is needed to perform these duties and responsibilities? What kind of work experience is needed?

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| 1. **LICENSURE OR CERTIFICATION REQUIRED BY STATUTE OR REGULATION** (e.g., law license)**:**

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| 1. **DESCRIPTION OF WORK:** Describe in detail the major work functions of this position, as well as the duties and responsibilities required for each of those functions. At least one major function is required, though most jobs usually have between 3 and 5. At the beginning of each major function, indicate the percentage of time (PCT) the employee spends in that function. The percentage amounts should add up to 100 PCT. In addition, indicate with an asterisk (\*) if a function is considered an essential duty/function as defined by the Americans with Disabilities Act (ADA).

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| **No. 1**  |
| **No. 2**  |
| **No. 3**  |
| **No. 4**  |
| **No. 5**  |
| 1. **AMERICANS WITH DISABILITIES ACT CHECKLIST:**

**Physical Activity, Physical Requirements, Visual Acuity Requirements, Working Conditions, and Cognitive/Mental Capabilities** |
| 1. **PHYSICAL ACTIVITY**
 |
| Insert an “X” in the space to the left of **EACH** physical skill listed below that is routinely required to perform the job. |
| [ ]  | **Climbing:** Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion. |
| [ ]  | **Balancing:** Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. |
| [ ]  | **Stooping:** Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. |
| [ ]  | **Kneeling:** Bending legs at knee to come to a rest on knee or knees. |
| [ ]  | **Crouching:** Bending the body downward and forward by bending legs and spine. |
| [ ]  | **Crawling:** Moving about on hands and knees or hands and feet. |
| [ ]  | **Reaching:** Extending hand(s) and arm(s) in any direction. |
| [ ]  | **Standing:** Particularly for sustained periods of time. |
| [ ]  | **Walking:** Moving about on foot to accomplish tasks, particularly for long distances or moving from one work site to another.  |
| [ ]  | **Pushing:** Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.  |
| [ ]  | **Pulling:** Using upper extremities to exert force in order to drag, haul, or tug objects in a sustained motion. |
| [ ]  | **Lifting:** Raising objects from a lower to a higher position or moving objects horizontally from position to position. This factor is important if it occurs to a considerable degree and requires the substantial use of the upper extremities and back muscles.  |
| [ ]  | **Fingering:** Picking, pinching, typing, writing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. |
| [ ]  | **Grasping:** Applying pressure to an object with the fingers and palm. |
| [ ]  | **Feeling:** Perceiving attributes of objects, such as size, shape, temperature or texture by touching with skin, particularly that of the fingertips.  |
| [ ]  | **Talking:** Expressing or exchanging ideas by means of the spoken word. Those activities in which are conveyed detailed or important spoken instructions to other workers accurately, loudly or quickly. |
| [ ]  | **Hearing:** Perceiving the nature of sounds at normal speaking levels with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound. |
| [ ]  | **Repetitive Motions:** Frequent movements (motions) of the wrists, hands, and/or fingers. |
| [ ]  | **Smelling** |
| 1. **PHYSICAL REQUIREMENTS**
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| Insert an “X” in the space to the left of the **ONE** description listed below that BEST covers the work performed. |
| [ ]  | **Sedentary Work:** Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the subject’s own body. Sedentary Work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. |
| [ ]  | **Light Work:** 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 to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work. |
| [ ]  | **Medium Work:** Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. |
| [ ]  | **Heavy Work:** Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. |
| [ ]  | **Very Heavy Work:** Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently and/or in excess of 10 pounds of force constantly to move objects. |
| 1. **VISUAL ACUITY REQUIREMENTS**
 |
| Insert an “X” in the space to the left of the **ONE** description listed below that BEST covers the work performed. |
| [ ]  | The worker is required to have close visual acuity to perform an activity such as: preparing and analyzing data and figures, transcribing; viewing a computer terminal; extensive reading; visual inspections involving small defects, small parts, and/or operation of machines (including inspection); using measurement devices; and/or assembly or fabrication of parts at distances close to the eyes. |
| [ ]  | The worker is required to have visual acuity to perform an activity such as: operate machines such as lathes, drill presses, power saws and mills where the seeing job is at or within arm’s reach; perform mechanical or skilled trades tasks of a non-repetitive nature such as those performed by carpenters, technicians, service people, plumbers, painters, mechanics, etc. |
| [ ]  | The worker is required to have visual acuity to operate motor vehicles or heavy equipment. |
| [ ]  | The worker is required to have visual acuity to determine the accuracy, neatness, and thoroughness of the work assigned (e.g., custodial, food services, general laborer) OR to make general observations of facilities or structures (e.g., as a security guard, inspector). |
| 1. **WORKING CONDITIONS**
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| Insert an “X” in the space to the left of **EACH** condition listed below that is found on the job. |
| [ ]  | **Inside Environmental Conditions:** The worker is protected from weather conditions but not necessarily from temperature change. |
| [ ]  | **Outside Environmental Conditions:** The worker has no effective protection from weather. |
| [ ]  | **Extreme Cold:** The worker is subject to temperatures typically below 12 degrees for periods of more than one hour. Consideration should be given to the effect of other environmental conditions such as wind and humidity. |
| [ ]  | **Extreme Heat:** The worker is subject to temperatures above 100 degrees for periods of more than one hour. Consideration should be given to the effect of other environmental conditions such as wind and humidity. |
| [ ]  | **Noise:** There is sufficient noise to cause the worker to shout in order to be heard above the noise level. |
| [ ]  | **Vibration:** The worker is subject to exposure to oscillating movements of the extremities or whole body. |
| [ ]  | **Hazards:** The worker is subject to one or more of a variety of physical conditions, such as proximity to moving mechanical parts, moving vehicles, electrical current, working on scaffolding and high places, exposure to high heat or exposure to chemicals, extreme brightness, radiation, acidic substances, and allergens. |
| [ ]  | **Atmospheric Conditions:** The worker is subject to one or more of the following conditions that affect the respiratory system of the skin: fumes, odors, dusts, mists, gases or poor ventilation. |
| [ ]  | **Oils:** The worker is subject to oils. There is skin exposure to oils and other hazardous fluids. |
| [ ]  | **Respirator Requirement:** The worker is required to wear a respirator. |
| [ ]  | **Claustrophobic Conditions:** The worker is frequently in close quarters, crawl spaces, shafts, manholes, small enclosed rooms, small sewage and water line pipes, and other confined areas. |
| [ ]  | **Narrow Aisles or Passageways:** The worker is required to function in narrow aisles or passageways. |
| [ ]  | **Infectious Diseases:** The worker is exposed to infectious diseases. |
| [ ]  | **Prisoners or Mental Patients:** The worker is required to function around prisoners or mental patients. |
| [ ]  | **None:** The worker is not substantially exposed to adverse environmental conditions (such as in typical office or administrative work). |
| [ ]  | **Bloodborne Pathogens:** The worker is exposed to HIV/AIDS, Hepatitis B, and/or Hepatitis C. |
| 1. **COGNITIVE/MENTAL CAPABILITIES**
 |
| Insert an “X” in the space to the left of the **ONE** description listed below that BEST covers the work performed. |
|  **Comprehension**  |
| [ ]  | The worker understands and applies routine verbal and/or written instructions. |
| [ ]  | The worker understands and applies non-routine verbal and/or written instructions. |
| [ ]  | The worker understands complex problems and collaborates to explore alternative solutions. |
|  **Organization**  |
| [ ]  | The worker organizes actions to complete sequential and/or routine tasks. |
| [ ]  | The worker organizes and prioritizes his/her individual work schedule to manage multiple tasks and/or projects. |
| [ ]  | The worker organizes and prioritizes the work schedules of others to manage multiple tasks and/or projects. |
|  **Decision Making**  |
| [ ]  | The worker makes decisions that have an impact on the individual’s work. |
| [ ]  | The worker makes decisions that have an impact on the immediate work unit’s operations and/or services. |
| [ ]  | The worker makes decisions that have significant impact on a department’s credibility, operations and/or services. |
|  **Communication**  |
| [ ]  | The worker communicates and exchanges routine/basic information. |
| [ ]  | The worker communicates and explains a variety of information. |
| [ ]  | The worker communicates in-depth information for the purpose of interpreting and/or negotiating. |
| 1. **MANAGEMENT APPROVAL:**

I have reviewed the contents of this Position Description and confirm that it is an accurate and complete description of the duties and responsibilities. |
| **Management Position** | **Title** | **Name** | **Date** |
| Immediate Supervisor |   |   |   |
| Hiring Authority |   |   |   |