



## ANALYSIS OF ESSENTIAL FUNCTIONS

1. EMPLOYEE NAME	2. EMPLOYEE'S OFFICIAL TITLE	3. SERIES/GRADE	4. TODAY'S DATE (MM/DD/YYYY)
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## FACTORS TO CONSIDER IN DETERMINING WHETHER A JOB FUNCTION IS ESSENTIAL

1. THE EMPLOYER'S JUDGMENT AS TO WHICH FUNCTIONS ARE ESSENTIAL (*i.e. whether the reason the position exists is to perform that functions*);
2. WRITTEN JOB DESCRIPTIONS PREPARED BEFORE ADVERTISING OR INTERVIEWING APPLICANTS FOR THE JOB;
3. THE AMOUNT OF TIME ACTUALLY SPENT ON THE JOB PERFORMING THE FUNCTION (*i.e., the currently assigned duties the employee is actually performing*);
4. THE CONSEQUENCES OF NOT REQUIRING THE INCUMBENT TO PERFORM THE FUNCTION;
5. THE TERMS OF ANY COLLECTIVE BARGAINING AGREEMENT;
6. THE WORK EXPERIENCE OF PAST INCUMBENTS IN THE JOB;
7. THE CURRENT WORK EXPERIENCE OF INCUMBENTS IN SIMILIAR JOBS; AND/OR
8. THE NUMBER OF OTHER EMPLOYEES AVAILABLE TO PERFORM THE FUNCTION OR AMONG WHOM THE PERFORMANCE OF THE FUNCTION CAN BE DISTRIBUTED.

ESSENTIAL FUNCTION (Briefly describe)	PERCENTAGE OF TIME (Approx. time completing the essential functions during the work week)	CAN BE PERFORMED REMOTELY (Yes/No)	DOES IT REQUIRE PHYSICAL LABOR? (Yes/No)	PHYSICAL REQUIREMENTS

MAXIMUM TELEWORK HOURS AVAILABLE IN CURRENT POSITION	<b>COMBINED PERCENTAGE</b>	<b>HOURS PER WEEK</b>	<b>HOURS PER PAY PERIOD</b>
<i>(Calculate by: adding up the percentage of time annotated above as "Yes" in "Can be performed remotely" column)</i>	<b>SAMPLE :</b> %	of	of
	%	of	of

5. DMO NAME	6. DMO PHONE NUMBER	7. DMO EMAIL ADDRESS
8. DMO SIGNATURE		

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This form should be retained separately from the employee's Official (*paper or electronic*) Personnel Folder.