

Provider Group – Joint Job Evaluation Job Fact Sheet Job #531 – Payroll Assistant

PLEASE PRINT

Section 1 - INTRODUCTION

Purpose:

This section provides general direction for completing the Job Fact Sheet and is further supplemented by the additional instructions set out in the remaining sections of this Job Fact Sheet.

The collection of accurate, complete, up-to-date and gender neutral job information is essential to, and forms the basis of, the job evaluation process.

This Job Fact Sheet (JFS) provides a format and serves as a questionnaire designed to describe a job, to capture the skill, effort and responsibility normally required in the work, and to record the conditions under which it is usually carried out. The JFS focuses on **CURRENT** job content and requirements. **THIS IS NOT AN APPRAISAL OF AN INDIVIDUAL'S PERFORMANCE ON THE JOB.**

Please read the JFS carefully, and complete each section. Throughout the JFS examples are requested and are important as you describe the job. Provide additional information on the back blank pages of this document, additional job holder comments can be recorded in Section (16) on page 25, or attach additional pages if necessary.

SUPERVISOR - STEPS TO FOLLOW:

- 1. a. New Job: complete Job Review Request Form (JRRF), complete a proposed JFS and proposed Job Description.
 - b. Forward all documents to your Human Resources representative.
- 2. DO NOT CHANGE EMPLOYEE'S RESPONSES.

EMPLOYEE - STEPS TO FOLLOW:

- 1. Please read the JFS carefully, and complete each section. If you find that some questions do not relate to your job, please write in "not applicable".
- 2. The information you provide should relate to the job content as it currently exists. When reviewing your duties and responsibilities, ensure that you consider the entire job cycle (activities that regularly occur in a one-year period).
- 3. Group submissions are encouraged for employees doing the same or very similar job duties.
- 4. It is suggested that you complete Sections 6 through 15 before completing Sections 4 and 5. The "Sample Key Activities" (see Appendix A) may assist you in completing Section 5.
- 5. Once you have completed the JFS and if you have not already submitted a JRRF, please complete and forward both documents to your Human Resources representative. Keep a copy of all documentation for your records. Please complete the Signatures Section (17) on page 25.
- 6. Your immediate **Out-of-Scope Supervisor** (Supervisor) will review your completed JFS and add comments at the end of each section.
- Please keep in mind that, although you are the employee(s) doing the job, what is being described are the current responsibilities of the job not how well you are performing these tasks and responsibilities. It is important that you concentrate only on providing the facts about the job and its responsibilities.

| Purpose: This section gathers information regarding the organiza | ation in which your job functions. |
|---|--|
| Complete the Chart below: Be sure to write in the Provincial JE Job Title of the position — not the name | ne of the person currently in the job. |
| Title of your immediate Out-of-Scope Supervisor | SUPERVISOR'S COMMENTS – ORGANIZATIONAL WORK CHART |
| | Are the responses to this question: ☐ Complete ☐ Incomplete Do you agree with the responses: ☐ Yes ☐ No |
| Title of your immediate Supervisor (if different than above) | COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected): |
| | |
| Your current Provincial JE Job Title | |
| Your current Provincial JE Job Number: | Supervisor's Initials:JP |
| | |
| Provincial JE Job Titles that report directly to you (if applicable) | |
| | |
| | |

| Sectio | n 3 – JOB IDEN | TIFICATION | | | | | | |
|--------------|---------------------------------------|---|--|------------------------------|-------------|-------------------------|----------------------------------|-------------------|
| | Purpose: | This section gat | thers basic identifying n | naterial so we can keep tra | ck of comp | leted Job Fact Sl | heets. | |
| Provid | le your name and | work telephone nui | mber(s) for contact purpo | ses. For group JFS submiss | ons, please | note the name an | d telephone number(s) of the cor | tact person. |
| | of person comple OOING THE SA | | ingle employee, or contact | ct person for group JFS subn | nission (ON | LY COMPLETE | A GROUP SUBMISSION IF A | LL EMPLOYEES |
| Name | (Print): | | | | | | Employee No.: | |
| Work | Telephone: | | | E-Mail Address: | | | | |
| Saskat | chewan Health A | Authority/Affiliate: | | | | | | |
| Facilit | y/Site: | | | | Departm | ent: | | |
| See Se | ction 18 on page | 28 for signatures. | | | | | | |
| Provin | icial JE Job Title | · | | | | | Date: | |
| Provin | icial JE Number: | N | EW | Office use only | 7: | JEMC No. | M | |
| Sectio | n 4 – JOB SUM | MARY | | | | | | |
| | Purpose: | This section des | scribes why the job exis | ts. | | | | |
| Briefly | y describe the gen | neral purpose of this | s job: Performs and a and legislative i | | yroll, ben | efits and cleric | cal duties in accordance wi | th departmental |
| Thir you You | nk about what yo about your job. | u would say if some gin with:"The (<u>Job T</u> | "What is this job response cone approached you and Fitle) exists to" or "The | asked | | | | |
| CLIDE | DVISOD'S CO | MMENTS – JOB S | | ******** | ***** | ****** | ***** | |
| Are th | ne responses to t u agree with the | his question: | ☐ Complete ☐ Yes | ☐ Incomplete ☐ No | COMM | ENTS (<u>must</u> be c | completed if "Incomplete" or "I | No" is selected): |
| | | | | | | | Supervisor's Initials: | |

5 – KEY WORK ACTIVITIES

|--|

Consider the full range of job duties or responsibilities undertaken over the year. Summarize these in rough form before completing this section.

Group the job duties or responsibilities that are related and summarize them in a phrase, at the top of each box (e.g., counseling and patient education, preventative maintenance, community involvement). Estimate (to the nearest 5%) the percentage of time per year spent on each key work activity summarized in the section(s) below. Most jobs can be described in three to five key work activities.

The total of all key work activity sections should equal but not exceed 100%. For example: ½ day every day per year = 50%; 3 months per year = 25%; 2½ weeks per year = 5%

After summarizing each key work activity, provide details or examples that describe the related job duties or responsibilities. If using abbreviations, acronyms or technical terminology, please initially explain their meaning.

- Don't get lost in detail in describing the duties and responsibilities. Use clear verbs about things that are done in connection with each one. Avoid using a gender biased wording (i.e. he or she) in describing the work.
- It is important that the **whole job** be described, not just a particular dimension or a special project.

The "Sample Key Activities" (see Appendix A) may assist you in completing this section.

Key Work Activity A: Payroll Processing

Duties/Responsibilities:

- ♦ Verifies and processes employee shift information/scheduling data for payroll processing.
- ♦ Performs various audits/corrections of payroll data prior to processing.
- ♦ Create, audit and submit Record of Employments to Service Canada.
- ♦ Audit payroll reports and make required correction entries.
- ♦ Reconcile and update employee accrual banks.
- **♦** Provide verification of employment documentation.
- ♦ Calculates hours worked for various licensing bodies (e.g., CLPNS).
- ♦ Reviews/correct uploaded information to ensure validity/accuracy.
- ♦ Determine and input deferred salary criteria for processing.
- ♦ Running reports for WCB and DIP.
- **♦** Calculates retroactive payments, pay adjustments/advances, supplemental employment benefits (SEB), overpayments and wage increases.
- ♦ Monitors statutory holidays, earned time off, vacation, sick days and family days for correct pay-out and accrual.
- ♦ Processes provisional payments due to errors and follow up (e.g., manual cheques, electronic funds transfer requests, recalculation of benefits).

SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES

Supervisor's Initials:

| Key Work Activity B: Benefits | SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES | | | | | | |
|---|--|--|--|--|--|--|--|
| Duties/Responsibilities: | Are the responses to this question: Complete Incomplete | | | | | | |
| ♦ Answers inquiries about employer policies and/or collective agreement provision applications. ♦ Liaises with 3sHealth, pension providers, insurers (e.g., WCB, SGI), Human Resource Specialists. ♦ Assists employees with pension and benefit eligibility information. | Do you agree with the responses: Yes No COMMENTS (must be completed if "Incomplete" or "No" is selected): Supervisor's Initials: | | | | | | |
| Key Work Activity C: <u>Clerical Duties</u> | SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES | | | | | | |
| Duties/Responsibilities: | Are the responses to this question: Complete Incomplete | | | | | | |
| ◆ Creates, edits and formats documents (letters, memos). ◆ Creates and maintains spreadsheets. ◆ Maintains filing systems/purges/archives. ◆ Picks up and delivers mail, photocopies, faxes, scans, emails. | Do you agree with the responses: Yes No COMMENTS (must be completed if "Incomplete" or "No" is selected): Supervisor's Initials: | | | | | | |
| Key Work Activity D: Related Key Work Activities | SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES | | | | | | |
| Duties/Responsibilities: | Are the responses to this question: Complete Incomplete | | | | | | |
| Responds to payroll inquiries and follow-up corrective action required. Prepares adhoc reports. Assists with maintaining employee personnel files. Processes allowances. Audits/inputs professional fees submissions for accuracy. May show others how to perform tasks or duties by familiarizing new employees with the work area and processes. | Do you agree with the responses: | | | | | | |

Section 6 – DECISION-MAKING

Purpose: This section provides a series of situations that may be encountered on the job requiring decision making before taking action.

For each situation, please indicate the response that most appropriately describes your job. Provide examples where requested. Add any additional examples under "Other".

Example: if the job requires you to follow specific instructions/procedures most of the time, check the box under "Most of the time" and give examples. If the job requires you to modify established methods often, check "Often".

| (a) | In this job, do you (check all responses that apply) | Almost never | Sometimes | Often | Most of the time |
|-----|--|-----------------|-----------|-------|------------------|
| | Follow specific instructions/procedures, use well-defined methods or use established guidelines to achieve desired end results. Example: | | | | X |
| | Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example Calculating provisional pay outside normal pay periods | | X | | |
| | Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. Example: | X | | | |

| (b) | When there is a situation you have not come across before, do you (check all responses that apply) | Almost never | Sometimes | Often | Most of the time |
|-----|--|-----------------|-----------|-------|------------------|
| | Immediately ask the supervisor/leader what to do | | | X | |
| | Ask co-workers for help in deciding what to do | | | X | |
| | Read manuals and figure out what to do | | X | | |
| | Decide with your supervisor what to do | | | X | |
| | Check guidelines and past practices | | | X | |
| | Decide what to do based on your related experience | | X | | |
| | Get advice with problems from management and/or other sources (e.g. supplier, consultants) | | X | | |
| | Other (specify) | | | | |
| | | | | | |

| (c) | To what extent are the dec and provide examples) | ision-making requ | irements of this job guid | led by others (check all responses that apply | Almost never | Sometimes | Often | Most of the time |
|----------------------------------|---|--|---------------------------|---|-----------------|--------------|--------|---------------------|
| | Immediate supervisor | | | | | | X | |
| | Example: | | | | | | Λ. | |
| | Others in own program/depa | artment | | | | | X | |
| | Example: | | | | | | Λ | |
| | Others within the SHA | | | | | X | | |
| Others within the SHA Example: | | | | | | | | |
| | Departmental Management | | | | | X | | |
| | Example: | | | | | Λ | | |
| | Specialists / Clinical Experts | S | | | X | | | |
| | Example: | | | | | | | |
| | Senior Management | | | | X | | | |
| | Example: | | | | Λ | | | |
| | Other | | | | | X | | |
| | Example: <i>3sHealth</i> | | | | | A . | | |
| | | ******* | ********* | *********** | | | | |
| PERVI | ISOR'S COMMENTS - DEC | CISION-MAKING | | | | | | |
| e the responses to the question: | | COMMENTS (<u>must</u> be completed if "Inco | omplete" | or "No" is s | elected): | | | |
| you ag | ree with the responses: | ☐ Yes | □ No | | | | | |
| | | | | | | | | |
| | | | | | _ Supe | rvisor's Ini | tials: | |

| | Purp | ose: This section | gathers information | n on the minimum | n level of comple | ted formal education required for the job. |
|-----|---|---|-------------------------|---------------------|-------------------|--|
| • | | t minimum level of comp you have, but what is the | | | | or a new person being hired into this job? This does not reflect the education |
| • | | total minimum level of coto to graduation or certificat | | r formal training s | hould include all | classroom, laboratory, practicum, clinical, or apprenticeship, etc., time required |
| | (i) | High School: | Grade 10 | Grade 11 🗌 | Grade 12 🛛 | |
| | (ii) | Technical/Vocational/C | ommunity College: | 1 year ⊠ | 2 years | 3 years |
| | | Specify (Do not use al Plus CPA Complia | | | | entals 1 |
| | Is any | y Provincial, National or p | professional certificat | tion mandatory? | Yes | ⊠ No |
| | What | t additional special skills, | training, or licenses a | are needed to perfo | orm the job? Indi | cate the length of the course/program: |
| | AAAC | Accounting skills Analytical skills Interpersonal skills Communication skill Ability to work indepo | | | | |
| PEI | RVISO | R'S COMMENTS – ED | | | ING | ********************** |
| | | | _ | | | MENTS (<u>must</u> be completed if "Incomplete" or "No" is selected): |
| | | onses to the question: | ☐ Complete | ☐ Incomplete | | |
| | - | _ | | | | |
| | - | with the responses: | ☐ Yes | □ No | | Supervisor's Initials: |

| | n 8 – EXPERIENCE | | | | |
|--------------|---|--|--------------------------------------|--|---|
| | | section gathers informated experience and/or on- | | | d for a job. Relevant experience may include previous job- |
| | te the minimum relevan to carry out the requiren | | rior to and/or (b) on-the-jo | ob, that is required for a ne | w person with the education recorded in Section 7 to acquire the |
| > | For part (b), ask yourse | | uired to learn new tasks a | nd responsibilities or to a | djust to the job? If so, how much?" 7, Education and Specific Training. |
|) | Required previous rela | ted job experience (do no | t include practicum or a | pprenticeship if covered | in Section 7 – Education and Specific Training) |
| | None | 6 months | 1 year | 3 years | 5 years |
| | Up to 3 months | 2 9 months | 2 years | 4 years | Other (specify) |
| | | | | | |
|) | - | on the job to learn and/or | · · | | |
| | 1 month or fewer | 6 months | ∑ 1 year | 3 years | |
|) | ☐ 1 month or fewer ☐ 3 months | 6 months 9 months | ∑ 1 year ☐ 2 years | Other (specify) | |
| | ☐ 1 month or fewer ☐ 3 months Describe the tasks and Twelve (12) more legislation, and/procedures. | 6 months 9 months responsibilities that need nths on the job experien | ∑ 1 year | Other (specify) atisfy the requirements of vledge in payroll/accounts, computer software | |
| *** | ☐ 1 month or fewer ☐ 3 months Describe the tasks and Twelve (12) more legislation, and/procedures. | 6 months 9 months responsibilities that need aths on the job experient for benefits administration. | ∑ 1 year | Other (specify) atisfy the requirements of vledge in payroll/accounts, computer software | this job: nting practices with regards to federal and provincial and become familiar with department policies and |
| **** | ☐ 1 month or fewer ☐ 3 months Describe the tasks and Twelve (12) mon legislation, and/ procedures. *********************************** | 6 months 9 months responsibilities that need aths on the job experient for benefits administrate ************************************ | | Other (specify) atisfy the requirements of vledge in payroll/accounts, computer software | this job: nting practices with regards to federal and provincial |
| UPE re th | ☐ 1 month or fewer ☐ 3 months Describe the tasks and | 6 months 9 months responsibilities that need aths on the job experient for benefits administration. *********************************** | | Other (specify) atisfy the requirements of vledge in payroll/accounts, computer software | this job: nting practices with regards to federal and provincial and become familiar with department policies and |

| Purpose: | This section g | athers information | on the extent to which | ch the job exercises independent action. | | | |
|---|--|---|--------------------------|--|--|--|--|
| | independent action re no precedents to | | rees. Some jobs are hig | ghly structured and have many formal procedures, while others require exercising judgement o | | | |
| | | provided to this job. hers and direct supe | | rom rules, instructions, established procedures, defined methods, manuals, policies, professiona | | | |
| To what exte directing acti | | ntrol its own work as | s opposed to being guid | led by influences such as rules, procedures, policies, supervisory presence or instructions | | | |
| Please check | the answer that n | nost closely repres | ents expected job requ | uirements. | | | |
| Most job | requirements (to th | e extent possible) ar | e set out within structu | are and rules and/or readily understood schedules to guide job tasks/duties required. | | | |
| Some rest Some re | rictions apply, but | the control over sett | ing work priorities and | I pace of work is contained within the job. | | | |
| ☐ There are | minimal restriction | ns, leaving significa | nt control over the wor | k being carried out within the scope of the job. | | | |
| Other (ple | ease explain): | | | | | | |
| To what exte | To what extent does this job exercise judgement to determine how the work is to be done? | | | | | | |
| Please check | the answer that n | nost closely repres | ents expected job requ | uirements. | | | |
| ☐ Work is a | mostly repetitive ar | nd predictable with l | ittle need for judgemer | nt. Example: | | | |
| | • 1 | | 1 5 5 | t or choices to be made. Example: nents, processing supplementary employment benefits | | | |
| ☐ Work pre | ☐ Work presents difficult choices or unique situations that require judgement. Example: | | | | | | |
| | | **** | ******* | *********** | | | |
| PERVISOR'S CO | MMENTS – IND | EPENDENT JUDO | GEMENT | | | | |
| e the responses to | | ☐ Complete | ☐ Incomplete | COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected): | | | |
| you agree with th | - | ☐ Yes | ☐ No | | | | |
| you agice with th | e responses. | 1 cs | □ 140 | | | | |
| | | | | Supervisor's Initials: | | | |

Section 10 – WORKING RELATIONSHIPS

Purpose: This section gathers information on the typical contacts or working relationships <u>necessary</u> in doing the job.

(a) What are the typical contacts or working relationships **necessary** in doing this job? For each contact listed, determine the purpose of the contact and **check off all that apply** in the chart below. **Do not include contact with employees you supervise.**

Purpose of Contact:

- A No exchange
- **B** Exchange of factual or work-related information
- C Explanation and interpretation of information or ideas
- **D** Discussion of problems with a view to obtaining consent, cooperation and/or coordination of activities
- **E** Counseling
- **F** Secure cooperation of others for the development of services, programs, policies or agreements on behalf of the Program / Department
- **G** Negotiation of service and / or supply agreements

| | | PURPOSE OF CONTACT Check off all that apply (more than one, if applicable | | | | | |
|--|---|---|---|-----|---|---|---|
| | A | В | C | D E | E | F | G |
| Employees in the same department | | X | X | X | | | |
| Employees in another department/site (specify) | | X | X | X | | | |
| Students | X | | | | | | |
| Supervisor / supervisors of programs / departments or services | | X | X | X | | | |
| Clients / patients / residents | X | | | | | | |
| Family of clients / patients / residents | X | | | | | | |
| Physicians | X | | | | | | |
| Business representatives | | X | | | | | |
| Suppliers / contractors | | X | | | | | |
| Volunteers | X | | | | | | |
| General Public | X | | | | | | |
| Other health care organizations or agencies | | X | X | X | | | |
| Professional organizations / agencies | | X | X | X | | | |
| Government departments | | X | X | X | | | |
| Social Service establishments | X | | | | | | |
| Community Agencies | X | | | | | | |
| Police and Ambulance | | X | | | | | |
| Foundations | | X | | | | | |
| Others (specify) | | | | | | | |

Section 10 – WORKING RELATIONSHIPS (cont'd)

Questions (b) to (k) that follow provide a series of situations that may be encountered in your job. Please provide the response that fits best for each situation. Provide examples or specify where requested.

| HOV | V OFTEN DOES YOUR JOB REQUIRE YOU TO: | Almost never | Sometimes | Often | Most of the time |
|------------|---|-----------------|-----------|-------|------------------|
| (b) | Have to tell people things they <u>DO NOT</u> want to hear? | | X | | |
| | Other employees | | | | |
| | Client / patients / residents / families | X | | | |
| | The general public | X | | | |
| | Other (specify) | | | | |
| (c) | Have contact with very upset or very angry: | | | | |
| | Clients / patients / residents / families (not other workers) | X | | | |
| | Outside groups (not other workers) | X | | | |
| | General public | X | | | |
| | Other employees | | X | | |
| | Management | | X | | |
| | Physicians | X | | | |
| | Other (specify) | | | | |
| (d) | Have contact with extreme / special needs clients / patients / residents? | | | | |
| | Specify: | | | | |
| (e) | Talk with clients / patients / residents to: | X | | | |
| | Get information from them | | | | |
| | ■ Inform them | X | | | |
| | Counsel them | | | | |
| | Devise mutual goals / objectives with them | X | | | |
| | Check on their progress | X | | | |
| (f) | Talk with families to: | | | | |
| | Get information from them | X | | | |
| _ | ■ Inform them | X | | | |
| | Counsel them | | | | |
| | Devise mutual goals / objectives with them | X | | | |
| | Check on their progress | X | | | |
| (g) | Talk with physicians to: | | | | |
| | Get information from them | X | | | |
| | ■ Inform them | X | | | |
| | Devise mutual goals / objectives with them | X | | | |

Section 10 – WORKING RELATIONSHIPS (cont'd)

| HOV | OFTEN DOES YOUR JOB REQUIRE YOU TO: | | Almost never | Sometimes | Often | Most of the time |
|---------|--|-------------------------------------|-----------------|--------------|-----------|---------------------|
| (h) | Talk with general public to: | | | | | |
| | Provide information | | X | | | |
| | Respond to questions | | X | | | |
| | Make presentations | | X | | | |
| (i) | Talk with other employees to: | | | | | |
| | Get information from them | | | | X | |
| | Inform them | | | | X | |
| | Counsel / persuade them | | X | | | |
| | Give them advice on work procedures | | | X | | |
| | Get advice from them on work procedures | | | X | | |
| | Get cooperation from other parts of the organization on projects | | X | | | |
| | Other (specify) | | | | | |
| (j) | Talk to vendors, contractors, consultants, government agencies and o | | | | | |
| | Get information from them | | X | | | |
| | Confer with peer professionals | | X | | <u> </u> | |
| | ■ Inform them | | | X | | † |
| | Arrange for services | X | | | | |
| | Devise mutual goals / objectives with them | | X | | | |
| | Lead meetings | | X | | | |
| | Check on their progress | | X | | | |
| | Other (specify) | | | | | |
| (k) | Other (specify): | | · | • | | - |
| | | | | | | |
| | | | | | | |
| | ***************** | *********** | | | | |
| RVI | SOR'S COMMENTS - WORKING RELATIONSHIPS | COMMENTS (must be completed if "Inc | omnlete" | or "No" is s | elected): | • |
| ne res | sponses to the question: | | | OI 140 13 3 | | |
| u agi | ree with the responses: | | | | | |
| - 8 | • | | Supo | rvicor's Ini | tiale• | |
| you agi | ree with the responses: | | Supe | rviso | r's Ini | r's Initials: |

| Purpose: | | | | | carrying out the duties of the job. Consider th | ie |
|----------------------------------|--|--------------------------|---------------------------|------------------------------------|--|-----------|
| | | | | | act or an outcome on the following? Such effects | are typic |
| | This section gathers information on the likelihood of impact of action occurring when carrying out tresponsibility for actions, resources and services, and the extent of the losses. Tying out your job duties and responsibilities, what is the likelihood of your actions having an impact or an outcommisted as carelessness, willful neglect or extreme circumstances. Iliscomfort of others ase provide an example(s): Summent in public, client / patient / resident, families, business or employee relations ase provide an example(s): Summent in public, client / patient / resident, families, business or employee relations ase provide an example(s): Summent in public, client / patient / resident, families, business or employee relations ase provide an example(s): Summent in public, client / patient / resident, families, business or employee relations ase provide an example(s): Summent in public, client / patient / resident, families, business or employee relations ase provide an example(s): Summent in public, client / patient / resident, families, business or employee relations ase provide an example(s): Summent in public, client / patient / resident, families, business or employee relations ase provide an example(s): Summent in public, client / patient / resident, families, business or employee relations ase provide an example(s): Summent in public, client / patient / resident, families, business or employee relations ase provide an example(s): Summent in public, client / patient / resident, families, business or employee relations ase provide an example(s): Summent in public, client / patient / resident, families, business or employee relations ase provide an example(s): Summent in public, client / patient / resident, families, business or employee relations ase provide an example(s): Summent in public, client / patient / resident, families, business or employee relations ase provide an example(s): Summent in public, client / patient / resident / patient / patient / patient / patient / patien | Is an impact likely? Yes | No [| | | |
| If yes, please | provide an examp | ple(s): | | nployee relations | Is an impact likely? Yes ⊠ | No [|
| If yes, please | provide an examp | ole(s): | · | | Is an impact likely? Yes ⊠ | No [|
| If yes, please | provide an examp | ple(s): | | 's entitlements. | Is an impact likely? Yes ⊠ | No [|
| | | | | | Is an impact likely? Yes | No |
| If yes, please | provide an examp | ple(s): | errors to various accru | als and reports to stakeholders (e | Is an impact likely? Yes ⊠ | No |
| Financial loss If yes, please | ses including with provide an examp | drawal of commitme | ent or withholding of fur | - | Is an impact likely? Yes ⊠ | No |
| Other – | | | | | Is an impact likely? Yes □ | No |
| | | ******* | ******* | ********* | ****** | |
| VISOR'S CO | MMENTS – IM | PACT OF ACTION | 1 | COMPARING (41 | | |
| responses to | - | ☐ Complete ☐ Yes | ☐ Incomplete | COMMENTS (must be co | ompleted if "Incomplete" or "No" is selected): | |
| = | - | | | | Supervisor's Initials: | |

Section 12 – LEADERSHIP/SUPERVISION

| | hers information of ble them to carry | | pervise others, lead others and / or provide functional guidance or technical |
|--|--|------------------------------|---|
| Leadership refers to the requiren carry out their job. Do not inclu | | | s, provide functional guidance or provide technical direction to enable other employees |
| Specify any jobs or work group a | as appropriate, und | er one or more of these cate | egories. Check all that apply and provide examples. |
| ☐ Familiarize new employees v | with the work area | and processes | Examples Staff |
| Assign and/or check work of others doing work similar to yours | | | |
| Lead a project team, prioritiz achieve planned outcome(s) | e tasks, assign wor | k, monitor progress to | |
| Provide functional advice / ir tasks | nstruction to others | in how to carry out work | Staff |
| Provide technical direction as carry out their primary job re | | d in order for others to | |
| Provide input to appraisal, his | ring and/or replace | ment of personnel | |
| Coordinate replacement and/ | or scheduling of en | nployees | |
| Supervise a work group; assignable take responsibility for all the | | e, methods to be used, and | |
| ☐ Supervise the work, practices | s and procedures of | a defined program | |
| ☐ Supervise the work, practices | s and procedures of | a department | |
| Provide counseling and/or co | eaching to others | | |
| Provide health promotion / or | utreach (teaching / | instruction) | |
| Other (specify) | | | |
| | ******* | ******* | ******************************** |
| ERVISOR'S COMMENTS – LEA | DERSHIP/SUPE | RVISION | |
| the responses to the question: | ☐ Complete | ☐ Incomplete | COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected): |
| ou agree with the responses: | ☐ Yes | | |
| | | | |

Supervisor's Initials: ____

Section 13 – PHYSICAL DEMANDS

Purpose: This section gathers information on the physical effort and for the accurate hand/eye or hand/foot coordination required on a regular basis in your job.

- (a) What **physical effort** is required on a **typical** basis for your job? Please provide examples that are applicable to your job.
 - Duration means individual periods of **uninterrupted time** (except for scheduled breaks) i.e. how long you have to perform the activity each time.
 - Frequency means **how often** each activity occurs within the day.

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). **Percentages may not add up to 100\% (due to simultaneous activities).**

Place a checkmark in the chart below indicating the duration, frequency and weight of the activity. Only indicate weight where applicable.

Light weight – up to 9 kg / 20 lbs

Occasional – means the activity occurs once in a while – less than 50% of the time

Medium weight – over 9 kg / 20 lbs

Regular – means the activity occurs often – between 50% - 75% of the time

Heavy weight – over 23kg / 50 lbs

Frequent – means the activity occurs every day – over 75% of the time

Exertions that are infrequent or that are not typical of the performance of the job should not be considered.

| | DURATION | | FREQUENC | Y | WEIGHT |
|-------------------------------------|---------------------------|------------|----------|----------|-----------------------------------|
| ACTIVITY EXAMPLES | Approximate % of time/day | Occasional | Regular | Frequent | Light, Medium, Heavy (specify) |
| Computer operation | 50 - 90% | | | X | |
| Sitting | 50 - 90% | | | X | |
| Standing/crouching/lifting (filing) | 20% | | X | | |
| Walking | 10% | X | | | |
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| Section 13 – PHYSICAL DEMANDS (| cont' | d) |
|---------------------------------|-------|----|
|---------------------------------|-------|----|

(b) Does your work require accurate hand/eye or hand/foot coordination? Please provide examples that are applicable to your job.

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). **Percentages may not add up to 100\% (due to simultaneous activities).**

Examples: keyboard skills, repairing fine instruments/equipment; floor polishers; folding laundry; mechanical; plumbing; giving injections; dispensing oral medications; lawn mowers; sorting mail; electrical; driving; drafting; using long-handled tools such as mops and shovels; stocking shelves; positioning patients and equipment; carpentry.

Place a checkmark in the chart below indicating the frequency of occurrence over a year.

Occasional– means the activity occurs once in a while – less than 50% of the timeRegular– means the activity occurs often – between 50% - 75% of the timeFrequent– means the activity occurs every day – over 75% of the time

| | DURATION | | Y | |
|--|---------------------------|------------|---------|------------------|
| ACTIVITY EXAMPLES | Approximate % of time/day | Occasional | Regular | Frequent |
| Computer operation | 50 - 90% | | | \boldsymbol{X} |
| Filing, scanning, faxing, photocopying | 5 - 10% | | | |
| Sorting | 5% | | | |
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|--|---------------|--------------|--|--|--|--|--|--|
| SUPERVISOR'S COMMENTS – PH | YSICAL DEMANI | os | | | | | | |
| Are the responses to the question: | ☐ Complete | ☐ Incomplete | COMMENTS (<u>must</u> be completed if "Incomplete" or "No" are selected): | | | | | |
| Do you agree with the responses: | ☐ Yes | □ No | | | | | | |
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| | | | Supervisor's Initials: | | | | | |

Section 14 – SENSORY DEMANDS

Purpose: This section gathers information on the frequency and duration of sensory demands required by your job.

(a) What **Visual Effort** is required on a **concentrated** basis in your job? Please provide **examples** that are applicable to your job.

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). **Percentages may not add up to 100% (due to simultaneous activities).**

Duration means individual periods of **uninterrupted time** (except for scheduled breaks) – i.e. how long you have to perform the activity each time.

Place a checkmark in the chart below indicating the frequency of occurrence over a year.

Frequency means **how often** each activity occurs within the day or week.

Occasional – means the activity occurs once in a while – less than 50% of the time

- means the activity occurs often – between 50% - 75% of the time

- means the activity occurs every day – over 75% of the time

| | DURATION | | FREQUENC | CY | |
|--|---------------------------|------------|----------|----------|--|
| ACTIVITY EXAMPLES | Approximate % of time/day | Occasional | Regular | Frequent | |
| Computer operation/calculator use | 50 - 90% | | | X | |
| Creating reports | 20% | | X | | |
| Reading/completing forms | 20% | | X | | |
| Filing, scanning, faxing, photocopying | 5 - 10% | | | | |
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Section 14 – SENSORY DEMANDS (cont'd)

(b) Does your job require that you **Listen Attentively**? Please provide **examples** that are applicable to your job.

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). **Percentages may not add up to 100% (due to simultaneous activities).**

Place a checkmark in the chart below indicating the frequency of occurrence over a year.

- **Examples**: taking dictation, counseling; negotiating; taking minutes of meetings; taking telephone messages; operating a switchboard; alarm systems; mechanical/equipment sounds; taking directions or instructions; observing clients/patients/residents.
- Duration means individual periods of **uninterrupted time** (except for scheduled breaks) i.e. how long you have to perform the activity each time.
- Frequency means **how often** each activity occurs within the day or week.

Occasional – means the activity occurs once in a while – less than 50% of the time

- means the activity occurs often – between 50% - 75% of the time

- means the activity occurs every day – over 75% of the time

| | DURATION | | FREQUENC | Y |
|---------------------------------|---------------------------|------------|----------|----------|
| ACTIVITY EXAMPLES | Approximate % of time/day | Occasional | Regular | Frequent |
| Telephone inquiries | 20 - 40% | | X | |
| Receiving direction/instruction | 10 - 20% | | X | |
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| Section | 14 – SENSORY DEMANDS | S (cont'd) | | | | | | | | | |
|---------|-------------------------------------|---|---------------------------|---|--|--|--|--|--|--|--|
| (c) | Must attention be shifted free | quently from one job d | etail to another? | | | | | | | | |
| • | Examples: keyboarding and | answering the telephor | ne; dictatyping; repairin | ng and listening to equipment | | | | | | | |
| | Yes 🖂 N | Го 🗌 | | | | | | | | | |
| | If yes, please give examples | If yes, please give examples : | | | | | | | | | |
| | • Computer operation, an | ♦ Computer operation, answering phone, scanning documents | | | | | | | | | |
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| SUPEF | RVISOR'S COMMENTS – S | ENSORY DEMAND | S | COMMENTS (must be completed if "Incomplete" or "No" are selected): | | | | | | | |
| | e responses to the question: | ☐ Complete | ☐ Incomplete | COMMENTS (<u>must</u> be completed if incomplete of two are selected). | | | | | | | |
| Do you | agree with the responses: | ☐ Yes | □ No | | | | | | | | |
| | | | | Supervisor's Initials: | | | | | | | |
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Section 15 – WORKING CONDITIONS

Purpose: This section gathers information on the undesirable or disagreeable environmental conditions or hazards under which the job is carried

out.

(a) Are you exposed to some degree of unpleasantness in the day-to-day activities of your job? Check all conditions that apply to you, and indicate only one of "occasional", "regular", or "frequent".

Occasional – means the condition occurs once in a while – less than 50% of the time

Regular – means the condition occurs often – between 50% - 75% of the time

Frequent – means the condition occurs every day – over 75% of the time

| CONDITION (specify if applicable) | Occasional | Regular | Frequent |
|--|------------|---------|----------|
| Blood / body fluids | | | |
| Chemical substances (specify) Toner | X | | |
| Cold | | | |
| Congested workplace | | | |
| Dust | | | |
| Extreme temperature | | | |
| Foul language | X | | |
| Grease | | | |
| Head lice | | | |
| Heat | | | |
| Inadequate lighting | | | |
| Inadequate ventilation | | | |
| Insects, rodents, etc. | | | |
| Interruptions | | | X |
| Isolation | | | |
| Latex | | | |
| Moisture | | | |
| Mold | | | |
| Multiple deadlines | | | X |
| Noise | | | |
| Odor | | | |
| Oil | | | |
| Radiation exposure (specify) | | | |
| Second-hand smoke | | | |
| Soiled linens | | | |
| Steam | | | |
| Transporting or handling human remains | | | |
| Travel | | | |
| Vibration | | | |
| Other (specify) | | | |

Section 15 – WORKING CONDITIONS (cont'd)

(b) Is there some degree of exposure to hazards in the day-to-day activities of your job? Check all hazards that apply to you, and indicate only one of "occasional", "regular", or "frequent".

Occasional – means the condition occurs once in a while – less than 50% of the time

Regular – means the condition occurs often – between 50% - 75% of the time

Frequent – means the condition occurs every day – over 75% of the time

| CONDITION (specify if applicable) | Occasional | Regular | Frequent |
|--|------------|---------|----------|
| Abusive clients | | | |
| Blood / body fluids | | | |
| Chemical substances (specify) Toner | X | | |
| Traveling in inclement weather | | | |
| Excessive / unpredictable weights | | | |
| Exposure to infectious disease (specify) | | | |
| Extreme noise | | | |
| Faulty / inadequate equipment | | | |
| Personal injury | | | |
| Personal safety at risk due to isolation | | | |
| Radiation exposure (specify) | | | |
| Sharp objects | | | |
| Small aircraft | | | |
| Steam | | | |
| Verbal and/or physical abuse | X | | |
| Violence | | | |
| Working from heights | | | |
| Other (specify) | | | |
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| Section | 15 – WORKING CON | DITIONS (cont'd) | | |
|--|--|---|--------|--|
| (c) | Do you have to take cer precaution(s) normally | g to avoid a work injury? (Check one and provide an explanation or example of the type of | | |
| | Yes | No 🔀 | | |
| | Please explain your ans | wer: | | |
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| | | ****** | ****** | ****************************** |
| SUPER | RVISOR'S COMMENT | S – WORKING CONDITI | ONS | COMMENTS (must be completed if "Incomplete" or "No" are selected): |
| Are the responses to the question: \Box Complete | | ☐ Incomplete | | |
| Do you | agree with the response | es: Yes | □ No | |
| | | | | Supervisor's Initials: |
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| ctio | on 16 – OTHER COMMENTS | | |
|-------|--|---|------------|
| | e add any additional information or comments and reference the spe | | |
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| ectio | on 17 – SIGNATURES | | |
| .) | Single job submission: NAME: (Please Print Leg | gibly): | |
| | SIGNATURE: | DATE: | |
|) | Group submission (NAMES OF EMPLOYEES DOING THE S | SAME JOB). Please print your name, then sign: | |
| | NAME: | SIGNATURE: | |
| | DATE: | | |
| | PLEASE SUBMIT TO REGIONAL HUMAN REDIRECTOR | SOURCES DEPARTMENT OR AFFILIATE ADMINISTRATOR/EXECU | <u>TI'</u> |

| Section 18 – OUT-OF-SCOPE SUPERVI | ISOR'S COMMENTS | | |
|---|--|------------------------------|--|
| Please add any additional information or co | omments and reference the specific JFS section | and question as appropriate. | |
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| Immediate Out-of-Scope Supervisor | | | |
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| Name: (Please print legibly) | | | |
| Signature: | | | |
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| Job Title: | | | |
| Department: | | | |
| Department. | | | |
| Work Phone Number: | | | |
| F.M. 11.11 | | | |
| E-Mail Address: | | | |
| Date: | | | |
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Appendix A Sample Key Activity Summary Statements

A

- Accounting
- Accounting operation
- Activities and events
- Administration and communication
- Administration duties
- Administrative activities
- Administrative functions
- Administrative procedures
- Administrative support to executive levels
- Admission, discharges and transfers
- Analysis and detection of epidemics
- Assessment and diagnosis
- Assists with training programs

B

- Budget activities
- Budget administration
- Budget and financial management
- Budget and professional development
- Budget and unit administration
- Budget management
- Budget preparation and control
- Budget unit administration

C

- Carpentry functions
- Cleaning designated areas

- Cleaning functions
- Clerical duties
- Clinical and patient pastoral services
- Clinical nursing practice
- Clinical pharmacy
- Clinical practice
- Clinical services
- Coding and abstracting
- Collaboration and Education
- Committee and coordination activities
- Committee and professional development
- Committee involvement
- Committee participation
- Committee representation
- Committees and communication
- Committees and community liaison
- Committees and meetings
- Communication and coordination
- Communications and public relations
- Community involvement
- Community resources and liaison
- Compiling reports and statistics
- Consultation
- Consultation and collaboration
- Consultation and program development
- Consultation with team
- Contact with medical staff
- Contact with vendor representatives
- Continuing education

- Control and allocation of beds
- Control of expenditures and government regulations
- Coordination and communication
- Coordination of health services functions
- Coordination of internal and external health care professionals
- Counseling
- Counseling and patient education
- Counseling, treatment and referrals

D

- Daily accounts receivable functions
- Department and administrative activities
- Department management
- Development of departments
- Development of nursing education programs
- Development of quality assurance programs
- Diagnosis
- Discharge planning
- Dispensing drugs and monitoring patient profiles
- Drug distribution
- Drug selection and information services

\mathbf{E}

Education

JE: Revised Dec 19/06

- Education (non patient)
- Education and research
- Education consultant
- Education program implementation
- Educational and professional development
- Emergency procedures
- Enforces security, fire and safety regulations
- Equipment testing
- Evaluates radiographs for quality
- Evaluation

F

- Financial and department planning
- Financial management
- Financial systems and controls
- First aid
- Food distribution
- Food preparation
- Food service and nutritional services

G

General office duties

H

- Health records and quality assurance
- Hospital management
- Housekeeping activities
- Human resource and budget management
- Human resource functions
- Human resources management

]

- Installations
- Investigations

L

- Laboratory Aide functions
- Laboratory technical functions
- Labour relations functions
- Laundry operations
- Lawn and garden maintenance
- Life safety programs and services

\mathbf{M}

- Mail and filing
- Maintains directory and files
- Maintains inventory control
- Maintenance and administration
- Maintenance and cleanliness
- Maintenance and committee work
- Maintenance and trouble shooting
- Maintenance of equipment
- Maintenance of records
- Maintenance of telephone and records
- Management of department
- Management of Health Records Department
- Management of laboratory
- Management of systems contractors and suppliers
- Management of the library
- Management of volunteers
- Materials management programs
- Media relations
- Medical management

- Menu board maintenance
- Mobilization and transporting of patients
- Monitors entry and exit of visitors/patients in and out of hospital

N

- Narcotic and controlled drugs
- Narcotic control drug auditNursing care process
- Nutritional and dietary assessment

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- Occupational therapy program
- Ongoing health program administration
- Operates cash register
- Ordering supplies
- Ordering supplies and inventory
- Orientation
- Orientation of new staff
- Other secretarial functions

P

- Painting functions
- Participation in committees
- Patient care
- Performs electrical circuit installations and completes electrical change requests
- Performs laboratory test procedures
- Performs preventative maintenance
- Performs radiographic examinations
- Pharmacy budget and committees
- Pharmacy functions
- Physiotherapy program
- Planning and organizing

JE: Revised Dec 19/06

- Planning and organizing carpentry activities
- Planning and organizing of daily painting activities
- Planning and organizing plumbing activities
- Planning and unit administration
- Plant maintenance
- Plant operations
- Play therapy
- Plumbing functions
- Policy and procedure development
- Preparation of annual budgets
- Prepares and writes programs
- Processing of doctors orders
- Production reports and records
- Professional development
- Professional growth
- Professional standards
- Program development
- Protection of hospital building and premises
- Provides assistance to departments on request
- Provides information and Library Services
- Provides physical care to patients
- Psycho-social assessment and counseling
- Public inquires
- Public relations
- Pulmonary function testing
- Purchasing activities

Q

- Quality assurance and audit
- Quality assurance and maintenance of equipment
- Quality assurance/control
- Quality control and preventative maintenance

R

- Receipt and delivered items
- Reception and telephone
- Receptionist functions
- Recording and monitoring results
- Releasing information
- Repairs and maintenance to equipment
- Report production
- Reporting and communication
- Reporting and documentation
- Reporting the test results
- Reports and records information required by nursing staff
- Research
- Research and education
- Research into hospital activities
- Respiratory care
- Responds to incoming/outgoing telephone calls and inquires
- Reviewing test results

S

- Scheduling and coordination activities
- Scheduling and processing

- Scoring and interpretation
- Secretarial functions
- Selects, acquires and organizes library materials
- Social work functions
- Sterile product preparation
- Strategic planning
- Supervises activities
- Supervises technicians
- Supervision
- Surveillance of nursing units
- Systems development process
- Systems planning and maintenance

T

- Teaching and education
- Telephone and reception
- Test administration
- Testing procedure
- Therapeutic counseling and treatment
- Training
- Transcription of medical reports

U

- Unit administration
- Unit management
- Unit nursing specialized activities
- Unit/technical management

\mathbf{W}

• Word processing and typing function

JE: Revised Dec 19/06