

Provider Group – Joint Job Evaluation Job Fact Sheet Job #029 – Payroll Clerk

Section 1 – INTRODUCTION

PLEASE PRINT

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 26, 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 26.
- 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.

Section 2 – ORGANIZATIONAL WORK CHART **Purpose:** This section gathers information regarding the organization 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 of the person currently in the job. SUPERVISOR'S COMMENTS – ORGANIZATIONAL WORK Title of your immediate Out-of-Scope Supervisor CHART Are the responses to this question: Complete **Incomplete** Do you agree with the responses: Yes **No COMMENTS** (<u>must</u> be completed if "Incomplete" or "No" is selected): Title of your immediate Supervisor (if different than above) Your current Provincial JE Job Title Supervisor's Initials: _____ Your current Provincial JE Job Number: _____ **Provincial JE Job Titles that report directly to you (if applicable)**

	Section 3 – JOB IDENTIFIC	CATION							
Name of person completing the JFS for a single employee, or contact person for group JFS submission (ONLY COMPLETE A GROUP SUBMISSION IF ALL EMPLOYEES ARE DOING THE SAME JOB): Name (Print): Mork Telephone: Employee No:: Work Telephone: E-Mail Address: <td>Purpose: Th</td> <td colspan="8">Purpose: This section gathers basic identifying material so we can keep track of completed Job Fact Sheets.</td>	Purpose: Th	Purpose: This section gathers basic identifying material so we can keep track of completed Job Fact Sheets.							
ARE DOING THE SAME JOB): Name (Print): Work Tclcphone: Work Tclcphone: Bacilly Site: Consider : Consider : Consider : Why does this job exist? Bacilly constant is this job responsible for ?** Stores: Consider : Consider :	Provide your name and work	elephone number(s) for contact purp	ooses. For group JFS submissions, plea	se note the name and telephone number(s) of the contact person.					
Work Telephone: E-Mail Address: Saskatchewan Health Authority/Affiliate: Facility/Site: Provincial JE ob Title: Provincial JE Job Title: Provincial JE Number: Office use only: JEMC No. M · · Section 4 - JOB SUMMARY Section 4 - JOB Summary Section 4 - JOB			act person for group JFS submission (C	ONLY COMPLETE A GROUP SUBMISSION IF ALL EMPLOYEES					
Saskatchewan Health Authority/Affiliate: Department: Department: Department: Department: Date: Date:Date:Date:	Name (Print):			Employee No.:					
Facility/Site:	Work Telephone:		E-Mail Address:						
See Section 18 on page 28 for signatures. Provincial JE Job Title: Provincial JE Number: Office use only: JEMC No. M · · Section 4 – JOB SUMMARY Section 4 – JOB SUMMARY Briefly describe the general purpose of this job: Performs data entry and clerical duties to facilitate the processing of payroll and benefit services. Tips: Consider "Why does this job exist?" and "What is this job responsible for?" Think about what you would say if someone approached you and asked you about your job. You may wish to begin with: "The (Job Title) exists to" or "The (Job Title) is responsible for" SUPERVISOR'S COMMENTS – JOB SUMMARY Are the responses to this question: D you agree with the responses: Yes No	Saskatchewan Health Authori	ty/Affiliate:							
Provincial JE Job Title: Date: Date: Provincial JE Number: Office use only: JEMC NoM	Facility/Site:		Depar	tment:					
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Are the responses to this question: Complete Incomplete COMMENTS (must be completed if "Incomplete" or "No" is selected): Do you agree with the responses: Yes No			****	*******					
Do you agree with the responses: Yes No				MENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):					
Supervisor's Initials:		-							
				Supervisor's Initials:					

Section 5 – KEY WORK ACTIVITIES

Purpose: This section describes the key activities, duties and responsibilities of the job.

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: $\frac{1}{2}$ day every day per year = 50%; 3 months per year = 25%; 2 $\frac{1}{2}$ 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: *Data Entry*

Duties/Responsibilities:

- Enters data from time sheets into computerized payroll system.
- Processes data (e.g., new hires, employee status changes).

SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: Complete

Do you agree with the responses:	Yes	No

COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):

Supervisor's Initials:

Section 5 – KEY WORK ACTIVITIES (cont'd)

Key Work Activity B: Payroll / Benefits

Duties/Responsibilities:

- Verifies and processes employee work records.
- Checks and corrects errors from payroll run.
- Prepares, sorts and files a variety of reports (e.g., month-end, statistics).
- Processes and distributes Record of Employment forms.
- May calculate retroactive pay and/or wage increases.
- May track vacation, earned time off, sick days, family days.

SUI ERVISOR S C		KEY WORK A	CTIVITIES
Are the responses to	this question:	Complete	Incomplete
Do you agree with the	ne responses:	Yes	🗌 No
COMMENTS (must	be completed if	"Incomplete" or	"No" is selected)
		Supervisor's In	itials:
SUPERVISOR'S C			
Are the responses to	•	-	
Do you agree with the COMMENTS (must	-		No No" is selected):

Key Work Activity C: <u>Related Key Work Activities</u>

Duties/Responsibilities:

- Responds to payroll inquiries.
- Prepares union invoicing.
- Participates in processing claims (e.g., Workers' Compensation Benefits, disability).
- Assists with maintaining employee and benefit files.
- Processes transportation and per diem allowances.
- Processes professional fees.
- Maintains and balances petty cash, cash register receipts.
- Performs client billing and other accounts receivable functions.
- Performs clerical duties.
- May show others how to perform tasks or duties by familiarizing new employees with the work area and processes.

Section 5 – KEY WORK ACTIVITIES (cont'd)	
Key Work Activity D:	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
Duties/Responsibilities:	Are the responses to this question: Complete
	Do you agree with the responses: Yes No
	COMMENTS (must be completed if "Incomplete" or "No" is selected):
	Supervisor's Initials:
Key Work Activity E:	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
Duties/Responsibilities:	Are the responses to this question: Complete
	Do you agree with the responses: Yes No
	COMMENTS (must be completed if "Incomplete" or "No" is selected):
	Supervisor's Initials:

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".

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

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)				

Section 6	- DECISION-MAKING (cont	'd)						
(c)	To what extent are the decis and provide examples)	ion-making requ	rements of this job gui	ded by others (check all responses that apply	Almost never	Sometimes	Often	Most of the time
	Immediate supervisor						X	
	Example:							
	Others in own program/depart	tment					X	
	Example:						21	
	Others within the SHA / Affil	iate				X		
	Example:					Λ		
	Departmental Management					X		
	Example:					Δ		
	Specialists / Clinical Experts				X			
	Example:							
	Senior Management				X			
	Example:							
	Other					X		
	Example: 3sHealth, WCB							
		*****	*****	*****				
SUPERV	'ISOR'S COMMENTS – DECI	SION-MAKING		COMMENTS (<u>must</u> be completed if "Inco	mnlete"	or "No" is s	elected)	
Are the r	responses to the question:	Complete	Incomplete	COMMENTS (<u>must</u> be completed if mice	-			
Do you a	gree with the responses:	Yes	🗌 No					
					Supe	rvisor's Init	ials:	

Section	Section 7 – EDUCATION AND SPECIFIC TRAINING								
	Purp	ose: This sec	tion gathers information	on the minimum	ım level of completed formal education required for the job.				
(a)			ompleted schooling or for s the typical minimum re		build be necessary for a new person being hired into this job? This does not reflect the education the job.				
•		to a minimum level to graduation or certi		formal training sl	should include all classroom, laboratory, practicum, clinical, or apprenticeship, etc., time required				
	(i)	High School:	Grade 10	Grade 11	Grade 12 🖂				
	(ii)	Technical/Vocation	al/Community College:	1 year 🖂	2 years 3 years 1				
		Specify (Do not use	abbreviations): Office A	dministration c	certificate				
	(iii)	Licensed Trades: Specify (Do not us	1 year 2 years e abbreviations):	-	ars 4 years 5 years				
	(iv)	University: Specify (Do not use		Master	ers 🗌				
(b)	Is an	y Provincial, Nationa	or professional certificati	on mandatory?	\Box Yes \boxtimes No				
		-	-	-	cation / registration body (do not use abbreviations):				
(c)	What	t additional special sk	ills, training, or licenses a	re needed to perfo	form the job? Indicate the length of the course/program:				
	 What additional special skills, training, or licenses are needed to perform the job? Indicate the length of the course/program: Specify (Do not use abbreviations): Intermediate computer skills Communication skills Interpersonal skills Analytical skills 								
SUPER	RVISO	R'S COMMENTS -	************** EDUCATION AND SP						
Are the	e respo	onses to the question	Complete	Incomplete	te COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):				
Do you	agree	with the responses:	Yes	□ No					
					Supervisor's Initials:				
lah #(20 1		bor 24, 2024)						

Section 8 – EXPERIENCE

	Purpose: This section gathers information on the minimum relevant experience required for a job. Relevant experience may include previous job- related experience and/or on-the-job learning or adjustment.							
		relevant experience gained equirements of this job.	: (a) prior to and/or (b) on-th	e-job, that is required for a n	ew person with the education recorded in Section 7 to acquire the skills			
	For part (b), ask	yourself, "Is time on the	ated job experience necessar job required to learn new tas c linical or apprenticeship, e t	ks and responsibilities or to a	adjust to the job? If so, how much?" n 7, Education and Specific Training.			
(a)	Required previo	ous related job experience	(do not include practicum o	r apprenticeship if covered	l in Section 7 – Education and Specific Training)			
	None None	6 months	1 year	3 years	5 years			
	Up to 3 mon	ths 9 months	2 years	4 years	Other (specify)			
	 Describe the experience requirements gained on previous jobs here or elsewhere needed to prepare for this job: No previous experience. 							
	♦ No previous experience.							
(b)	Average time re	equired on the job to learn	and/or adjust to this job:					
	1 month or f	Tewer 6 months	1 year	3 years				
	3 months	\boxtimes 9 months	2 years	Other (specify)				
	Describe the tas	ks and responsibilities that	t need to be learned in order	to satisfy the requirements of	f this job:			
		onths on the job experien th department policies an		anding of payroll system, co	llective bargaining agreements, government regulation and become			
		***	******	*****	*****			
SUPE	RVISOR'S COM	IMENTS – EXPERIENC	E					
Are th	e responses to the	e question: 🗌 C	omplete 🗌 Incomplete	COMMENTS (<u>m</u>	<u>ust</u> be completed if "Incomplete" or "No" is selected):			
	agree with the r	-						
	0	· · · · · · · · · · · · · · · · · · ·						
					Supervisor's Initials:			
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Section 9 – INDEPENDENT JUDGEMENT

Purpose: This section gathers information on the extent to which the job exercises independent action.

All jobs require some independent action, but to varying degrees. Some jobs are highly structured and have many formal procedures, while others require exercising judgement or taking actions that have no precedents to serve as a guide.

Consider the type and level of guidance provided to this job. Guidance can come from rules, instructions, established procedures, defined methods, manuals, policies, professional standards, precedents, leadership from others and direct supervision.

(a) To what extent does this job control its own work as opposed to being guided by influences such as rules, procedures, policies, supervisory presence or instructions directing actions required?

Please check the answer that most closely represents expected job requirements.

Most job requirements (to the extent possible) are set out within structure and rules and/or readily understood schedules to guide job tasks/duties required.

Some restrictions apply, but the control over setting work priorities and pace of work is contained within the job.

There are minimal restrictions, leaving significant control over the work being carried out within the scope of the job.

Other (please explain): _____

(b) To what extent does this job exercise judgement to determine how the work is to be done?

Please check the answer that most closely represents expected job requirements.

Work is mostly repetitive and predictable with little need for judgement. Example: ______

Work may present some unusual circumstances that require judgement or choices to be made. Example: ______

Work presents difficult choices or unique situations that require judgement. Example: ______

SUPERVISOR'S COMMENTS – INDEPENDENT JUDGEMENT

Are the	responses	to the	question:	
---------	-----------	--------	-----------	--

Do you agree with the responses:

Complete	Incomplete
Yes	□ No

COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):

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

cooperation and/or coordination of activities

- C Explanation and interpretation of information or ideasD Discussion of problems with a view to obtaining consent,
- 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 applicableABCDEFABCDEFXXX					
	Α	В	С	D	Е	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	X	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					
Professional organizations / agencies		X					
Government departments		X	X	X			
Social Service establishments		X	X	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.

	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?				
	 Other employees 		X		
	 Client / patients / residents / families (e.g., Home Care) 		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:	X			
(e)	Talk with clients / patients / residents to:				
	Get information from them		X		
	 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	V OFTEN DOES YOUR JOB REQUIRE YOU TO:		lmost ever	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 / <i>persuade</i> 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 and progra 	ms		X		
	• Other (specify)					
(j)	Talk to vendors, contractors, consultants, government agencies and other exter	nal groups or organizations to:				
	 Get information from them 			X		
	Confer with peer professionals		X			
	 Inform them 			X		-
	 Arrange for services 			X		
	 Devise mutual goals / objectives with them 		X			
	 Lead meetings 		X			
	Check on their progress		X			
	• Other (specify): (e.g., WCB/3sHealth)			X		
(k)	Other (specify):					
		**************************************	lete" o	or "No" is so	elected):	
	sponses to the question:					
ou ag	ree with the responses: Yes No		Super	visor's Init	ials:	

Section 11 – IMPACT OF ACTION

		n on the likelihood of imp irces and services, and the		n carrying out the duties of the job. Consider the	è
When carrying out your job duti and not considered as carelessne			of your actions having an impa	act or an outcome on the following? Such effects a	re typic
Injury or discomfort of others If yes, please provide an exampl	e(s):			Is an impact likely? Yes	No
Embarrassment in public, client If yes, please provide an exampl	e(s):	-		Is an impact likely? Yes	No
Delays in processing or handling If yes, please provide an exampl	e(s):	-		Is an impact likely? Yes	No
Actions which impact on depart If yes, please provide an exampl	e(s):		ons	Is an impact likely? Yes	No
Damage to equipment / instrume If yes, please provide an example				Is an impact likely? Yes	No
Loss of or inaccurate informatio If yes, please provide an exampl	e(s):	oll system errors.		Is an impact likely? Yes 🖂	No
Financial losses including withd If yes, please provide an example		ent or withholding of funds		Is an impact likely? Yes	No
Other – If yes, please provide an exampl	e(s):			Is an impact likely? Yes	No
			*****	*****	
RVISOR'S COMMENTS – IMP e responses to the question:	Complete	Incomplete	COMMENTS (<u>must</u> be co	ompleted if "Incomplete" or "No" is selected):	
agree with the responses:	Yes	🗌 No		Supervisor's Initials:	

Section 12 – LEADERSHIP/SUPERVISION

Purpose:This section gathers information on the requirements to sup direction to enable them to carry out their job.	pervise others, lead others and / or provide functional guidance or technical
Leadership refers to the requirements of the job to supervise others, lead others carry out their job. Do not include clients / patients / residents.	s, provide functional guidance or provide technical direction to enable other employees to
Specify any jobs or work group as appropriate, under one or more of these cate	gories. Check all that apply and provide examples.
Familiarize new employees with the work area and processes	Examples Staff
Assign and/or check work of others doing work similar to yours	
Lead a project team, prioritize tasks, assign work, monitor progress to achieve planned outcome(s)	
 Provide functional advice / instruction to others in how to carry out work tasks Provide technical direction as an expert in a field in order for others to carry out their primary job responsibilities 	Staff
Provide input to appraisal, hiring and/or replacement of personnel	
Coordinate replacement and/or scheduling of employees	
Supervise a work group; assign work to be done, methods to be used, and take responsibility for all the group	
Supervise the work, practices and procedures of a defined program	
Supervise the work, practices and procedures of a department	
Provide counseling and/or coaching to others	
Provide health promotion / outreach (teaching / instruction)	
Other (specify)	
**************************************	**************************************
you agree with the responses: Yes No	
	Supervisor's Initials:

Section 13 – PHYSICAL DEMANDS

(a)

	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.
	What physical e	effort is required on a typical basis for your job? Please provide examples that are applicable to your job.
•		individual periods of uninterrupted time (except for scheduled breaks) – i.e. how long you have to perform the activity each time. In s how often each activity occurs within the day.
		ation 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 e hour $= 6\%$). Percentages may not add up to 100% (due to simultaneous activities).
	Place a checkma	ark 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

Medium weight – over 9 kg / 20 lbs

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

Heavy weight – over 23kg / 50 lbs

Regular – means the activity occurs often – between 50% - 75% of the time 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	L
Standing/crouching/lifting	10 - 20%		X		L - M
Walking/standing	10%		X		L

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 time
Regular	– means the activity occurs often – between 50% - 75% of the time
Frequent	- means the activity occurs every day - over 75% of the time

	ACTIVITY EXAMPLES			DURATION FREQUENCY			Y
				Approximate % of time/day	Occasional	Regular	Frequent
Computer operation				50 - 90%			X
Filing/sorting mail				5%		X	
				_			
			******	******	****		
PERVISOR'S COMMENTS – PH	YSICAL DEMANI	S	COMM	ENTS (<u>must</u> be comple	tod if "Incomple	to" or "No" o	ra salaatad);
the responses to the question:	Complete	Incomplete		ENTS (<u>must</u> be comple			
you agree with the responses:	Yes	No					
					S	Supervisor's II	nitials:

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
Regular	- means the activity occurs often - between 50% - 75% of the time
Frequent	- means the activity occurs every day - over 75% of the time

	DURATION	FREQUENCY			
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent	
Computer operation	50 - 90%			X	
Creating reports	10%		X		
Filing/sorting mail	5%		X		
	I	J			

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

	DURATION	FREQUENCY			
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent	
Communication	30 - 50%			X	

Section 14 – SENSORY	DEMANDS (co	ont'd)				
(c) Must attention	be shifted frequen	tly from one job de	tail to another?			
Examples: key	• Examples: keyboarding and answering the telephone; dictatyping; repairing and listening to equipment					
Yes 🖂	No]				
If yes, please g	ve examples:					
♦ Data entry	, clerical duties a	nd staff inquiries.				
SUPERVISOR'S CON	IMENTS – SENS			*****		
Are the responses to th	e question:	Complete	Incomplete	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" are selected):		
Do you agree with the	responses:	Yes	No No			
				Supervisor's Initials:		
Job #020 Bayroll C	lark (Oatabar 2	4 2024)		Dage 21 of 26		

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
Regular- means the condition occurs once in a while - less than 50% of the time
- means the condition occurs often - between 50% - 75% of the timeFrequent- 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)			

Section 15 – WORKING CONDITIONS (cont'd)							
(c)	Do you have to take certain training, precautions or wear protective clothing to avoid a work injury? (Check one and provide an explanation or example of the type of precaution(s) normally taken.)						
	Yes 🖂 No [
	 Please explain your answer: Personal Protective Equip Transfer, Lifting, Repositi Workplace Hazardous Ma 	oning (TLR)	System (WHMIS)				
		********	******	******			
SUPERVISOR'S COMMENTS – WORKING CONDITIONS							
Are the responses to the question:		Incomplete	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" are selected):				
Do you	agree with the responses:	Ves	🗌 No				
				Supervisor's Initials:			

ase	add any additional information	or comments and reference the specific JFS section	and question as appropriate.	
tio	n 17 – SIGNATURES			
	Single job submission:	NAME: (Please Print Legibly):		
	SIGNATURE:		DATE:	
		OF EMPLOYEES DOING THE SAME IOB) Plea		
	Group submission (NAMES	OF EMPLOYEES DOING THE SAME JOB). Plea	se print your name, then sign:	
	Group submission (NAMES	OF EMPLOYEES DOING THE SAME JOB). Plea	se print your name, then sign: SIGNATURE:	
	Group submission (NAMES NAME:	OF EMPLOYEES DOING THE SAME JOB). Plea	se print your name, then sign: SIGNATURE: SIGNATURE:	
	Group submission (NAMES NAME:	OF EMPLOYEES DOING THE SAME JOB). Plea	se print your name, then sign: SIGNATURE: SIGNATURE:	
	Group submission (NAMES NAME: NAME: NAME:	OF EMPLOYEES DOING THE SAME JOB). Plea	se print your name, then sign: SIGNATURE: SIGNATURE: SIGNATURE:	
	Group submission (NAMES NAME: NAME: NAME: NAME:	OF EMPLOYEES DOING THE SAME JOB). Plea	se print your name, then sign: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE:	
	Group submission (NAMES NAME:	OF EMPLOYEES DOING THE SAME JOB). Plea	se print your name, then sign: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE:	
	Group submission (NAMES NAME:	OF EMPLOYEES DOING THE SAME JOB). Plea	se print your name, then sign: SIGNATURE:	

Section 18	B – OUT-OF-SCOPE SUPERVIS	SOR'S COMMENTS	
Please add	any additional information or com	nments and reference the specific JFS section and question as appropriate.	
Immediate	e Out-of-Scope Supervisor		
N	(amat (D lagge nuint legibly)		
IN	ame: (Please print legibly)		
Si	ignature:		
Jo	bb Title:		
D	epartment:		
	1		
W	Vork Phone Number:		
F	-Mail Address:		
	-111411 /1001055.		
D	Date:		
Lab #000			

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

С

- 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

E

• Education

- 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

Ι

- 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

Ν

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

0

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

Р

- 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

- 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

Т

- 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

W

• Word processing and typing function