

Provider Group – Joint Job Evaluation Job Fact Sheet Job #459 – Business Analyst

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 IDENTIFICATION							
Purpose: This section	gathers basic identifying	material so we can keep tra	ck of comple	eted Job Fact Sl	neets.		
Provide your name and work telephone number(s) for contact purposes. For group JFS submissions, please note the name and telephone number(s) of the contact person.							
Name of person completing the JFS for a ARE DOING THE SAME JOB):	a single employee, or cont	act person for group JFS subn	nission (ONL	LY COMPLETE	A GROUP SUBMISSION IF ALL EMPLOYEES		
Name (Print): Employee No.:							
Work Telephone:		E-Mail Address:					
Saskatchewan Health Authority/Affiliate	e:						
Facility/Site:			Departme	nt:			
See Section 18 on page 28 for signatures	<i>S</i> .						
Provincial JE Job Title:					Date:		
Provincial JE Number:		Office use only	y:	JEMC No.	<u>M</u>		
			L				
Section 4 – JOB SUMMARY							
Purpose: This section	describes why the job ex	ists.					
Briefly describe the general purpose of t between business units/departments and			iness needs i	n the implement	tation of technical solutions. Acts as a liaison		
 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 (<u>Job Title</u>) exists to" or "The (<u>Job Title</u>) is responsible for" 							
		*****	********	*****	*****		
SUPERVISOR'S COMMENTS – JOI			COMME	NTS (<u>must</u> be c	completed if "Incomplete" or "No" is selected):		
Are the responses to this question: Do you agree with the responses:	Complete	Incomplete No					
Do you agree with the responses:					Supervisor's Initials:		
					• • • • •		

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: <u>Change Management</u>	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES			
 Duties/Responsibilities: Consults and liaises with business stakeholders and Information Technology personnel to translate business needs and objectives (e.g., business processes, system data requirements). Advises on business process improvements and business process reengineering. Facilitates project teams to achieve technology implementation objectives. Acts as a business change agent within the organization. 	Are the responses to this question: Complete Incomplete Do you agree with the responses: Yes No COMMENTS (must be completed if "Incomplete" or "No" is selected):			
	Supervisor's Initials:			

Section 5 – KEY WORK ACTIVITIES (cont'd)					
Key Work Activity B: <u>Planning/Analysis/Design</u>	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES				
 Duties/Responsibilities: Advises on project planning and project management responsibility and actions to implement business technology solutions. Develops, documents and presents proposals and business cases. Prepares financial assessments and performs cost analysis. Develops, documents and validates business requirements. Develops and maintains documentation (e.g., business requirement specifications, system specifications, user interface designs). Performs process modeling and business processes redesign duties (e.g., process reengineering, physical/logical data modeling, data model reviews). Participates in prototyping potential solutions. 	Are the responses to this question: Complete Incomplete Do you agree with the responses: Yes No COMMENTS (must be completed if "Incomplete" or "No" is selected):				
 Key Work Activity C: Implementation Duties/Responsibilities: Develops acceptance criteria to demonstrate achieved business requirements. Performs unit, system, interface and integration testing. Performs user acceptance testing. Implements technology solutions. Performs post-implementation audits and reviews. Performs on-going support of technical solutions for end users. 	SUPERVISOR'S COMMENTS - KEY WORK ACTIVITIES Are the responses to this question: Do you agree with the responses: Yes No COMMENTS (must be completed if "Incomplete" or "No" is selected):				

Section 5 – KEY WORK ACTIVITIES (cont'd)

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

Duties/Responsibilities:

- Performs system administration or system management duties.
- Performs data quality initiatives.
- Provides occasional guidance to the primary function of others, including training.
- Acts as a liaison with external stakeholders such as outside agencies, vendors and end-users.

SUPERVISOR'S COMMENTS – 1	KEY WORK A	CTIVITIES
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):
S	Supervisor's Ini	tials:
SUPERVISOR'S COMMENTS – 1 Are the responses to this question: Do you agree with the responses: COMMENTS (<u>must</u> be completed if	Complete	Incomplete No
S	Supervisor's Ini	tials:

Duties/Responsibilities:

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: <i>Apply specific methodologies for data collection</i> .		X		
	Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example: <i>Process re-engineering</i> .			X	
	Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. Example: <i>Performs financial assessment analysis (cost benefit analysis)</i> .			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 decision-making requirements of this job guided by others (check all responses that apply and provide examples)	Almost never	Sometimes	Often	Most of the time
	Immediate supervisor		X		
	Example:				
	Others in own program/department		X		
	Example:				
	Others within the SHA / Affiliate		X		
	Example:				
	Departmental Management			X	
	Example:				
	Specialists / Clinical Experts		X		
	Example:				
	Senior Management		X		
	Example:				
	Other				
	Example:				
L					

SUPERVI	SOR'S COMMENTS – DECISION-MAKING COMMENTS (must be completed if "Inco	mnlete" a	or "No" is s	elected):	
	sponses to the question:	-			
Do you ag	ree with the responses: Yes No				
	Rusiness Anshot (Ostahan 04, 0004)			D (

7 – EI	DUCATION AND S	PECIFIC TRAINING		
Purpo	ose: This sec	tion gathers information	on the minimum l	evel of completed formal education required for the job.
				be necessary for a new person being hired into this job? This does not reflect the education job.
			formal training sho	uld 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
	Specify (Do not use	e abbreviations): Business	Management diplo	ma
(iii)		• _ •	3 years	4 years 5 years
(iv)	University:	3 years 4 years		
Is any				Yes No
		-	-	
	, prease speen y and p			
What	additional special sk	ills, training, or licenses a	re needed to perform	n the job? Indicate the length of the course/program:
 In A A P P O O C In A A P V 	ntermediate comput bility to work indepo- rogram management Project management Organizational skills Communication skills nterpersonal skills Analytical skills Problem solving skill. Valid driver's license	er skills endently and as a membe et skills skills s s s , where required by the je *********	ob *****	**************************************
respo	nses to the question	: Complete	Incomplete	
agree	with the responses:	Yes	No	
				Supervisor's Initials:
	Purpo What that y The to prior (i) (ii) (ii) (iii) (iv) Is any If yes Us any If yes What Speci • I • A • F • C • C • C • C • C • C • C • C • C • C	Purpose:This sectWhat minimum level of c that you have, but what ifThe total minimum level of prior to graduation or certif(i)High School:(ii)Technical/Vocation Specify (Do not use(iii)Licensed Trades: Specify (Do not use(iv)University: Specify (Do not use(iv)University: Specify (Do not useIs any Provincial, National If yes, please specify and pWhat additional special skSpecify (Do not use abbrer • Intermediate compute • Ability to work indepo • Program management • Organizational skills • Communication skills • Interpersonal skills • Analytical skills • Problem solving skills • VISOR'S COMMENTS -	What minimum level of completed schooling or for that you have, but what is the typical minimum r The total minimum level of completed schooling or prior to graduation or certification. (i) High School: Grade 10 □ (ii) Technical/Vocational/Community College: Specify (Do not use abbreviations): Business (iii) Licensed Trades: 1 year □ 2 years Specify (Do not use abbreviations):	Purpose: This section gathers information on the minimum level of completed schooling or formal training would that you have, but what is the typical minimum requirement of the j The total minimum level of completed schooling or formal training sho prior to graduation or certification. (i) High School: Grade 10 [] Grade 11 [] (ii) Technical/Vocational/Community College: 1 year [] 2 Specify (Do not use abbreviations): Business Management diplo (iii) Licensed Trades: 1 year [] 2 years [] 3 years [] Specify (Do not use abbreviations):

Section	8 -	EXPERIENCE
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		section gathers information and experience and/or on-t			ed for a job. Relevant experience may include previous job-
	ate the minimum relevant I to carry out the requirem		or to and/or (b) on-the-jo	b, that is required for a ne	ew person with the education recorded in Section 7 to acquire the skills
* *	For part (b), ask yourse		ired to learn new tasks a	nd responsibilities or to a	djust to the job? If so, how much?" 7, Education and Specific Training.
(a)	Required previous relat	ted job experience (do not	include practicum or aj	pprenticeship if covered	in Section 7 – Education and Specific Training)
	None None	6 months	1 year	3 years	5 years
	Up to 3 months	9 months	\boxtimes 2 years	4 years	Other (specify)
	Describe the experience	e requirements gained on p	revious jobs here or elsev	where needed to prepare f	for this job:
	◆ Twenty-four (24)	nonths related previous ex	perience working with t	business unit/department	s to provide technical support or technical solutions.
(b)	Average time required	on the job to learn and/or a	djust to this job:		
	1 month or fewer	6 months	🛛 1 year	3 years	
	3 months	9 months	2 years	Other (specify)	
	Describe the tasks and	responsibilities that need to	be learned in order to sa	atisfy the requirements of	this job:
	• Twelve (12) month	ns on the job to develop un	derstanding of business	units, applications, netw	ork layout and department policies and procedures.
SUDE	RVISOR'S COMMENT		*****	******	*********
	e responses to the questi	_	Incomplete	COMMENTS (m	<u>1st</u> be completed if "Incomplete" or "No" is selected):
	u agree with the response				
					Supervisor's Initials:

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:

• Process modeling and business processes redesign.

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

SUPERVISOR'S COMMENTS – INDEPENDENT JUDGEMENT

COMMENTS (must be completed if "Incomplete" or "No" is selected):

Are the responses to the question:	
Do you agree with the responses:	

Complete	Incomplete
Yes	No

_____ 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
- **E** Counseling
- **F** Secure cooperation of others for the development of services, programs, policies or agreements on behalf of the Program / Department
- D Discussion of problems with a view to obtaining consent, cooperation and/or coordination of activities
 G Negotiation of service and / or supply agreements

		PURPOSE OF CONTACT Check off all that apply (more than one, if applicable)					
	Α						
Employees in the same department		X	X	X		X	
Employees in another department/site (specify)		X	X	X		X	
Students		X					
Supervisor / supervisors of programs / departments or services		X	X	X		X	
Clients / patients / residents		X					
Family of clients / patients / residents		X					
Physicians		X	X	X		X	
Business representatives		X	X	X		X	
Suppliers / contractors		X	X	X		X	
Volunteers	X						
General Public	X						
Other health care organizations or agencies		X	X	X		X	
Professional organizations / agencies		X	X	X		X	
Government departments		X	X	X			
Social Service establishments	X						
Community Agencies		X	X	X		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.

нои	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 	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:	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 and programs 				X
	• Other (specify)				
(j)	Talk to vendors, contractors, consultants, government agencies and other external 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) 				
(k)	Other (specify):				
ERVI	**************************************		on "No" is a	looted	
	sponses to the question:	ompiete	UI INUT IS S		
ou ag	ree with the responses:				
		G	rvisor's Init		

Section 11 – IMPACT OF ACTION

			n on the likelihood of in rces and services, and th		arrying out the duties of the job. Consider the	9
			ties, what is the likelihoo or extreme circumstances		or an outcome on the following? Such effects an	re typ
Injury or discomf If yes, please pro		(s):	Is an impact likely? Yes	Na		
If yes, please pro	vide an example		families, business or empendence clients.	ployee relations	Is an impact likely? Yes 🔀	No
If yes, please pro	vide an example		in the delivery of service operations.	s	Is an impact likely? Yes 🔀	No
Actions which in If yes, please pro	vide an example	(s):	Is an impact likely? Yes 🖂	No		
• Inadequate planning for upgrading or installing new hardware/software may impact operations an Damage to equipment / instruments If yes, please provide an example(s):					Is an impact likely? Yes	Ne
Loss of or inaccu If yes, please pro	vide an example	(s):	ccurate decisions and ca	use significant financial loss.	Is an impact likely? Yes 🖂	No
Financial losses i If yes, please pro	ncluding withdra vide an example	awal of commitm (s):	ent or withholding of fund		Is an impact likely? Yes 🖂	No
Other – If yes, please pro	-				Is an impact likely? Yes	No
RVISOR'S COMN e responses to the				COMMENTS (<u>must</u> be com	pleted if "Incomplete" or "No" is selected):	
agree with the re	sponses:	Ves	□ No		Supervisor's Initials:	

Section 12 – LEADERSHIP/SUPERVISION

	thers information able them to carry		supervise others, lead others and / or provide functional guidance or technical
Leadership refers to the require carry out their job. Do not inc			ners, provide functional guidance or provide technical direction to enable other employees
Specify any jobs or work group	o as appropriate, und	ler one or more of these c	categories. Check all that apply and provide examples.
			Examples
Familiarize new employees	with the work area	and processes	
Assign and/or check work of	of others doing work	similar to yours	
Lead a project team, priorit achieve planned outcome(s		k, monitor progress to	Staff
Provide functional advice / tasks	instruction to others	in how to carry out work	k Staff
Provide technical direction carry out their primary job		d in order for others to	Staff
Provide input to appraisal, I	hiring and/or replace	ement of personnel	
Coordinate replacement and	d/or scheduling of er	nployees	
Supervise a work group; as take responsibility for all the		e, methods to be used, an	
Supervise the work, practic	es and procedures of	f a defined program	
Supervise the work, practic	es and procedures of	f a department	
Provide counseling and/or of	coaching to others		
Provide health promotion /	outreach (teaching /	instruction)	
Other (specify)			
	******	****	*******
PERVISOR'S COMMENTS – LE	ADERSHIP/SUPE	RVISION	
the responses to the question:	Complete	Incomplete	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):
you agree with the responses:	Yes		
			Supervisor's Initials:
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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.

- What **physical effort** is required on a **typical** basis for your job? Please provide examples that are applicable to your job. (a)
 - 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

Medium weight – over 9 kg / 20 lbs

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

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				WEIGHT			
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent	Light, Medium, Heavy (specify)			
Computer operation	50 - 75%			X				
Lifting	5%	X			L			
Walking	10%	X						
Driving	0 - 10%	X						

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

DURATION	ION FREQUENCY			
Approximate % of time/day	Occasional	Regular	Frequent	
50 - 75%			X	
0 - 10%	X			
-	Approximate % of time/day 50 - 75%	Approximate % of time/dayOccasional50 - 75%	Approximate % of time/day Occasional Regular 50 - 75%	

SUPERVISOR'S COMMENTS – PHYSICAL DEMANDS

Are the responses to the question:

□ Complete □ Incomplete

Do you agree with the responses:

Yes No

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

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
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		FREQUENC	Y
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent
Computer operation	50 - 75%			X
Reading	25%			X
Writing reports	10 - 20%	X		
Driving	0 - 10%	X		
I		J		L

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	
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		Y	
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent
Communication	50 - 75%			X
		J		

Section 14 – SENSORY DEMANDS (cont'd)						
(c)	Must attention be shifted free	equently from one job de	etail to another?			
►	Examples: keyboarding and	l answering the telephor	e; dictatyping; repairing	and listening to equipment		
	Yes 🖂 🛛	Jo 🗌				
	If yes, please give example	S:				
	• Computer operation, m	ultiple projects, IT occi	urrences.			
SUPE	**************************************					
	e 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			
				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
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 time
- 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			
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	X		
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			
Violence			
Working from heights			
Other (specify)			

Section	15 – WORKING CONDITION	IS (cont'd)		
(c)	Do you have to take certain training, precautions or wear protective clothing to precaution(s) normally taken.)			g to avoid a work injury? (Check one and provide an explanation or example of the type of
	Yes 🖂 No 🗌			
	 Please explain your answer: Personal Protective Equipm Transfer, Lifting, Reposition Workplace Hazardous Mate 	oning (TLR)	System (WHMIS)	
		*****	*****	*****
SUPE	RVISOR'S COMMENTS – WO			
Are th	e responses to the question:	Complete	Incomplete	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" are selected):
D ο yοι	agree with the responses:	Yes	🗌 No	
				Supervisor's Initials:
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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 EMPLOYFES 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:	
	Group submission (NAMES NAME:	OF EMPLOYEES DOING THE SAME JOB). Plea	se print your name, then sign: SIGNATURE:	

Section 18 – OUT-OF-SCOPE SUPERVISOR'S COMMENTS					
Please add any additional information or comments and reference the specific JFS section and question as appropriate.					
Immediate Out-of-Scope Supervisor					
Name: (Please print legibly)					
		-			
Signature:		-			
Job Title:					
		-			
Department:		-			
Work Phone Number:					
E-Mail Address:		-			
Date:		_			

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