# *Provider Group – Joint Job Evaluation Job Fact Sheet*
# *Job #414 – Community Program Builder*

**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 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. **Six-month review of New Job**: Please review all sections of the completed "draft" JFS and "draft" Job Description thoroughly and add any additional information or comments in each section. Also, additional Supervisor comments can be recorded in Section (18) on page 27.
   c. 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.

**Title of your immediate Out-of-Scope Supervisor**

_____

**Title of your immediate Supervisor (if different than above)**

_____

**Your current Provincial JE Job Title**

_____

**Your current Provincial JE Job Number:** _____

**Provincial JE Job Titles that report directly to you (if applicable)**

_____

_____

_____

**SUPERVISOR'S COMMENTS – ORGANIZATIONAL WORK CHART**

**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):**

_____

_____

_____

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_____

_____

_____ **Supervisor's Initials:** _____

**Section 3 – JOB IDENTIFICATION**

**Purpose:** **This section gathers basic identifying material so we can keep track of completed Job Fact Sheets.**

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 single employee, or contact person for group JFS submission (ONLY COMPLETE A GROUP SUBMISSION IF ALL EMPLOYEES ARE DOING THE SAME JOB):

Name (**Print**): _____ Employee No.: _____

Work Telephone: _____ E-Mail Address: _____

Saskatchewan Health Authority/Affiliate: _____

Facility/Site: _____ Department: _____

*See Section 18 on page 28 for signatures.*

Provincial JE Job Title: _____ Date: _____

Provincial JE Number: _____ **Office use only:** **JEMC No.** **M - - _____**

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**Section 4 – JOB SUMMARY**

**Purpose:** **This section describes why the job exists.**

Briefly describe the general purpose of this job:

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…"*

***The Community Program Builder works collaboratively with diverse and marginalized community members and organizations to facilitate eventual transition from program supports to self-empowerment, independence and community connections.***

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**SUPERVISOR'S COMMENTS – JOB SUMMARY**

**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**

| **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: ½ day every day per year = 50%; 3 months per year = 25%; 2 ½ 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:** ***Community Program Building and Healing***

**Duties/Responsibilities:**

- ***Participates in an asset-based approach to identify strengths and needs.***
- ***Participates in the development of strategies to address the issues and/or needs of clients, family and community related to basic-needs education, support mechanisms and healing initiatives.***
- ***Assists community members in developing strategies to self advocate.***
- ***Assists in the identification and development of strategies to improve/enhance community-based leadership (e.g., community peer-based leaders).***

**SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES**

**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:** ***Service Referral and Community Resources***

**Duties/Responsibilities:**

- ***Accesses and works with relevant partners to develop a list of translators (e.g., Aboriginal, refugees, immigrants and new Canadians).***
- ***Assists community members in accessing appropriate translation services.***
- ***Assists community members in accessing relevant health-related community supports, agencies and services (e.g., Elders, religious organizations, Child and Youth specialist services, Addiction counselling, parenting support, Good Food Box, health centres, child health clinics).***
- ***Promotes and refers individuals to other programs, resources and services (e.g., religious/ cultural organizations, after school programs, child health clinics, Open Door Society, Child Hunger Education Program, Quint Development, Friendship Inn).***
- ***Provides support/information on accessing transportation (e.g., bus routes, taxicab services, volunteer drivers).***

**SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES**

**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:** _____

**Key Work Activity C:** ***Provision of Health-Related Information***

**Duties/Responsibilities:**

- ***Under the guidance of the program manager and working closely with the public health nurses, develops, maintains and participates in effective communication initiatives with community members (e.g., pamphlet handouts, home visits, follow-up visits, clinics, seminars).***
- ***In consultation with public health nurses, provides basic health and wellness information to community members (e.g., infant care and feeding, breast feeding, injury prevention, immunization, smoking cessation).***
- ***Assists public health nurse in obtaining consent to care (e.g., immunization of children).***
- ***Provides support and guidance, where required, to community members to provide family health initiatives (e.g., holistic family wellness, priority of basic needs).***

**SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES**

**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 D:** ***Related Key Work Activities***

**Duties/Responsibilities:**

- ***Assists in maintaining agency resources (e.g., educational material, pamphlets, posters).***
- ***Receives and makes telephone calls to/from community members, professionals, agencies and general public.***
- ***Collects, maintains and files accurate records and statistics of contacts and services.***
- ***Submits reports as requested by the program manager.***

**SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES**

**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:** _____

**Key Work Activity E:** _____ **(  %)**

**Duties/Responsibilities:**

_____

_____

_____

_____

_____

_____

_____

**SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES**

**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 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.<br>Example: ***Assist in determining community member needs.*** | | | | ***X*** |
| Modify or change established department methods and procedures, but stay within program or legislative boundaries.<br>Example: ***Use discretion to determine appropriate need, service, referral.*** | | | ***X*** | |
| Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines.<br>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: ***e.g., Community Capacity team members*** | | ***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): ***Relevant service/community organizations*** | | ***X*** | | |
| | | | | |

**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<br>Example: ***Department supervisor*** | | ***X*** | | |
| Others in own program / department<br>Example: ***Community Capacity team members*** | | ***X*** | | |
| Others within the SHA / Affiliate<br>Example: _____ | | | | |
| Departmental Management<br>Example: _____ | | ***X*** | | |
| Specialists / Clinical Experts<br>Example: ***Community Development Consultant, Nurses*** | | ***X*** | | |
| Senior Management<br>Example: _____ | | | | |
| Other<br>Example: _____ | | | | |

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**SUPERVISOR'S COMMENTS – DECISION-MAKING**

**Are the responses to the 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 7 – EDUCATION AND SPECIFIC TRAINING**

**Purpose:** **This section gathers information on the minimum level of completed formal education required for the job.**

(a) What **minimum** level of completed schooling or formal training would be necessary for a **new person** being hired into this job? **This does not reflect the education that you have, but what is the typical minimum requirement of the job.**

- The total **minimum** level of completed schooling or formal training should include all classroom, laboratory, practicum, clinical, or apprenticeship, etc., time required prior to graduation or certification.

**(i)** High School: Grade 10 ☐ Grade 11 ☐ ***Grade 12*** ☒

**(ii)** Technical/Vocational/Community College: 1 year ☐ 2 years ☐ 3 years ☐

Specify (Do not use abbreviations): _____

**(iii)** Licensed Trades: 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years ☐

Specify (Do not use abbreviations): _____

**(iv)** University: 3 years ☐ 4 years ☐ Masters ☐

Specify (Do not use abbreviations): _____

(b) Is any Provincial, National or professional certification mandatory? ☐ Yes ☒ ***No***

If yes, please specify and provide the name of the licensing / certification / registration body (do not use abbreviations):

_____

(c) 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):

- ***Basic computer skills***
- ***Knowledge of poverty issues***
- ***Interpersonal skills***
- ***Organizational skills***
- ***Communication skills***
- ***Ability to work in a group setting***
- ***Valid driver's license, where required by the job***

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**SUPERVISOR'S COMMENTS – EDUCATION AND SPECIFIC TRAINING**

**Are the responses to the 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 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.** |

Estimate the **minimum** relevant experience gained: **(a)** prior to and/or **(b)** on-the-job, that is required for a new person with the education recorded in Section 7 to acquire the skills needed to carry out the requirements of this job.

- For part (a), ask yourself, "*Is previous related job experience necessary? If so, how much?*"
- For part (b), ask yourself, "*Is time on the job required to learn new tasks and responsibilities or to adjust to the job? If so, how much?*"
- **Do not include laboratory, practicum, clinical or apprenticeship, etc., time recorded in Section 7, Education and Specific Training.**

(a) Required previous related job experience **(do not include practicum or apprenticeship if covered in Section 7 – Education and Specific Training)**

☐ None ☐ 6 months ☒ ***1 year*** ☐ 3 years ☐ 5 years

☐ Up to 3 months ☐ 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**:**

- ***Twelve (12) months previous related life skills/experience (e.g., culture/recreation, service clubs, inner city/community or school programs) or experience working with family services or social services.***

(b) Average time required on the job to learn and/or adjust 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 satisfy the requirements of this job:

- ***Twelve (12) months on the job to learn community development principles, communication skills, working with diverse people, basic health training, personal development training and become familiar with department policies and procedures.***

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**SUPERVISOR'S COMMENTS – EXPERIENCE**

**Are the responses to the 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 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:
- ***When determining appropriate access services/supports for community members.***

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

_____

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**SUPERVISOR'S COMMENTS – INDEPENDENT JUDGEMENT**

**Are the responses to the 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 10 – WORKING RELATIONSHIPS**

**Purpose:** **This section gathers information on the typical contacts or working relationships necessary 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** | **B** | **C** | **D** | **E** | **F** | **G** |
| Employees in the same department | | *X* | *X* | *X* | | *X* | |
| Employees in another department/site (specify) | | *X* | *X* | *X* | | *X* | |
| Students | | *X* | *X* | *X* | | | |
| Supervisor / supervisors of programs / departments or services | | *X* | *X* | *X* | | | |
| Clients / patients / residents | | *X* | *X* | *X* | | *X* | |
| Family of clients / patients / residents | | *X* | *X* | *X* | | *X* | |
| Physicians | *X* | | | | | | |
| Business representatives | | *X* | | | | | |
| Suppliers / contractors | *X* | | | | | | |
| Volunteers | | *X* | *X* | *X* | | *X* | |
| General Public | | *X* | *X* | *X* | | *X* | |
| Other health care organizations or agencies | | *X* | *X* | *X* | | *X* | |
| Professional organizations / agencies | | *X* | | | | | |
| Government departments | | *X* | | | | | |
| Social Service establishments | | *X* | *X* | | | | |
| Community Agencies | | *X* | *X* | *X* | | | |
| Police and Ambulance | | *X* | *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.

| HOW 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)**

| HOW 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):** | | | | |

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**SUPERVISOR'S COMMENTS – WORKING RELATIONSHIPS**

**Are the responses to the 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 11 – IMPACT OF ACTION**

**Purpose:** **This section gathers information on the likelihood of impact of action occurring when carrying out the duties of the job. Consider the responsibility for actions, resources and services, and the extent of the losses.**

When carrying out your job duties and responsibilities, what is the likelihood of your actions having an impact or an outcome on the following? Such effects are typical and not considered as carelessness, willful neglect or extreme circumstances.

Injury or discomfort of others — Is an impact likely? Yes ☐ ***No*** ☒
If yes, please provide an example(s):

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Embarrassment in public, client / patient / resident, families, business or employee relations — Is an impact likely? ***Yes*** ☒ No ☐
If yes, please provide an example(s):

- ***Improper referrals to proper agency/program/service may result in deterioration of client/family relationship.***

Delays in processing or handling of information or in the delivery of services — Is an impact likely? ***Yes*** ☒ No ☐
If yes, please provide an example(s):

- ***Inaccurate statistics/record keeping may delay services.***

Actions which impact on departmental / site / agency / SHA / Affiliate operations — Is an impact likely? ***Yes*** ☒ No ☐
If yes, please provide an example(s):

- ***Inaccurate statistics/record keeping of contacts/services/resources may cause loss of grants/funding.***

Damage to equipment / instruments — Is an impact likely? ***Yes*** ☐ No ☒
If yes, please provide an example(s):

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Loss of or inaccurate information — Is an impact likely? Yes ☒ ***No*** ☐
If yes, please provide an example(s):

- ***Inaccurate record keeping may impact program funding.***

Financial losses including withdrawal of commitment or withholding of funds — Is an impact likely? ***Yes*** ☒ No ☐
If yes, please provide an example(s):

- ***Inaccurate record keeping may impact program funding.***

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Other – If yes, please provide an example(s): — Is an impact likely? Yes ☐ No ☐

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**SUPERVISOR'S COMMENTS – IMPACT OF ACTION**

**Are the responses to the question:** ☐ **Complete** ☐ **Incomplete**
**Do you agree with the responses:** ☐ **Yes** ☐ **No**

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

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_____ **Supervisor's Initials:** _____

**Section 12 – LEADERSHIP/SUPERVISION**

| **Purpose:** | **This section gathers information on the requirements to supervise others, lead others and / or provide functional guidance or technical direction to enable them to carry out their job.** |
|---|---|

Leadership refers to the requirements of the job to supervise others, lead others, provide functional guidance or provide technical direction to enable other employees to carry out their job. **Do not include clients / patients / residents.**

Specify any jobs or work group as appropriate, under one or more of these categories. **Check all that apply and provide examples.**

| | **Examples** |
|---|---|
| ☒ Familiarize new employees with the work area and processes | ***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 | _____ |
| ☐ 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 | ***Staff*** |
| ☐ Provide health promotion / outreach (teaching / instruction) | _____ |
| ☐ Other (specify) | _____ |

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**SUPERVISOR'S COMMENTS – LEADERSHIP/SUPERVISION**

**Are the responses to the question:** ☐ **Complete** ☐ **Incomplete**

**Do you agree with the responses:** ☐ **Yes** ☐ **No**

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

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_____ **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

**Medium weight** – over 9 kg / 20 lbs

**Heavy weight** – over 23kg / 50 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

**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.

| ACTIVITY EXAMPLES | DURATION | FREQUENCY | | | WEIGHT |
|---|---|---|---|---|---|
| | Approximate % of time/day | Occasional | Regular | Frequent | Light, Medium, Heavy (specify) |
| ***Sitting*** | ***25%*** | | | ***X*** | |
| ***Walking*** | ***10%*** | | | ***X*** | |
| ***Lifting*** | ***5 – 10%*** | ***X*** | | | ***M*** |
| ***Packaging items*** | ***5 – 10%*** | ***X*** | | | ***L*** |
| ***Kitchen/laundry duties*** | ***5 – 25%*** | | ***X*** | | ***L*** |
| ***Driving*** | ***25%*** | | ***X*** | | |
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| Others (please specify) | | | | | |

**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 | | |
|---|---|---|---|---|
| | Approximate % of time/day | Occasional | Regular | Frequent |
| *Computer operation* | *15%* | | *X* | |
| *Writing* | *10%* | | *X* | |
| *Driving* | *25%* | | *X* | |
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**SUPERVISOR'S COMMENTS – PHYSICAL DEMANDS**

**Are the responses to the question:** ☐ **Complete** ☐ **Incomplete**

**Do you agree with the responses:** ☐ **Yes** ☐ **No**

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

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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
**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 | | |
|---|---|---|---|---|
| | Approximate % of time/day | Occasional | Regular | Frequent |
| ***Computer operation*** | ***15%*** | | ***X*** | |
| ***Reading*** | ***10%*** | | ***X*** | |
| ***Observing clients and families*** | ***25%*** | | ***X*** | |
| ***Recording information*** | ***10%*** | | ***X*** | |
| ***Driving*** | ***25%*** | | ***X*** | |
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| Other (please specify) | | | | |
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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
**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 | | |
|---|---|---|---|---|
| | Approximate % of time/day | Occasional | Regular | Frequent |
| ***Listen attentively to clients, family and community organizations*** | ***50 – 75%*** | | | *X* |
| ***Communication*** | ***10 – 50%*** | | | *X* |
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**Section 14 – SENSORY DEMANDS (cont'd)**

(c) Must attention be shifted frequently from one job detail to another?

- Examples: keyboarding and answering the telephone; dictatyping; repairing and listening to equipment

***Yes*** ☒ No ☐

If yes, please give **examples**:

- ***Client interactions, charting, computer operation.***

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**SUPERVISOR'S COMMENTS – SENSORY DEMANDS**

**Are the responses to the question:** ☐ **Complete** ☐ **Incomplete**

**Do you agree with the responses:** ☐ **Yes** ☐ **No**

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

_____

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_____

_____ **Supervisor's Initials:** _____

**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) | | | |
| Cold | *X* | | |
| Congested workplace | | | |
| Dust | | | |
| Extreme temperature | | | |
| Foul language | *X* | | |
| Grease | | | |
| Head lice | *X* | | |
| Heat | | | |
| Inadequate lighting | | | |
| Inadequate ventilation | | | |
| Insects, rodents, etc. | | | |
| Interruptions | | *X* | |
| Isolation | | | |
| Latex | | | |
| Moisture | | | |
| Mold | | | |
| Multiple deadlines | *X* | | |
| Noise | | | |
| Odor | *X* | | |
| Oil | | | |
| Radiation exposure (specify) | | | |
| Second-hand smoke | *X* | | |
| 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 | *X* | | |
| Blood / body fluids | | | |
| Chemical substances (specify) | | | |
| Traveling in inclement weather | *X* | | |
| 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 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 Equipment (PPE)***
- ***Transfer, Lifting, Repositioning (TLR)***
- ***Workplace Hazardous Material Information System (WHMIS)***
- ***Professional Assault Response Training (PART)***

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**SUPERVISOR'S COMMENTS – WORKING CONDITIONS**

**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):**

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_____

_____

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_____ **Supervisor's Initials:** _____

**Section 16 – OTHER COMMENTS**

Please add any additional information or comments and reference the specific JFS section and question as appropriate.

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**Section 17 – SIGNATURES**

(a) Single job submission: **NAME: (Please Print Legibly)**: _____

**SIGNATURE:** _____ **DATE:** _____

(b) Group submission (NAMES OF EMPLOYEES DOING THE SAME JOB). Please print your name, then sign:

**NAME:** _____ **SIGNATURE:** _____

**NAME:** _____ **SIGNATURE:** _____

**NAME:** _____ **SIGNATURE:** _____

**NAME:** _____ **SIGNATURE:** _____

**NAME:** _____ **SIGNATURE:** _____

**NAME:** _____ **SIGNATURE:** _____

**NAME:** _____ **SIGNATURE:** _____

**DATE:**_____

**PLEASE SUBMIT TO HUMAN RESOURCES DEPARTMENT OR AFFILIATE ADMINISTRATOR/EXECUTIVE DIRECTOR**

**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.

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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

## 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

## 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

**I**

- Installations
- Investigations

**L**

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

**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 audit
- Nursing care process
- Nutritional and dietary assessment

**O**

- 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

- 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

## W

- Word processing and typing function