



**Essential Job Requirements (Indicate E=Essential, M=Marginal, or N/A for each)**

Employee Name \_\_\_\_\_

Position Number \_\_\_\_\_

**Physical Demands and Activities:**

Light lifting (<20 lbs)  
Moderate lifting (20-50 lbs)  
Heavy lifting (>50 lbs)  
Pushing/pulling

Standing  
Climbing  
Reaching

Sitting  
Walking  
Bending

Repetitive motion  
Lifting

Other (please explain) \_\_\_\_\_

**Emotional Demands:**

Fast Pace  
Average Pace  
Frequent change

Multiple stimuli  
Multiple priorities  
Intense customer interaction

**Mental/Sensory Demands:**

Memory  
Reading  
Verbal Communication  
Written Communication

Reasoning  
Analyzing

Hearing  
Logic

Other (please explain) \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date