

State of California
Division of Workers' Compensation

DESCRIPTION OF EMPLOYEE'S JOB DUTIES
DWC - AD 10133.33

INSTRUCTIONS: This form shall be developed jointly by the employer and employee and is intended to describe the employee's job duties. The completed form will be reviewed to determine whether the employee is able to return to work.

Employee Last Name _____ Employee First Name _____ MI _____ Claim #: _____

Employer Name _____ Job Address _____

Job Title: _____ Hrs. Worked Per Day _____ Hrs. Worked Per Week _____

Description of Job Responsibilities: (Describe All Job Duties):

Please check one: Regular Duty ☐ Modified Duty ☐ Alternative Work ☐

1. Check the frequency of activity required of the employee to perform the job.

ACTIVITY (Hours per day)	NEVER 0 HOURS	OCCASIONALLY UP TO 3 HOURS	FREQUENTLY 3-6 HOURS	CONSTANTLY 6-8+ hours
Sitting	☐	☐	☐	☐
Walking	☐	☐	☐	☐
Standing	☐	☐	☐	☐
Bending (neck)	☐	☐	☐	☐
Bending (waist)	☐	☐	☐	☐
Squatting	☐	☐	☐	☐
Climbing	☐	☐	☐	☐
Kneeling	☐	☐	☐	☐
Crawling	☐	☐	☐	☐
Twisting (neck)	☐	☐	☐	☐
Twisting (waist)	☐	☐	☐	☐
Hand Use: Dominant hand: ☐ Right ☐ Left	☐	☐	☐	☐
Is repetitive use of hand	☐	☐	☐	☐
Simple Grasping (right hand)	☐	☐	☐	☐
Simple Grasping (left hand)	☐	☐	☐	☐
Power Grasping (right hand)	☐	☐	☐	☐
Power Grasping left hand)	☐	☐	☐	☐
Fine Manipulation (right hand)	☐	☐	☐	☐
Fine Manipulation (left hand)	☐	☐	☐	☐
Pushing & Pulling (right hand)	☐	☐	☐	☐
Pushing & Pulling (left hand)	☐	☐	☐	☐
Reaching (above shoulder level)	☐	☐	☐	☐
Reaching (below shoulder level)	☐	☐	☐	☐
Keyboarding with both hands	☐	☐	☐	☐

2. Please indicate the daily Lifting and Carrying requirements of the job: Indicate the height the object is lifted from floor, table or overhead location and the distance the object is carried.

	LIFTING				Height	CARRYING				Distance
	Never 0 hrs	Occasionally up to 3 hrs	Frequently 3-6 hrs	Constantly 6-8+		Never 0 hrs.	Occasionally up to 3 hrs.	Frequently 3-6 hrs.	Constantly 6-8+ hrs.	
0 - 10 lbs	☐	☐	☐	☐	_____	☐	☐	☐	☐	_____
11 - 25 lbs.	☐	☐	☐	☐	_____	☐	☐	☐	☐	_____
26 - 50 lbs.	☐	☐	☐	☐	_____	☐	☐	☐	☐	_____
51 - 75 lbs.	☐	☐	☐	☐	_____	☐	☐	☐	☐	_____
76 - 100 lbs.	☐	☐	☐	☐	_____	☐	☐	☐	☐	_____
100+ lbs.	☐	☐	☐	☐	_____	☐	☐	☐	☐	_____

Describe the heaviest item required to carry and the distance to be carried:

3. Please indicate if your job requires:

	YES	NO	(IF YES, PLEASE BRIEFLY DESCRIBE)
a. Driving cars, trucks, forklifts and other equipment?	☐	☐	_____
b. Working around equipment and machinery?	☐	☐	_____
c. Walking on uneven ground?	☐	☐	_____
d. Exposure to excessive noise?	☐	☐	_____
e. Exposure to extremes in temperature, humidity or wetness?	☐	☐	_____
f. Exposure to dust, gas, fumes, or chemicals?	☐	☐	_____
g. Working at heights?	☐	☐	_____
h. Operation of foot controls or repetitive foot movement?	☐	☐	_____
i. Use of special visual or auditory protective equipment?	☐	☐	_____
j. Working with bio-hazards such as: blood borne pathogens, sewage, hospital waste, etc.?	☐	☐	_____

Employee Comments

Employer Comments:

Employer Contact Name:

Employer Contact Title:

Employer Representative Signature: _____

Date: _____

Employee's Signature: _____

Date: _____