State of California
Division of Workers' Compensation
Retraining and Return to Work Unit

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 NAME: (LAST) (FIRST) (M.I.)	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 required?				
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					**CARRYING**				
	Never 0 hrs	Occasionally up to 3 hrs	Frequently 3-6 hrs.	Constantly 6-8+ hrs.	Height	Never 0 hrs.	Occasionally up to 3 hrs.	Frequently 3-6 hrs.	Constantly 6-8+ hrs.	Distance
0-10 lbs.										
11-25 lbs.										
26-50 lbs.										
51-75 lbs.										
76-100lbs.										
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: