

Notice of Public Meeting
Tuesday, November 14, 2017
8:30 a.m.

**ADMINISTRATIVE
 COMMITTEE**

*Door County Government Center
 Chambers Room, 1st floor
 421 Nebraska Street, Sturgeon Bay, WI*

Oversight for Child Support, Clerk of Court, Circuit Court, Corporation Counsel, County Administrator, County Clerk, District Attorney, Human Resources, Register in Probate, and Veteran's Service Office

AGENDA

1. Call Meeting to Order
2. Establish a Quorum ~ Roll Call
3. Adopt Agenda / Properly Noticed
4. Correspondence
5. Public Comment
6. New Business (Review / Action)
 - A. Human Resources
 - ◆ Letter of Resignation – AODA Counselor, Brenda Franco
 - ◆ Request to Refill: AODA Counselor
7. Matters to be Placed on a Future Agenda or Referred to a Committee, Official, or Employee
8. Next Meeting Date(s): Regular Meeting – December 19, 2017 – 10:00 a.m.
9. Adjourn

Deviation from order shown may occur

Request to Refill Position

Must follow the process in the Administrative Manual, Section 2.04 – Creation and Classification of Positions.

DEPT. HEAD TO COMPLETE:

Department Human Services Position Title: Alcohol and Drug Abuse Counselor

Position Status: Currently vacant Will be vacant Date Vacant: November 29, 2017

Full Time Part Time Limited Term Project Hours per week: 40

Reason for Vacancy: Separation Transfer Retirement Resignation Death

Discuss turnover with the department in the previous 18-24 months: Steady turnover

Transfer: why is the new position more attractive to employee than current one? _____

Name of Current / Most Recent Incumbent: Brenda Franko

Is office space, furniture, and office equipment available? Yes No

If not, explain plan to obtain: _____

Reviewed, updated, and submitted to Human Resources:

- Job Analysis Questionnaire
- Job Description

Completed by: Joe Krebsbach Date 11-8-17

Financial Information:

Salary Range: I Is the Position Budgeted: Yes No

Funding Source: Levy % 80 Grant Funded % _____ Other Some revenue generated % 20

Fiscal Impact, from Finance Department, completed and attached

HR TO COMPLETE:

EEO 02-Professionals FLSA Status Exempt

Human Resources has performed a position review? JK (HR initial)

The Job Analysis and Job Description have both been updated and signed? JK (HR initial)

Approvals:

County Administrator [Signature] Date 11-8-17

Oversight Committee Chair _____ Date _____

I am aware and approve of the refill and the process moving forward (posting/advertisement/selection for interviews/offer and may participate per Admin. Manual section 2.04.

I want to participate I do not wish to participate

Administrative Committee Chair _____ Date _____

I am aware and approve of the refill and the process moving forward (posting/advertisement/selection for interviews/offer and may participate per Admin. Manual section 2.04.

I want to participate I do not wish to participate



County of Door
DEPARTMENT OF COMMUNITY PROGRAMS
County Government Center
421 Nebraska Street
Sturgeon Bay, WI 54235

Joseph Krebsbach
Program Director
(920) 746-2345
Fax: (920) 746-2439

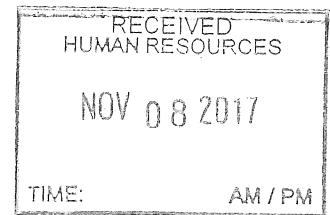
Memo

To: Human Services Board
From: Joe Krebsbach
CC: Administrative Committee
Date: November 8, 2017
Re: Request to Refill Alcohol and Drug Abuse Counselor

The AODA Counselor position will be vacated by Brenda Franco on November 29th, 2017. She currently has a case load of 35 patients, eight who are in an Intensive Outpatient Program that meets three days per week. We currently have a waiting list for services. We also have a part time AODA Counselor who intends to retire in Feb. of next year.

I am respectfully requesting permission to refill the position as soon as possible.

Joe



11/8/17

County of Door;

Today I am giving my notice to leave my position here with Human Services. My last day will be November 29, 2017. In this time I will work extremely hard to get all clients reconnected with AODA services, complete those that are ready, and have all my documentation in.

I am sad knowing that I am leaving Door County. Joe and Cori it has been a pleasure to work for you both. What you are doing to bring TIC to the agency, staff, and consumer is amazing. I apologize for giving the short notice. Please let me know if there is anything I can do for the agency and or community before I leave.

Thank you for the wonderful opportunity I have had here. Again, it has been a pleasure to work for you both and the community.

A handwritten signature in black ink, appearing to read "Brenda Franco". The signature is fluid and cursive.

In Service

Brenda Franco CSAC

County of Door AODA Counselor

Job Title	AODA Counselor	Last Revision	10/26/2015
Department	Human Services	HR Reviewed	01/01/2017
Division	Behavioral Health	Employee Group	General Municipal Employee
Report To	Behavioral Health Program Manager	FLSA Status	Exempt
Pay Grade	I	EEO Code	02 – Professionals

General Summary

The Alcohol and Other Drug Abuse (AODA) Counselor reports directly to the Behavioral Health Program Manager and is responsible for conducting effective and professional direct service counseling for the county's alcohol and drug affected population. Provides community education services as requested by supervisory staff.

Duties and Responsibilities

Essential Job Functions

1. Provide screening, intake, orientation, assessment, diagnosis, and treatment recommendations of AODA population.
2. Provide direct service therapy to AODA clients and their families. This will include individual, group, couples and family therapy.
3. Facilitate Intensive Out-Patient Program groups.
4. Develop and maintain accurate case records of assessment, treatment and current status/condition. Comply with DHS Chapter 35, 75 standards.
5. Identify and assess specific needs of clients and make recommendations for appropriate services, i.e. inpatient treatment, special living arrangements, etc. Make arrangements, monitor all placements and provide aftercare planning and aftercare services.
6. Provide consultation to community regarding AODA issues.
7. Provide AODA educational information to community groups and individuals, as needed.

General Job Functions

1. Assist in developing and providing ancillary groups or special services to other community programs relative to special needs populations, i.e., youth, elderly, FAE/FAS, women, minorities and others as deemed necessary.
2. Provide after-hours emergency "On Call" services on rotating basis with other clinical staff.
3. Represent the Department of Human Services Behavioral Health Program at community meetings and events.

Requirements

Training and Experience

1. Wisconsin Certification as a Substance Abuse Counselor is required.
2. Bachelor of Social Work or Psychology related study desired.
3. 3-5 years AODA counseling experience preferred.
4. Current valid Wisconsin driver's license required.

County of Door AODA Counselor

Knowledge, Skills and Abilities Required

1. Knowledge of physiological, psychological, pharmacological and sociological aspects of chemical abuse and dependency.
2. Knowledge of and experience with prevention, intervention, assessment and treatment modalities.
3. Ability to read, comprehend, and communicate, both verbally and in writing as well as effectively administer by written, and verbal communications.
4. Ability to effectively conduct interviews and counsel AODA clients with secondary mental health issues/diagnosis.
5. Capable of conducting successful crisis intervention assessment and disposition.
6. Ability to use tact and courtesy in maintaining an effective working relationship with department employees, county supervisors, county officials, and general public.
7. Possess emotional maturity, sound judgment and capable of working with limited supervision.

Physical & Working Conditions

Nearly 100% of time work is performed in a normal office setting with little or no discomfort from temperature, dust or noise. Interacting with other employees, general public, whether walking in or on the telephone may be encountered.

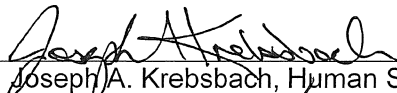
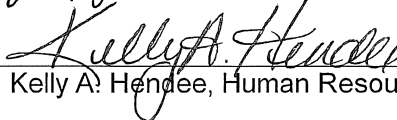
Over 75% of work is performed seated at a desk, working on a computer keyboard and/or telephone with about 10% of work performed standing and walking. Over 75% of the work is performed by talking, hearing, and using both far and near vision. Occasional lifting is required up to 10 lbs. (i.e. paper and equipment).

Observing clients is approximately 25% to 50% of the time. Over 75% of work is performed inside the Department of Human Services and work is done outside about 10% of the time. Occasional inebriated client contact and occasional contact with unpredictable, volatile, or psychotic persons. Very infrequent occasions where clients behavior may require physical restraint or defensive restraint to avoid injury to employee and/or others. Periodic on-call status may disrupt domestic activities and will not allow for travel outside of the 50 minute response time during on-call hours.

In an effort to provide for continuity of County government and to cope with the problems of the emergency, you may be required to work during a proclaimed state of emergency, consistent with Sec 323.14 Wis. Stats. and County emergency management plans and programs.

The above is intended to describe the general content of the requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements. They may be subject to change at any time due to reasonable accommodation or other reasons.

Approvals:

 Joseph A. Krebsbach, Human Services Director	10/26/15 Date
 Kelly A. Hendee, Human Resources Director	12/8/15 Date

Door County Human Resources Form #: 2015-05		Title: Job Analysis Questionnaire
Date Created 04/2015	Date Revised 10/2015	Admin. Manual or Handbook Reference: Administrative Manual, Section 2.04 – Creation & Classification of Positions

Current Position Title: AODA Counselor

Department Human Services Division Behavioral Health

Report to: (position title): Reports to the Behavioral Health Program Manager.

A. Job Summary (Purpose): Use two or three brief, **specific** statements to summarize the overall purpose of the job.

Help facilitate change in client's behaviors. Instill and propagate self awareness and desire to change in areas of alcohol and drug abuse use. Assess client's need for services through assessment/interview process. Provide education, run group treatment programs as well as individual therapy.

B. Fundamental duties of the position

1. Write one duty per numbered space.
2. Rank the duties in order of importance. The most important duty should be number one.
3. After listing the specific duties, enter the percentage of time spent on each.
4. Indicate which of the items are essential, which is determined considering the following:
 - a. Does the position exist to perform this function? OR
 - b. Are there a limited number of employees who can do this duty? Particularly, to the extent that if this position did not perform this duty, it would not get done? OR
 - c. Does the function require highly specialized skills or expertise that most other employees do not possess? Would the person be hired specifically because of their skill or expertise in performing the function? (i.e. A draftsman is hired because of their skill in precision drawing).

If "yes" can be answered to any of the above, mark "yes" in the "essential function" column.
5. Indicate whether other employees in the department perform this function.

Item No.	Duty	% of Total Time	Essential		Do Others Perform the Same Duty?	
			Yes	No	Yes	No
1.	Alcohol and drug abuse assessment/includes court ordered and follow-up.	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Intensive outpatient treatment prep.	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	Adolescent treatment group and prep.	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Skills group and prep.	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Family therapy sessions.	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	Individual therapy sessions.	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Case management/staffing.	7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Planning and department meetings.	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	Urine screens.	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Supervisory Responsibility: Write the position titles of all employees who report directly to you. Also, indicate the number of employees who in turn report to them. Write "none" if this is not applicable.

Position Title	# of Employees who in turn report to them	Position Title	# of Employees who in turn report to them
None			

Check below those supervisory responsibilities that are a part of your job:

- | | | |
|---|--|---|
| <input type="checkbox"/> Instruct / train | <input type="checkbox"/> Assign Work | <input checked="" type="checkbox"/> Coordinate Activities |
| <input type="checkbox"/> Review Work | <input checked="" type="checkbox"/> Maintain Standards | <input type="checkbox"/> Plan Work of Others |
| <input type="checkbox"/> Act on Employee problems | <input type="checkbox"/> Schedule/allocate personnel | <input type="checkbox"/> Schedule work of others |
| <input type="checkbox"/> Select new employees | | |
| <input type="checkbox"/> Transfer / promote? | <input type="checkbox"/> (Recommend?) | <input type="checkbox"/> (Approve?) |
| <input type="checkbox"/> Performance Evaluations | <input type="checkbox"/> (Recommend?) | <input type="checkbox"/> (Conduct?) |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> (Recommend?) | <input type="checkbox"/> (Approve?) |
| <input type="checkbox"/> Discharge | <input type="checkbox"/> (Recommend?) | <input type="checkbox"/> (Conduct?) |
| <input type="checkbox"/> Salary Increases | <input type="checkbox"/> (Recommend?) | <input type="checkbox"/> (Approve?) |

C. Work Relationships: For any of the contacts listed below that you have regarding company business, indicate the frequency (e.g. daily, weekly, monthly, etc.) and nature or purpose (e.g. obtain /provide information, negotiate contracts, etc.) of the contact.

CONTACT	PURPOSE OF CONTACT	FREQUENCY
<u>Employees</u> in same or other department(s) Behavioral Health Manager, CSP Coordinator, other therapists, case managers, social workers, psychiatrist, psychologist	Coordination of care, clinical supervision, referrals	Daily
Other <u>Departments</u> (list other departments) Public Health	Collaboration of AODA issues	Monthly
Customers – General Public (list all) Consumers seeking AODA services	Service delivery/treatment	Daily
Suppliers/Vendors		
Community / Trade / Professional Law Enforcement, hospitals, community counseling agencies Community groups seeking education	Facilitation of emergency detentions, assessment of crisis cases, consultation Education	Weekly Monthly
Federal / State Gov't =. / Regulatory DHS/Division of Mental Health & Substance Abuse Services, Division of Quality Assurance	Regulatory oversight Technical Assistance	As needed
Other (specify):		

D. Minimum Education , Experience and Certification Requirements

Education: Check the statement below which indicates the educational requirements for the job (not necessarily your educational background). If a higher degree of education is preferred, please check the appropriate column.

Required	Preferred:		
<input type="checkbox"/>	<input type="checkbox"/>	No formal education	
<input type="checkbox"/>	<input type="checkbox"/>	Less than high school education	
<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent	
<input type="checkbox"/>	<input type="checkbox"/>	Associate's degree or equivalent	Major:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bachelor's degree or equivalent	Major: Social Work or Psychology related study
<input type="checkbox"/>	<input type="checkbox"/>	Graduate work or advance degree	Specify:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Professional license required (list below under certification) SAC-IT/SAC	

Experience: Check the amount of experience needed to perform this job (not the experience you brought to the job)

<input type="checkbox"/>	No previous experience required.
<input type="checkbox"/>	Up to one year of experience required.
<input type="checkbox"/>	One to at least three years' experience required.
<input checked="" type="checkbox"/>	Over three years and up to and including six years' experience required.
<input type="checkbox"/>	Over six years and up to and including nine years' experience required.
<input type="checkbox"/>	Over ten (10) years of experience required.
<input type="checkbox"/>	Experience in related field
<input type="checkbox"/>	Experience in (specify):

Certification: List any licenses, certifications, statutory requirements or registrations required for this position. Use the exact name of license, certification, etc.

1.	Substance Abuse Counselor-In Training		
2.	Substance Abuse Counselor preferred		
3.			
4.			
5.			
6.	Valid State of Wisconsin Driver's License Required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	Type: <input type="checkbox"/> Regular <input type="checkbox"/> CDL	Endorsement Required:	

E. Equipment and Machinery: Indicate equipment and/or machinery that is necessary to accomplish the job, and the amount of time per week which involves using each piece of equipment.

No.	Equipment Used	Freq.	Daily	Weekly	Monthly	As Needed
1.	No equipment used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Basic office equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Typewriter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Computer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Copy machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Calculator	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Fax machine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Hand Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Hammers, wrenches, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Electrical power tools: saws, drills, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Gas power tools: weed-eater, chain-saw, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Yard/Garden tools: shovel, rake, broom, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Handguns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Rifle/Shotgun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Baton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Communication Equipment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Telephone	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Mobile data terminal (MDT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Pager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Vehicles:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Automobiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Light truck (pick-up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Heavy truck (dump truck, fire truck, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Construction/heavy equipment (loader, tractor, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Boat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Medical Apparatus/Equipment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. First aid equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Electronic monitoring equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Patient transport apparatus (spine board, stretcher, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Other: PBT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. Physical Demands: For each of the activities, please answer the questions asked regarding the intensity, precision and frequency of the listed items.

	Not Required	Required only in unusual situations	Required for 1 hour or less per shift	Required for approx. 2 hours per shift	Required for approx. 4 hours per shift	Required for 6 or more hours per shift
Activity: Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very light lifting: 10# max and occasional lifting of small articles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light lifting: 20# max	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium lifting: 50# max	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium lifting: 60# max	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy lifting: 100# max	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very heavy lifting: in excess of 100#	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very light carrying: 10# max	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light carrying: 20# max	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium carrying: 50# max	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium carrying: 60# max	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy carrying: 100# max	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very heavy carrying: in excess of 100#	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Activity: Stooping	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Crawling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Running	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Swimming	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Physically controlling another person	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Climbing stairs or ladders up or down	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing stairs/routine non-emergency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing stairs emergency – i.e. pursuit of suspect	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing ladders – routine – i.e. changing light bulbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing ladders – emergency – i.e. Fire truck aerial ladders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing while carrying – i.e. carrying parts, stretcher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching up (to high shelf)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching across (work bench)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching down (to floor)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. Working Conditions – Environmental Conditions: Check any conditions encountered on an annual basis

Condition	Rarely	Occasionally	Constantly	Seasonally
Dirt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fumes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wetness/humidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibrations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sudden temp. changes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Darkness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health and Safety: Check any of the following encountered on the job and note the frequency each is encountered

Electrical hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explosives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heights above 10 ft.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bodily Injury – physical attack	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving vehicles/traffic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (allergies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. Additional Physical Requirements: List any additional physical activities, not previously listed, which are required in the position. Also list the frequency with which the activity is performed.

I. Location: Check the location where the majority of the work is performed.

- Office / indoors
- Shop / warehouse
- Vehicle
- Outdoors
- Other:

Supervisor Review:

I. Your signature below indicates that you have reviewed this questionnaire. If you want to make revisions, please enter them in the margins in the appropriate spaces. Use extra paper if you need to, numbering your comments to match the items in question. These items will be reviewed with you before a final position description is prepared.

II. How many employees under your supervisor perform the same job described above by this employee? _____

III. Supervisor Comments _____

Signature Approvals

Supervisor _____

Dept. Head Joseph A. Trabasso Title Director Date 10/2/15

REQUEST FOR FISCAL IMPACT INFORMATION

RECLASSIFICATION
 FTE/Hours
 Job Class
 Step
 Rate

CHANGE FTE/Hours
 From _____ TO _____
 CHANGE JOB CLASS/STEP
 From _____ TO _____

Position Title AODA Counselor
 Effective Date _____ 6 Mo _____
 Department Human Services Sub Dept _____

FTE/Hrs	@ Rate	2017 TOTAL SALARY	2017 TOTAL BENEFITS	TOTAL SALARY and Benefits
Human Services AODA Counselor pay Range I; step 1				
1.00	\$24.39	50,731	32,686	83,417
Human Services AODA Counselor Budget				
1.00	\$24.39	50,731	18,913	69,644
Total Salary and Benefit Increase				13,773
FTE/Hrs	@ Rate	2017 TOTAL SALARY	2017 TOTAL BENEFITS	TOTAL SALARY and Benefits
Human Services AODA Counselor Pay Range I; Control Point				
1.00	\$27.87	57,970	34,070	92,040
Human Services AODA Counselor Budget				
1.00	\$24.39	50,731	18,913	69,644
Total Salary and Benefit Increase				22,396

Dept Head Signature

M. E. Janich

Finance Director

Date

11/8/2017

Disclaimer: This Fiscal Impact does not include Step 2 \$25.08, Step 3 \$25.78, Step 4 \$26.48, and Step 5 \$27.17.

This Fiscal Impact is an example illustration of what the costs would be for this position/position change. It is based on estimates and assumptions provided by the Human Resources Department and/or the department in which this position works. Because these estimates and assumptions may change, or may be different than the actual circumstances at the time that this position is filled or this position change takes place, there may be a difference between the costs projected in this Fiscal Impact and the actual costs.