

**Tuesday, December 27,  
2016  
8:30 a.m.**

**HUMAN SERVICES BOARD**

*Door County Government Center  
Chambers Room (C102), 1st floor  
421 Nebraska Street, Sturgeon Bay, WI*

*Oversight Board for the Department of Human Services*

**AGENDA**

**HUMAN SERVICES BOARD SPECIAL MEETING**

1. Call Meeting to Order
2. Roll Call – Establish a Quorum
3. **Adopt** Agenda
4. New Business
  - a. Resignation Letter from Dr. O'Rourke
  - b. Request to Refill Psychiatrist Position
  - c. Retirement Letter from Betty Sixel
  - d. Request to Refill Administrative Assistant I
5. **Adjourn** Meeting

*Deviation from the order shown may occur*



**DOOR COUNTY DEPARTMENT OF HUMAN SERVICES**  
421 Nebraska Street  
Sturgeon Bay WI 54235  
Main Line: 920-746-7155

Joseph Krebsbach, Director

1<sup>st</sup> Floor Fax: 920-746-2355

2<sup>nd</sup> Floor Fax: 920-746-2439

[dhs@co.door.wi.us](mailto:dhs@co.door.wi.us)

December 15, 2016

Mr. Joe Krebsbach, Director  
Door County Human Services

Dear Joe,

Please accept this letter as a formal notice that as of April 4, 2017 I will be leaving my position as Medical Director of Door County Human Services.

I have greatly appreciated the opportunities for professional and personal growth during my employment. I have been fortunate to work with such a great team of professionals including yourself. I have to agree that this may truly be the "best Human Service agency in the state".

In order to facilitate a smooth transition for our patients and families, I will attempt to be as flexible as possible as this time draws near.

Sincerely,

A handwritten signature in cursive script that reads "Colleen".

Colleen J. O'Rourke MD

CC. Ms. Kelly Hendee, Director of Human Services

# 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 Door County Human Services Position Title: Psychiatrist - Medical Director  
Position Status:  Currently vacant  Will be vacant Date Vacant: 4-3-17  
 Full Time  Part Time  Limited Term  Project Hours per week: 32  
Reason for Vacancy:  Separation  Transfer  Retirement  Resignation  Death  
Discuss turnover with the department in the previous 18-24 months: Some turn over in the past year significantly less than in 2015.  
Transfer: why is the new position more attractive to employee than current one? N/A  
Name of Current / Most Recent Incumbent: Dr. Coleen O'Rourke  
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 12-20-16

## Financial Information:

Salary Range: \_\_\_\_\_ Is the Position Budgeted:  Yes  No  
Funding Source:  Levy % 65  Grant Funded % \_\_\_\_\_  Other Insurance \_\_\_\_\_ % 35  
 Fiscal Impact, from Finance Department, completed and attached options being explored

## HR TO COMPLETE:

EEO Professional FLSA Status Exempt  
 Human Resources has performed a position review? [Signature] (HR initial)  
 The Job Analysis and Job Description have both been updated and signed? [Signature] (HR initial)

## Approvals:

County Administrator [Signature] Date 12-22-16

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



Door County  
DEPARTMENT OF HUMAN SERVICES  
421 Nebraska Street  
Sturgeon Bay, WI 54235

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**Joseph Krebsbach**  
Program Director  
(920) 746-7155  
Fax: (920) 746-2439

## Memo

**To:** Human Service Committee  
**From:** Joe Krebsbach  
**CC:** Administrative Committee  
**Date:** December 21, 2016  
**Re:** **Request to Refill Psychiatrist Medical Director**

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On December 15<sup>th</sup>, Dr. O'Rourke provided this writer with a letter of resignation from her position with the Department of Human Services.

In July of 2016 I put forward a plan to reduce the Psychiatrist hours due to our current case load. This was implemented in October when we moved to only 32 hours per week of time for the doctor.

During that time frame, we began exploring sharing a full time Psychiatrist position with other counties. Psychiatric services are part of our statutorily required level of service and will come with a significant cost regardless of how we provide the care. In the state of Wisconsin, there is a significant shortage of Psychiatric Providers. We may have an easier time finding a psychiatrist if we recruit for one full time position with benefits. It is also likely that a full time Dr. would be less expensive to the county than limited contracted hours. This would be particularly true if we can sell a portion of that time to another county.

Due to the shortage of providers, our recruitment may take a significant amount of time. I am requesting that in addition to filling our current position which is now 32 hrs. per week, I be allowed to begin recruitment for a full time position. During the search in the next few months, we will continue to explore all options for filling this need including a shared position with another county or contracting for the position through other entities.

I would be glad to discuss the potential options available or provide additional information as needed.

Respectfully,

Joseph A. Krebsbach

**County of Door  
Psychiatrist**

<b>Job Title</b>	Psychiatrist	<b>Last Revision</b>	10/26/2015
<b>Department</b>	Human Services	<b>HR Reviewed</b>	09/25/2015
<b>Division</b>	Behavioral Health	<b>Employee Group</b>	General Municipal Employee
<b>Report To</b>	Human Services Director	<b>FLSA Status</b>	Exempt
<b>Pay Range</b>	\$160,623-\$188,968	<b>EEO Code</b>	02 – Professionals

**General Summary**

Provide psychiatric services to Door County citizens experiencing challenges in the areas of mental health/emotional wellness, alcohol or other drug abuse, or developmental disabilities. Responsible for provision of psychiatric services including conducting assessments, prescribing medications, providing consultation and operating as a member of a multidisciplinary clinical team.

**Duties and Responsibilities**

**Essential Job Functions**

1. Diagnose and assess level of psychiatric illness and recommend appropriate medication and/or treatment.
2. Prescribe medications as indicated to agency customers, in accordance with current standards of care.
3. Monitor client's responses to medications through personal contact/appointments, review of client charts and consultation with clinical staff.
4. Complete documentation relating to the provision of psychiatric services (case notes, prescriptions).
5. Review and approve various documentation completed by clinicians pertaining to client care and treatment.
6. Provide agency-wide consultation and training to staff members regarding various clinical and medical issues.
7. Provides community consultation and training to staff members regarding various clinical and medical issues.
8. Provides community consultation to various organizations and agencies regarding clinical and medical issues.
9. Assist in maintenance, supervision and dispensation of agency patient assistance and sample medications.
10. Prepare reports and/or provide testimony on behalf of patients involves with local courts (competency, mental illness).
11. Provide quality assurance oversight of clinic operations including patient care, medication policy, and general medically related issues.

**General Job Functions**

1. Conduct occasional psychiatric assessments of patients in alternative community settings (jail, nursing homes, hospital).

**Requirements**

**County of Door  
Psychiatrist**

***Training and Experience***

1. Degreed Doctor of Medicine with specialized training from a certified college or university.
2. State license in psychiatry.
3. Seven (7) to nine (9) years of working knowledge of psychotropic medications and demonstrated skills delivering psychiatric services.

***Knowledge, Skills, and Abilities Required***

1. Capable of assessing psychiatric conditions accurately and appropriately delivering psychiatric services.
2. Knowledge of the principles and practice of community mental health and AODA programs and of community resources to augment department programs.
3. Ability to work as a member of a multidisciplinary team.
4. Ability to read, comprehend, and communicate, both verbally and in writing as well as effectively administer by written, and verbal communications.
5. Ability to use tact and courtesy in maintaining an effective working relationship with department employees, county supervisors, county officials, and general public.
6. Ability to use and operate computer, telephone, fax machine, copy machine and Dictaphone.

***Physical & Working Conditions***

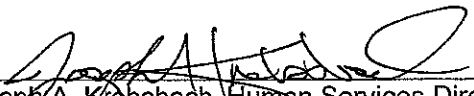
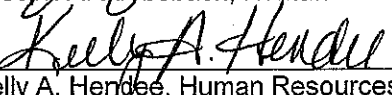
Nearly 100% of time work is performed in a normal office setting with little or no discomfort from temperature, dust or noise. Interacting with other employees, general public, whether walking in or on the telephone may be encountered.

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).

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:***

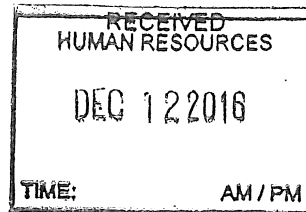
 _____ Joseph A. Krebsbach, Human Services Director	10/26/15 _____ Date
 _____ Kelly A. Hendee, Human Resources Director	12/8/15 _____ Date

Betty Sixel

[REDACTED]

December 12, 2016

Joe Krebsbach  
Director  
Human Services Department  
421 Nebraska Street  
Sturgeon Bay WI 54235



RE: Intent to Retire

Dear Mr. Krebsbach,

I would like to inform you that I am retiring from my Administrative Assistant Position with the Door County Human Services Department, effective February 2, 2017.

I have enjoyed working for Door County.

Sincerely,

A handwritten signature in cursive script that reads "Betty Sixel".

Betty Sixel

Cc: Human Resources

### 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: Admin. I (Accounts Payable)

Position Status:  Currently vacant  Will be vacant Date Vacant: 2-2-16

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: Improved decreased turnover in 2016

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

Name of Current / Most Recent Incumbent: Betty Sixel

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 11-2-16

Financial Information:

Salary Range: D 15.70-20.63 (17.94 cost/d) Is the Position Budgeted:  Yes  No

Funding Source:  Levy % \_\_\_\_\_  Grant Funded % \_\_\_\_\_  Other \_\_\_\_\_ % \_\_\_\_\_

Fiscal Impact, from Finance Department, completed and attached

HR TO COMPLETE:

EEO: clerical/office FLSA Status: non exempt

Human Resources has performed a position review? [Signature] (HR initial)

The Job Analysis and Job Description have both been updated and signed? [Signature] (HR initial)

Approvals:

County Administrator [Signature] Date 12-18-16

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





Door County  
DEPARTMENT OF HUMAN SERVICES  
421 Nebraska Street  
Sturgeon Bay, WI 54235

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**Joseph Krebsbach**  
Program Director  
(920) 746-7155  
Fax: (920) 746-2439

## Memo

**To:** Human Service Committee  
**From:** Joe Krebsbach  
**CC:** Administrative Committee  
**Date:** December 13, 2016  
**Re:** **Request to Refill Admin. I (Accounts Payable)**

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Betty Sixel, who has been handling our Accounts Receivable, has just announced her retirement after 29 years. The Accounts Payable position is crucial to the department as we contract for a significant amount of services. This position is processing between \$150,000 to \$200,000 in expenses per month. This requires a good deal of tracking of invoices and collection of materials. A good deal of this work was recently moved to this role when we eliminated a position on the Administrative team.

I respectfully ask for permission to refill this position. If you need further information I would be happy to provide it.

Joe Krebsbach

**COUNTY OF DOOR**  
**Administrative Assistant III-Human Services-Support**

<b>Job Title</b>	Administrative Assistant III – Human Services – Support	<b>Last Revision</b>	02/11/2016
<b>Department</b>	Human Services	<b>HR Reviewed</b>	
<b>Division</b>	Administrative	<b>Employee Group</b>	General Municipal Employee
<b>Report To</b>	Office Manager	<b>FLSA Status</b>	Non-Exempt
<b>Pay Range</b>	17	<b>EEO Code</b>	06 – Office/Clerical

**General Summary**

This position is responsible for fiscal and clerical support to the divisions of the Department of Human Services to improve and enhance the mission and function of the department. Functions may include Accounts Payable, Accounts Receivable, reception, client intake and chart preparation, records management, data entry and word processing. Regular attendance and punctuality along with being prepared to commence work at designated work locations, on the assigned or scheduled days and hours is expected.

**Duties and Responsibilities**

***Essential Job Functions***

1. Provides direct customer service through face to face and telephone contact.
2. Collects monies and receipts these transactions.
3. Provides direct support to staff which includes, but is not limited to, document generation, chart preparation, scheduling appointments and client enrollment.
4. Assists or completes procedures for Accounts Payable.
5. Assists or completes procedures for billing various insurances, Medicare, Medicaid or individuals served.
6. Enters data or scans documents into various software systems as assigned.
7. Tracks various fiscal or client information for quality assurance purposes.

***General Job Functions***

1. Provides back-up coverage to front desk as assigned.
2. Handles agency mail
3. Cross trains in duties to assist any administrative assistant with their responsibilities.

**Requirements**

***Training and Experience***

1. High School diploma or equivalent.
2. Two years of recent progressive work experience working in a professional office setting.
3. One or more years working with Microsoft Office software.
4. Associate degree in office procedures, accounting or related field highly desirable.
5. One or more years recent clerical work experience in a medical setting preferred.

***Knowledge, Skills, and Abilities Required***

1. Knowledge of general office procedures and operation of office equipment.
2. Capable of maintaining a high level of confidentiality in all program areas.
3. Ability to establish and maintain tactful, courteous and helpful customer service relationships with clients, co-workers, general public and outside agencies.

**COUNTY OF DOOR**

**Administrative Assistant III-Human Services-Support**

**Physical & Working Conditions**

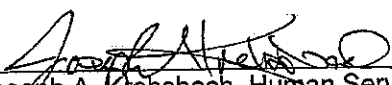
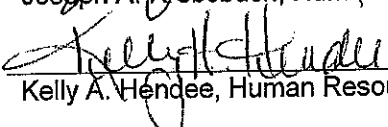
Nearly 100% of time work is performed in a normal office setting with little or no discomfort from temperature, dust or noise. Interacting with other employees, general public, whether walking in or on the telephone may be encountered.

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).

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	<u>2/19/16</u> Date
 _____ Kelly A. Hendee, Human Resources Director	<u>2/18/16</u> Date

Door County Human Resources Form #: 2015-05		Title: <b>Job Analysis Questionnaire</b>
Date Created 04/2015	Date Revised 03/30/2015	Please reference the most current copy of the Door County Employee Handbook and Administrative Manual.

Current Position Title: Administrative Assistant III

Department Human Services Division Support

Report to: (position title): Office Manager

**A. Job Summary (Purpose):** Use two or three brief, **specific** statements to summarize the overall purpose of the job. Responsibilities include data entry of invoices to be paid into the AS400 Financial system, PCW information into the PEZ system to receive payment from the state, financial tracking of payments to contracted providers, monthly miscellaneous deposit for funds not associated with Accounts Receivable and provide additional support to other clerical responsibilities.

**B. Fundamental duties of the position**

- Write one duty per numbered space.
- Rank the duties in order of importance. The most important duty should be number one.
- After listing the specific duties, enter the percentage of time spent on each.
- Indicate which of the items are essential, which is determined considering the following:
  - Does the position exist to perform this function? OR
  - 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
  - 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.
- 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.	Enter invoices to be paid in the AS400 Financial System	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Data entry for Personal Care Worker (PCW) hours	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Provide time limited back up to other clerical responsibilities	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	HSRS Data entry	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Prepare miscellaneous deposits for treasurer's office and correlating journal entries	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Financial tracking of payments to contracted service providers	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.			<input type="checkbox"/>	<input type="checkbox"/>	<input 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
Not Applicable			

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Instruct / train         | <input type="checkbox"/> Assign Work                 | <input type="checkbox"/> Coordinate Activities   |
| <input type="checkbox"/> Review Work              | <input 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
Employees in same or other department(s) Accounts Payable and Receivable clerks	Billing and payment questions	Daily
Other Departments (list other departments)		
Customers – General Public (list all)		
Suppliers/Vendors		
Community / Trade / Professional		
Federal / State Gov't =. / Regulatory		
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 checked="" type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Associate's degree or equivalent	Major:
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree or equivalent	Major:
<input type="checkbox"/>	<input type="checkbox"/>	Graduate work or advance degree	Specify:
<input type="checkbox"/>	<input type="checkbox"/>	Professional license required (list below under certification)	

**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 checked="" type="checkbox"/>	One to at least three years' experience required.
<input 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.	
2.	
3.	
4.	
5.	
6.	Valid State of Wisconsin Driver's License Required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Type: <input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Copy machine	<input type="checkbox"/>	<input checked="" 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: Scanner	<input type="checkbox"/>	<input checked="" 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:	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium lifting: 50# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium lifting: 60# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy lifting: 100# max	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light carrying: 20# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium carrying: 50# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium carrying: 60# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy carrying: 100# max	<input 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Physically controlling another person	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing stairs/routine non-emergency	<input 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 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 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 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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching across (work bench)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching down (to floor)	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wetness/humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sudden temp. changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Darkness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health and Safety: Check any of the following encountered on the job and note the frequency each is encountered</b>				
Electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explosives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heights above 10 ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bodily Injury – physical attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving vehicles/traffic	<input 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.

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**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 \_\_\_\_\_  
 Name Shawn Barlament Title Office Manager Date

Dept. Head \_\_\_\_\_  
 Name Joseph Krebsbach Title Director Date

# 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: Administrative Assistant 1

Effective Date: 6 Mo

Department: Human Services Sub Dept: \_\_\_\_\_

FTE/Hrs	@ Rate	2017 TOTAL SALARY	2017 TOTAL BENEFITS	TOTAL SALARY and Benefits
<b>Administrative Assistant 1 Pay Range D Min Step</b>				
1.00	\$15.70	32,656	27,773	60,429
<b>Current Administrative Assistant 1 2017 Budget</b>				
1.00	\$20.07	41,746	29,160	70,906
Total Salary and Benefit Decrease (10,477)				
<b>Administrative Assistant 1 Pay Range D Control Point</b>				
1.00	\$17.94	37,315	28,458	65,773
<b>Current Administrative Assistant 1 2017 Budget</b>				
1.00	\$20.07	41,746	29,160	70,906
Total Salary and Benefit Decrease (5,133)				

Dept Head Signature: Mark F. Jensen Finance Director

Date: 12/21/2016

**Disclaimer: This Fiscal Impact does not include Step 2 \$16.15, Step 3 \$16.59, Step 4 \$17.04, or Step 5 \$17.49.**

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.