

Physical/Environmental/Mental Demands Form (PEM)

This form is intended to assist departments in determining the demands of positions and in recognizing any accommodations which may be necessary per the provisions of the Americans with Disabilities Act (ADA) of 1990. Keep a copy of the completed form with the Job Description in the employee's personnel file. For vacant positions, be sure to indicate any outstanding demands or any demands unusual for the classification on the Job Vacancy Listing (JVL). After completing this form, submit it to Human Resources with the JVL.

Job Title: _____

Department: _____

Physical Demands (without accommodations)

	hours at one time					total hours per day				
	0	<1/2	1/2-1	1-2	2-4	<1	1-2	2-4	4-6	6-8
sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bending neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
twisting neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bending waist (forward or sideways)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
twisting waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
squatting (crouch or sit on one's heels)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
climbing _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
repetitive* movement: Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ø simple grasping 1 hand___ both___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ø power grasping 1 hand___ both___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ø fine manipulation 1 hand___ both___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ø pushing/pulling 1 hand___ both___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
reach above shoulder height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
reach below shoulder height	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
move items weighing up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
move items weighing 11-25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
move items weighing 26-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
move items weighing 51-75 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
move items weighing 76-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
move items weighing over 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
repetitive* movement: Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*constant for at least 15 minutes

Environmental Demands (check all that apply)

- A. Extreme cold (below 32°) source: _____
- B. Extreme heat (above 100°) source: _____
- C. Noise (need to shout in order to be heard) source: _____
- D. Vibration source: _____
(exposure to oscillating movements of the extremities or whole body)
- E. Exposure to dust/gas/fumes/steam/chemicals source: _____
- F. Work outdoors (no effective protection from weather)
- G. Walking on uneven ground (gravel, rocks, mounds)
- H. Work at heights (such as on scaffolding or ladders)
- I. Working around moving machinery (fork-lifts, tractors, mowers)
- J. Protective Equipment Required (respirator, mask, earplugs, gloves, eyewear, etc.) _____
- K. Potential exposure to infectious diseases
- L. Other _____
- M. NONE (not substantially exposed to adverse environmental conditions)

Mental Demands

In each category below are examples of possible demands for a job's essential functions. The scale is by degree of complexity, not the frequency of the task:

1 = the least complex

5 = the most complex

A. Comprehend & follow instructions

(Ex: Must understand and follow a set of clear oral and/or written procedures without deviation)

1 2 3 4 5

(Ex: Works with little need for guidance or reliance on oral or written instructions)

B. Perform assigned tasks

(Ex: Performs repetitive routine tasks)

1 2 3 4 5

(Ex: Performs a wide range of tasks as dictated by variable demands and changing conditions)

C. Maintain an appropriate work pace

(Ex: Must adhere to a provided work schedule to meet a set of qualitative production standards)

1 2 3 4 5

(Ex: Is free to plan work assignments and schedule to meet long-term goals and objectives)

D. Perform complex or varied tasks

(Ex: Performs simple tasks that vary little from day to day)

1 2 3 4 5

(Ex: Performs a wide range of complex tasks with little predictability as to their occurrence)

E. Relate to others

(Ex: Has little interaction with co-workers)

1 2 3 4 5

(Ex: Relates sensitive information to diverse groups)

F. Influence people

(Ex: Does not need to obtain cooperation from co-workers to accomplish assigned tasks)

1 2 3 4 5

(Ex: Must work with diverse groups to obtain consensus on complex issues)

G. Make decisions

(Ex: Implements others' decisions/procedures with little judgment required)

1 2 3 4 5

(Ex: Must independently apply abstract principles to solve complex conceptual issues)

H. Direct, control and plan

(Ex: Does not manage or supervise projects or staff)

1 2 3 4 5

(Ex: Must independently manage a large group performing varied tasks)

I. Interact with public or co-workers in written form

(Ex: May write simple memos to co-workers)

1 2 3 4 5

(Ex: Must write letters to explain complex issues or persuade campus administrators, faculty, staff, students and/or the general public)

J. Communicate orally

(Ex: Must relay simple information orally)

1 2 3 4 5

(Ex: Persuade or explain complex issues in person or by phone)

Work hours: _____

Reviewed with: *incumbent* _____
 co-worker _____
 no one (new job)

Supervisor: _____
signature

Date: _____