

**CITY OF LINCOLN
JOB TASK ANALYSIS FORM**

Employee: _____ Date: _____

In a normal work day, the above employee can perform the following tasks for how long? (Circle one each.)

	# of Hours								Other
Sit	1	2	3	4	5	6	7	8	_____
Stand	1	2	3	4	5	6	7	8	_____
Walk	1	2	3	4	5	6	7	8	_____

	Never	Occasionally	Frequently	Continuously
Lift:				
10 lbs				
11 – 20 lbs				
21 – 50 lbs				
51 – 100 lbs				
Carry:				
10 lbs				
11 – 20 lbs				
21 – 50 lbs				
51 – 100 lbs				
Bend:				
Squat:				
Crawl:				
Climb:				
Drive:				

Additional Comments (use back if necessary): _____

Attending Physician's Signature

Date