DEPARTMENT OF HOMELAND SECURITY FEDERAL LAW ENFORCEMENT TRAINING CENTERS REASONABLE ACCOMMODATION JOB ANALYSIS QUESTIONNAIRE

Position Title: Pay Plan, Series & Grade: Organization: Directorate: Division:	Name of Employ	yee:					Position Desc	cription #:
Division:	Position Title:						Pay Plan, Se	ries & Grade:
Branch/Office: Type of Employment: Full Time Part Time Term Temporary Seasonal Total Hours Worked Per Week: Work Schedule (start/stop time): to	Organization:	Director	ate:					
Type of Employment: Full Time Part Time Term Temporary Seasonal Total Hours Worked Per Week:		Division	. <u> </u>					
Total Hours Worked Per Week: Work Schedule (start/stop time): to Length of Time in this Position: Length of Time Supervised by Supervisor: to Name of Supervisor: Supervisor's Position Title:		Branch/	Office:					
Length of Time in this Position: Length of Time Supervised by Supervisor: Name of Supervisor: Supervisor's Position Title: Is the position description current and accurate? No Yes (please attach copy) Is the position under review in a compensation or classification matter? No Yes Are other employees assigned to this position description? No Yes,(#) employees. PART II - PRIMARY PURPOSE OF POSITION Yes Yes	Type of Employ	ment:	Full Time	Part Time		Term	Temporary	Seasonal
Name of Supervisor: Supervisor's Position Title: Is the position description current and accurate? No Yes (please attach copy) Is the position under review in a compensation or classification matter? No Yes Are other employees assigned to this position description? No Yes,(#) employees. PART II - PRIMARY PURPOSE OF POSITION Ves Ves	Total Hours Wo	rked Per W	eek:	_	Work Schedu	ile (start/stop time	e):	to
Is the position description current and accurate? No Yes (please attach copy) Is the position under review in a compensation or classification matter? No Yes Are other employees assigned to this position description? No Yes,(#) employees. PART II - PRIMARY PURPOSE OF POSITION	Length of Time	in this Posi	ion:		Length of Tin	ne Supervised by	Supervisor:	
Is the position under review in a compensation or classification matter? No Yes Are other employees assigned to this position description? No Yes,(#) employees. PART II - PRIMARY PURPOSE OF POSITION	Name of Superv	visor:				Supervisor	's Position Title:	
Are other employees assigned to this position description? No Yes,(#) employees. PART II - PRIMARY PURPOSE OF POSITION	Is the position d	escription c	urrent and accur	ate?	No	Yes (please atta	nch copy)	
PART II - PRIMARY PURPOSE OF POSITION	Is the position u	nder review	in a compensati	on or classificat	on matter?	No	Yes	
	Are other emplo	yees assig	ned to this positio	on description?	No	Yes,	(#) ei	mployees.
					required skills	of the position. I	Jse continuation pa	ges if necessary.

Team leader

Supervisor of one or more staff members

PART IV - ESSENTIAL AND NON-ESSENTIAL FUNCTIONS

The purpose of this section is to distinguish between essential functions (major duties) and non-essential functions (marginal duties) of the employee's position. Although both essential functions and non essential functions may be accommodated by changing *how* or *when* the functions are performed, it is important to differentiate between the two types of functions because to be qualified for a position, an employee must be able to perform the essential functions of the position with or without reasonable accommodation. Alternatively, if an employee is unable to perform a particular marginal function due to his or her medical condition(s), that function could simply be removed or swapped with another marginal function. This questionnaire will assist you with evaluating the functions of the position to determine if reasonable accommodation solutions can be implemented that will enable the employee to successfully perform the duties of their position. List one job function per page (essential functions first, then marginal functions.) Delete unused pages. The Job Analysis Questionnaire is a snapshot in time of the employee's assigned duties that may change over time. Do not rely on a generic position description when completing this Questionnaire. *HELPFUL TIP: The total of all "percentage of time spent on this function" fields listed on this questionnaire should equal 100%.*

Essential Functions

An essential function is a job duty so fundamental to a position that the position requirements cannot be fulfilled without successful performance of the duty. For example, an essential job function for a cashier is to exchange money with customers, or an essential job function of a pilot is to fly planes. To determine if a function is essential, consider:

- What are the significant implications if this employee does not perform the function;
- The size of the work unit and whether other employees can perform the function;
- Whether a significant amount of time is spent performing the function; however, a function may be essential even if an insignificant amount of time is spent performing it. For example, landing a plane may only take 15 minutes of an 8-hour flight, but it is an essential function of the pilot's job because the consequences are so serious if the pilot does not perform that function;
- If the employee was specifically hired to perform the highly specialized function because of his/her expertise in performing that function.

Non-Essential Functions

Non-essential/marginal job functions are those that do not affect the character of the job (scope of the responsibility, type of work, major duties.) "Marginal" does not mean unimportant; for these purposes, marginal just means those functions that are incidental or a minimal part of the job. A function may be non-essential or marginal if:

- the essence of the job would remain the same if the duty were not performed.
- the function could be reassigned to other employees with only moderate disruption or inconvenience.
- failure to perform the function may have only minor consequences.

REASONABLE ACC	OMMODAT	ION JOB ANALYSIS QU	JESTIONNAIRE (Continued)
I	Major Duty/	Essential Function # 1	
Description of Duty			
Frequency of this function (daily, weekly, monthly, quarterly, annually)			
Percentage of time spent on this function			
Competencies or abilities required for this function			
Work environment for this function			
Equipment/tools/machines used to perform this function			
Required licenses, certifications, qualifications for this function			
Does this function require work outside the normal duty day? If yes, provide details regarding shift assignments (i.e., night labs, holidays, weekends, etc.).	No	Yes	
Does this function require travel? If yes, address mode of travel, locations, travel time, and frequency.	No	Yes	
Does this function require the employee to work with others? If yes, provide details.	No	Yes	
Routine Internal and External Personal/Orga	anizational Con	tacts for this function:	
Individual/Organization		Purpose of Contact	Frequency of Contact
Give an example to explain how this major (use continuation pages if necessary):	duty is perform	ed and list any additional requ	irements of this major duty/essential function
Considering the employee's medical limitati to perform this major duty/essential function			lutions that ay assist the employee

REASONABLE ACC	OMMODAT	ION JOB ANALYSIS	QUESTIO	NNAIRE (Continued)
P	Major Duty/	Essential Function #	2	
Description of Duty				
Frequency of this function (daily, weekly, monthly, quarterly, annually)				
Percentage of time spent on this function				
Competencies or abilities required for this function				
Work environment for this function				
Equipment/tools/machines used to perform this function				
Required licenses, certifications, qualifications for this function				
Does this function require work outside the normal duty day? If yes, provide details regarding shift assignments (i.e., night labs, holidays, weekends, etc.).	No	Yes		
Does this function require travel? If yes, address mode of travel, locations, travel time, and frequency.	No	Yes		
Does this function require the employee to work with others? If yes, provide details.	No	Yes		
Routine Internal and External Personal/Orga	anizational Con	tacts for this function:		
Individual/Organization		Purpose of Contact		Frequency of Contact
Give an example to explain how this major of continuation pages if necessary :	duty is perform	∋d and list any additional re	equirements	of this major duty/essential function use
Considering the employee's medical limitation to perform this major duty/essential function	on(s), list any ro	easonable accommodation ion pages if necessary :	n solutions th	at ay assist the employee

REASONABLE ACC	OMMODAT	ION JOB ANALYSIS	QUESTIONNA	IRE (Continued)
Γ	Major Duty/	Essential Function # 3	3	
Description of Duty				
Frequency of this function (daily, weekly, monthly, quarterly, annually)				
Percentage of time spent on this function				
Competencies or abilities required for this function				
Work environment for this function				
Equipment/tools/machines used to perform this function				
Required licenses, certifications, qualifications for this function				
Does this function require work outside the normal duty day? If yes, provide details regarding shift assignments (i.e., night labs, holidays, weekends, etc.).	No	Yes		
Does this function require travel? If yes, address mode of travel, locations, travel time, and frequency.	No	Yes		
Does this function require the employee to work with others? If yes, provide details.	No	Yes		
Routine Internal and External Personal/Orga	anizational Cor	tacts for this function:		
Individual/Organization		Purpose of Contact		Frequency of Contact
Give an example to explain how this major of continuation pages if necessary :	duty is perform	ed and list any additional re	quirements of this	s major duty/essential function use
Considering the employee's medical limitation to perform this major duty/essential function	on(s), list any r ⊢use continuat	easonable accommodation tion pages if necessary :	solutions that a	y assist the employee

REASONABLE ACC	OMMODAT	ION JOB ANALYSIS QUE	STIONNAIRE (Continued)
	Major Duty/	Essential Function # 4	
Description of Duty			
Frequency of this function (daily, weekly, monthly, quarterly, annually)			
Percentage of time spent on this function			
Competencies or abilities required for this function			
Work environment for this function			
Equipment/tools/machines used to perform this function			
Required licenses, certifications, qualifications for this function			
Does this function require work outside the normal duty day? If yes, provide details regarding shift assignments (i.e., night labs, holidays, weekends, etc.).	No	Yes	
Does this function require travel? If yes, address mode of travel, locations, travel time, and frequency.	No	Yes	
Does this function require the employee to work with others? If yes, provide details.	No	Yes	
Routine Internal and External Personal/Org	anizational Cor	tacts for this function:	
Individual/Organization		Purpose of Contact	Frequency of Contact
Give an example to explain how this major of continuation pages if necessary :	Juty is perform	ed and list any additional require	ements of this major duty/essential function use
Considering the employee's medical limitati major duty/essential function (use continuat			tions that may assist the employee to perform this

REASONABLE ACC	OMMODAT	ION JOB ANALYSIS QU	JESTIONNAIRE (Continued)
	Major Duty/	Essential Function # 5	
Description of Duty			
Frequency of this function (daily, weekly, monthly, quarterly, annually)			
Percentage of time spent on this function			
Competencies or abilities required for this function			
Work environment for this function			
Equipment/tools/machines used to perform this function			
Required licenses, certifications, qualifications for this function			
Does this function require work outside the normal duty day? If yes, provide details regarding shift assignments (i.e., night labs, holidays, weekends, etc.).	No	Yes	
Does this function require travel? If yes, address mode of travel, locations, travel time, and frequency.	No	Yes	
Does this function require the employee to work with others? If yes, provide details.	No	Yes	
Routine Internal and External Personal/Orga	anizational Con	tacts for this function:	
Individual/Organization		Purpose of Contact	Frequency of Contact
	_		
Give an example to explain how this major o (use continuation pages if necessary):	Juty is perform	ed and list any additional requi	irements of this major duty/essential function
Considering the employee's medical limitation to perform this major duty/essential function			utions that ay assist the employee

REASONABLE ACCO				UESTIONNAI	RE (Continue	ed)
	Non E	ssential F	unction # 1			
Description of Duty						
Frequency of this function (daily, weekly, monthly, quarterly, annually)						
Percentage of time spent on this function						
Competencies or abilities required for this function						
Work environment for this function						
Equipment/tools/machines used to perform this function						
Required licenses, certifications, qualifications for this function						
Does this function require work outside the normal duty day? If yes, provide details regarding shift assignments (i.e., night labs, holidays, weekends, etc.).	No	Yes				
Does this function require travel? If yes, address mode of travel, locations, travel time, and frequency.	No	Yes				
Does this function require the employee to work with others? If yes, provide details.	No	Yes				
Give an example to explain how this major d continuation pages if necessary):	uty is performe	d and list an	ny additional req	uirements of this	major duty/esse	ntial function (use
Considering the employee's medical limitatio margina I (non essential) function (use contir	n(s), list any re nuation pages	easonable ac if necessary)	ccommodation s):	olutions that may	assist the emplo	oyee to perform this

				NNAIRE (C	Continued)	
Non Es	ssential Fu	unction #	2			
No	Yes					
No	Yes					
No	Yes					
on(s), list any re	easonable acc					
	Non Es	Non Essential Full No Yes No Yes No Yes No Yes Iuty is performed and list any	Non Essential Function # No No Yes No Yes No Yes No Yes Iuty is performed and list any additional r on(\$), list any reasonable accommodation	Non Essential Function # 2 No No Yes No Yes No Yes No Yes Iuty is performed and list any additional requirements pn(s), list any reasonable accommodation solutions th	Non Essential Function # 2 No No Yes No Yes No Yes No Yes No Yes Iuty is performed and list any additional requirements of this major on(s), list any reasonable accommodation solutions that may assist	No Yes No Yes No Yes No Yes Iuty is performed and list any additional requirements of this major duty/essentia uty is performed and list any additional requirements of this major duty/essentia

REASONABLE ACC	COMMODAT	ION JOB AN	NALYSIS QUE	STIONNAIR	E (Continued)
	Non E	ssential Fu	nction # 3			
Description of Duty						
Frequency of this function (daily, weekly, monthly, quarterly, annually)						
Percentage of time spent on this function						
Competencies or abilities required for this function						
Work environment for this function						
Equipment/tools/machines used to perform this function						
Required licenses, certifications, qualifications for this function						
Does this function require work outside the normal duty day? If yes, provide details regarding shift assignments (i.e., night labs, holidays, weekends, etc.).	No	Yes				
Does this function require travel? If yes, address mode of travel, locations, travel time, and frequency.	No	Yes				
Does this function require the employee to work with others? If yes, provide details.	No	Yes				
Considering the employee's medical limitati to perform this marginal (non essential) fun				tions that may as	ssist the employe	Э
				tions that may as	ssist the employe	÷e

REASONABLE ACCOMMODATION JOB ANALYSIS QUESTIONNAIRE (Continued) Non Essential Function # 4						
Description of Data	Non E	-ssential F	unction # 4			
Description of Duty						
Frequency of this function (daily, weekly, monthly, quarterly, annually)						
Percentage of time spent on this function						
Competencies or abilities required for this function						
Work environment for this function						
Equipment/tools/machines used to perform this function						
Required licenses, certifications, qualifications for this function						
Does this function require work outside the normal duty day? If yes, provide details regarding shift assignments (i.e., night labs, holidays, weekends, etc.).	No	Yes				
Does this function require travel? If yes, address mode of travel, locations, travel time, and frequency.	No	Yes				
Does this function require the employee to work with others? If yes, provide details.	No	Yes				
Give an example to explain how this major of continuation pages if necessary):	luty is perform	ed and list an	ıy additional requ	irements of this m	najor duty/essenti	al function (use
Considering the employee's medical limitation marginal (non essential) function (use contin	วท(s), list any r าuation pages	easonable ac if necessary):	ccommodation so :	lutions that may a	assist the employe	ee to perform this

REASONABLE ACCOMMODATION JOB ANALYSIS QUESTIONNAIRE (Continued	i)
PART V - IDENTIFICATION OF INDIVIDUAL COMPLETING FORM	
Name:	
Position Title:	
Relationship to Requestor:	
Signature of Individual Completing the Form	Date

REASONABLE ACCOMMODATION JOB ANALYSIS QUESTIONNAIRE (Continuation Page #1)

REASONABLE ACCOMMODATION JOB ANALYSIS QUESTIONNAIRE (Continuation Page #2)