COUNTY OF SONOMA - JOB DEMANDS ANALYSIS

JOB CLASSIFICATION: Registrar of Voters (ROV)

DATE COMPLETED: May 2025

DEPARTMENT: Registrar of Voters

DIVISION: Clerk/ Recorder/ Assessor/ ROV

PHYSICAL DEMAND STRENGTH RATING: Light/Sedentary

INSTRUCTIONS TO MEDICAL PROVIDERS COMPLETING THIS FORM:

Please use the "Medical Provider Use Only" columns to the right of each section and the "Medical Provider's Comments & Signature" Section on the signature page to provide work restrictions by indicating whether there is some portion of each function that the employee can perform; designating whether each restriction is temporary or permanent; and, if restriction is temporary, stipulating the expected duration of work restriction(s). To finalize the form, please provide the name of the employee evaluated and additional comments, as appropriate, then sign and date where indicated.

FREQUENCY RATING:

| Frequency | Percentage of time per shift | Repetition (# times per shift) | 8 Hr Shift | 9 Hr Shift | 10 Hr Shift | 12 Hr Shift |
|------------------------|---------------------------------|-----------------------------------|------------|------------|-------------|-------------|
| Never/Not Required (N) | n/a | n/a | n/a | n/a | n/a | n/a |
| Occasionally (O) | 1 - 33% | 1 – 100 | 0 - 2.5 | 0 - 3 | 0 - 3.5 | 0 – 4 |
| Frequently (F) | 34 - 66% | 100 – 500 | 2.5 - 5.5 | 3 - 6 | 3.5 - 7 | 4-8 |
| Continuously (C) | 67 - 100% | 500+ | 5.5 – 8 | 6 - 9 | 7 - 10 | 8 - 12 |

PART 1 - JOB DUTIES/FUNCTIONS:

| | | Rating | D. Equipment or tools used to perform (Describe) | E. Specialized Expertise, License, Certification Required? (Describe) | Non-Essential | Medical Provider Use Only: For each job duty/function, indicate in this column "Can Perform", is "Temporarily Restricted" from performing, or is "Permanently Restricted" from performing. |
|--|---|--------|---|--|---------------|--|
| While performing the following duties, employees in this position work in a typical office setting, sitting for long periods of time and routinely using office equipment such as computers, phones, photocopiers, fax machines, etc., and has frequent interactions by phone, virtual formats, email and in person with individuals and groups. | | | | | | |
| Works independently and with discretion in planning and administering program and policy direction for the department; ensures program activities are conducted in accordance with departmental and County policies and procedures, and with applicable federal and state laws; reports, both orally and in writing, to the County Executive and Board of Supervisors on program issues, obstacles, and progress; follows direction of the Board in implementing new policies and goals. | 1 | С | Computer, Phone/Headset, Pen/Pencil, and Audio-visual equipment | | Essential | |

| A. Job Duty/Function | | Rating | D. Equipment or tools used to perform (Describe) | E. Specialized Expertise, License, Certification Required? (Describe) | F. Essential or Non-Essential | Medical Provider Use Only: For each job duty/function, indicate in this column "Can Perform", is "Temporarily Restricted" from performing, or is "Permanently |
|--|-----|--------|---|--|----------------------------------|---|
| Provides direction, both orally and in writing, to subordinate managers, supervisors, and staff to ensure goals are met; plans, organizes, and assigns work; directs, evaluates, reviews, and monitors activity of staff, both formally and informally, in writing and in person; takes appropriate disciplinary action in conjunction with Human Resources staff; participates in hiring interviews and decisions; utilizes appropriate discretion and assures compliance with County policy and federal and state laws in matters of employee relations, EEO, and ADA. | 2 | | Computer, Phone/Headset, Pen/Pencil, and Audio-visual equipment | | Essential | Restricted" from performing. |
| Consults, collaborates with, and solicits the cooperation of community groups, County departments, federal entities, and outside agencies in assessing, identifying, and analyzing voter and election needs; establishes professional and effective working relationships; seeks input from all interested parties and establishes effective working relationships; may drive a vehicle to off-site meetings. | | | Computer, Phone/Headset, Pen/Pencil, Audio- visual equipment, and vehicle | Driver's license | Essential | |
| Represents the County and speaks before the media, public bodies, organizations, committees, and the public on matters pertaining to agency initiatives, projects, programs, and activities; may drive a vehicle to off-site meetings and election sites. | 4 | F | Computer, Phone/Headset, Pen/Pencil, Audio- visual equipment, and vehicle | Driver's license | Essential | |
| Identifies need and responds to requests for new policies; researches and analyzes issue; reviews relevant laws, regulations, and policies; writes policy using approved format and professiona level writing; ensures policy is reviewed by other County departments as appropriate, such as Human Resources and County Counsel and meets with labor organizations as appropriate; communicates newly approved policies to staff. | l l | | Computer, Phone/Headset, Pen/Pencil | | Essential | |
| Directs the preparation of departmental budget priorities and ensures that the budget expenditures are properly controlled to ensure conformance with approved funding; prepares summary documents and annual reports to the Board of Supervisors. | 6 | | Computer, Phone/Headset, Pen/Pencil, and Audio-visual equipment | | Essential | |

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|---|---|--------|---|--|----------------------------------|--|
| Develops and maintains precinct boundaries, maps, and precinct guides conducted through the use of GIS and other systems, reflecting current city, district, and legislative boundaries. | 7 | 0 | Computer, Phone/Headset, Pen/Pencil | | Essential | |
| Directs the issuance and filing of nomination papers, the verification of signatures on a variety of electoral related documents, and the determination of their sufficiency; arranges for and directs the tabulation of votes cast following close of polls on election night; prepares and certifies a statement of votes cast for adoption by the Board of Supervisors and transmission to the Secretary of State or other appropriate agencies. | | | Computer, Phone/Headset, Pen/Pencil, and Audio-visual equipment | | Essential | |
| Actively maintains industry knowledge and stays current on field-related laws, policies, and best practices. | 9 | С | Computer, Phone/Headset, Pen/Pencil | | Essential | |

PART 2: PHYSICAL DEMANDS

| | Examples of | FREQUENCY RATING | MEDICAL | PROVIDER | USE ONLY: |
|-------------------------------------|--------------------|-----------------------|---------|-------------|-------------|
| Activity | Duties/Functions | Never, Occasional, | Can | Temporarily | Permanently |
| 1 Citting | Requiring Activity | Frequent, or Constant | Perform | Restricted | Restricted |
| 1 Sitting | 1-9 | C | | | |
| 2 Walking | 1-8 | F | | | |
| 3 Running | NA | N | | | |
| 4 Standing | 1-8 | F | | | |
| 5 Bending-Neck | 1-9 | F | | | |
| 6 Bending-Waist | 1-8 | 0 | | | |
| 7 Squatting | NA | N | | | |
| 8 Climbing | NA | N | | | |
| 9 Kneeling | NA | N | | | |
| 10 Crawling | NA | N | | | |
| 11 Twisting (neck) | 1-8 | F | | | |
| 12 Twisting (waist) | 1-8 | 0 | | | |
| 13 Repetitive Hand Use | 1-8 | С | | | |
| 14 Simple Grasping-Right Hand | 1-9 | 0 | | | |
| 15 Simple Grasping-Left Hand | 1-9 | 0 | | | |
| 16 Power Grasping-Right Hand | NA | N | | | |
| 17 Power Grasping-Left Hand | NA | N | | | |
| 18 Fine Manipulation-Right Hand | 1-8 | 0 | | | |
| 19 Fine Manipulation-Left Hand | 1-8 | 0 | | | |
| 20 Pushing and Pulling (right hand) | 1-8 | 0 | | | |
| 21 Pushing and Pulling (left hand) | 1-8 | 0 | | | |
| 22 Reaching (above shoulder level) | 1-8 | 0 | | | |
| 23 Reaching (below shoulder level) | 1-8 | 0 | | | |
| 24 Lifting up to 10 lbs. | 1-8 | F | | | |
| 25 Lifting-11-25 lbs. | NA | N | | | |
| 26 Lifting-26-50 lbs. | NA | N | | | |
| 27 Lifting 51-75 lbs. | NA | N | | | |
| 28 Lifting 76-100 lbs. | NA | N | | | |
| 29 Lifting 100 + lbs. | NA | N | | | |
| 30 Carrying 0-10 lbs. | 1-8 | F | | | |
| 31 Carrying 11-25 lbs. | NA | N | | | |
| 32 Carrying 26-50 lbs. | NA | N | | | |
| 33 Carrying 51-75 lbs. | NA | N | | | |
| 34 Carrying 76-100 lbs. | NA | N | | | |

PART 3: SENSORY REQUIREMENTS

| | Examples of | FREQUENCY RATING | MEDICAL | PROVIDER | USE ONLY |
|--|--------------------|-----------------------|---------|-------------|-------------|
| | Duties/Functions | Never, Occasional, | Can | Temporarily | Permanently |
| Activity | Requiring Activity | Frequent, or Constant | Perform | Restricted | Restricted |
| 1 Functional vision, normal or corrected | 1-9 | F | | | |
| 2 Functional color vision, normal or corrected | NA | N | | | |
| 3 Functional night vision, normal or corrected | NA | N | | | |
| 4 Functional hearing, normal or corrected | 1-9 | F | | | |
| 5 A sense of smell or taste | NA | N | | | |

PART 4: COMPREHENSION LEVEL

| | FREQUENCY RATING | MEDICAL | PROVIDER | USE ONLY |
|-------------------------------------|-----------------------|---------|-------------|-------------|
| | Never, Occasional, | Can | Temporarily | Permanently |
| Activity | Frequent, or Constant | Perform | Restricted | Restricted |
| 1 Follow Oral Instructions | F | | | |
| 2 Follow Written Instructions | F | | | |
| 3 Required to sustain concentration | F | | | |

PART 5: NATURE OF TASKS

| | FREQUENCY RATING | MEDICAL | PROVIDER | USE ONLY |
|--|-----------------------|---------|-------------|-------------|
| | Never, Occasional, | Can | Temporarily | Permanently |
| Activity | Frequent, or Constant | Perform | Restricted | Restricted |
| 1 Follow set procedures | 0 | | | |
| 2 Organize own work | С | | | |
| 3 Able to ask questions or request assistance when needed | F | | | |
| 4 Required to make decisions independently | F | | | |
| 5 Required to train and/or lead other staff | F | | | |
| 6 Required to direct other staff (e.g., planning, goal setting, performance) | F | | | |

PART 6: WORK PACE

| | FREQUENCY RATING | MEDICAL | PROVIDER | USE ONLY |
|--|-----------------------|---------|-------------|-------------|
| | Never, Occasional, | Can | Temporarily | Permanently |
| Activity | Frequent, or Constant | Perform | Restricted | Restricted |
| 1 Tightly scheduled and rapid pace of work activities at | F | | | |
| high volume | | | | |
| 2 Meet time-sensitive deadlines | F | | | |
| 3 Long and/or irregular hours | F | | | |
| 4 Limited/unpredictable opportunity for breaks | 0 | | | |
| 5 Required to perform on-call or emergency work | 0 | | | |

PART 7: COMPLEXITY/VARIABILITY

| | FREQUENCY RATING | MEDICAL | PROVIDER | USE ONLY |
|--|-----------------------|---------|-------------|-------------|
| | Never, Occasional, | Can | Temporarily | Permanently |
| Activity | Frequent, or Constant | Perform | Restricted | Restricted |
| 1 Variable and unpredictable workflow | F | | | |
| 2 Attention divided by issues requiring multi-tasking | С | | | |
| 3 Work requires precise attention to detail | F | | | |
| 4 Use of judgment in routine matters | F | | | |
| 5 Requires use of judgment in adapting procedures from one | F | | | |
| task to another | | | | |
| 6 Possible legal ramifications associated with work activities | С | | | |
| or work product | | | | |

PART 8: INTERACTIONS WITH OTHERS

| | FREQUENCY RATING | MEDICAL | PROVIDER | USE ONLY |
|---|-----------------------|---------|-------------|-------------|
| | Never, Occasional, | Can | Temporarily | Permanently |
| Activity | Frequent, or Constant | Perform | Restricted | Restricted |
| 1 Works with others (e.g., co-workers, other | С | | | |
| departments/agencies, public) | | | | |
| 2 Interactions limited to giving/receiving information | 0 | | | |
| 3 Interactions exceed giving/receiving information (e.g., | F | | | |
| advises, persuades, justifies) | | | | |
| 4 Interactions occur under circumstances of emotional stress | 0 | | | |
| 5 Risk of confrontation with violent or assaultive clients or | 0 | | | |
| customers | | | | |

PART 9: ENVIRONMENTAL FACTORS/WORKING CONDITIONS:

| RT 9: ENVIRONMENTAL FACTORS/ WORKING CONDITIONS: | FREQUENCY RATING | MEDICAL | PROVIDER | USE ONLY |
|---|-----------------------|---------|-------------|-------------|
| A site to | Never, Occasional, | Can | Temporarily | Permanently |
| Activity | Frequent, or Constant | Perform | Restricted | Restricted |
| 1 Work Inside | F | | | |
| 2 Work Outside | 0 | | | |
| 3 Extreme Heat (above 100 degrees) | 0 | | | |
| 4 Extreme Cold (below 32 degrees) | N | | | |
| 5 Excessive Noise (must raise voice to be heard) | 0 | | | |
| 6 Vibration (e.g., jackhammer, hammer drill, chainsaw, etc.) | N | | | |
| 7 Dust, Vapors, Fumes, Smoke | N | | | |
| 8 Silica, asbestos, etc. | N | | | |
| 9 Solvents (e.g., gas, turpentine, etc.) | N | | | |
| 10 Grease, oils | N | | | |
| 11 Acidic, Caustic Solutions | N | | | |
| 12 Pesticides | N | | | |
| 13 Explosives (e.g., dynamite, bomb, etc.) | N | | | |
| 14 Cleaning supplies, abrasives | N | | | |
| 15 Other Chemicals (e.g., drugs and other contraband) | N | | | |
| 16 Human Blood, Body Tissues, or Fluids | N | | | |
| 17 Human Wastes | N | | | |
| 18 Animal Blood, Body Tissues, or Fluids | N | | | |
| 19 Animal Wastes | N | | | |
| 20 Biological Toxins (e.g., poison ivy, poison oak, anthrax, etc.) | N | | | |
| 21 Insect Bites (e.g., ticks, mosquitoes, spiders, etc.) | N | | | |
| 22 Biomedical Waste | N | | | |
| 23 Ionizing Radiation | N | | | |
| 24 Non-lonizing Radiation | N | | | |
| 25 Electrical Energy | N | | | |
| 26 Walking on uneven, slippery, or rough surfaces | 0 | | | |
| 27 Proximity to moving mechanical parts (e.g., equipment, | 0 | | | |
| machinery) | | | | |
| 28 Proximity to moving vehicles or objects | 0 | | | |
| 29 Heights (e.g., rooftop, ladders, scaffolding, etc.) | N | | | |
| 30 Contact with water, other liquids, humid conditions - not | N | | | |
| weather related | | | | |
| 31 Work Below Ground: (e.g., excavation, trench, etc.) | N | | | |
| 32 Potential exposure to airborne infectious diseases (e.g., clinics, | N | | | |
| labs, corrections) | | | | |
| 33 Operates non-commercial motor vehicles (cars, trucks) | 0 | | | |
| 34 Operates commercial vehicles – CDL | N | | | |
| ClassEndorsements | 14 | | | |
| 35 Operates a passenger van to transport clients, inmates, etc. | N | | | |
| 36 Pulls non-commercial trailers or equipment | N | | | |
| 37 Operates heavy equipment | N | | | |
| 38 Other: | | | | |

PART 10: MEDICAL SCREENING, SURVEILLANCE, AND VACCINATION REQUIREMENTS:

Please check each of the medical screening, surveillance, and vaccination requirements that apply to the position, and indicate if the requirement applies pre-employment/pre-placement only, or whether there are additional requirements after hire.

| | | | Frequency (one time, |
|--|----------|-----------|----------------------|
| Medical Screening, Surveillance, or Vaccination | Pre-Hire | Post-Hire | annual, etc.) |
| 1 Audiometric Testing | | | |
| 2 DOT Commercial Driver Drug and Alcohol Screening | | | |
| 3 DOT Commercial Driver Physical Exam | | | |
| 4 Respirator Physical Exam | | | |
| 5 Respirator Questionnaire – Short | | | |
| 6 Respirator Questionnaire – Standard | | | |
| 7 Blood lead level | | | |
| 8 Hazardous Waste/Emergency Worker physical | | | |
| 9 Heavy metal screen (mercury, lead, arsenic) | | | |
| 10 HINT Hearing Noise Sensitivity Testing | | | |
| 11 Tuberculosis skin test | | | |
| 12 Vaccine: MMR | | | |
| 13 Vaccine: Hepatitis B | | | |
| 14 Vaccine: Influenza | | | |
| 15 Vaccine: Meningococcal | | | |
| 16 Vaccine: Pneumococcal | | | |
| 17 Vaccine: Rabies | | | |
| 18 Vaccine: Rabies Titer | | | |
| 19 Vaccine: Tdap | | | |
| 20 Vaccine: Chickenpox | | _ | |

PART 11: ADDITIONAL INFORMATION, PICTURES, ETC.