



Department of Public Works

**Jerrel Kruschke, P.E.**  
Commissioner of Public Works

July 7th, 2026

City Service Commission  
Department of Employee Relations  
City Hall, Room 706

RE: Request to Extend Temporary Appointment – Jason Schmeling

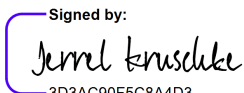
Dear City Service Commissioners:

DPW Operations Division respectfully requests a Six-month temporary appointment extension to the position of Urban Forestry Technician for Mr. Jason Schmeling. The original temporary appointment began on April 14, 2025. I respectfully request that the temporary appointment be extended from June 27th, 2026 - December 28, 2026. Due to an administrative oversight, this request was not submitted in a timely manner. We respectfully request approval of this retroactive appointment to accurately reflect the employee's appointment and maintain continuity of service. This is the third extension.

Mr. Jason Schmeling is currently an Urban Forestry Specialist in DPW Operations Forestry. This temporary appointment is filling a temporary vacancy due to an employee's leave of absence. This position participates in the administration of city ordinances related to hazard trees, sidewalk snow and ice, tall weeds and grass, vegetation encroachments, and city-owned property maintenance contracts. Participates in the development and delivery of safety and technical training activities within the districts, and investigates and responds to service requests from the public and public officials. This position plays a critically important role both during fall and winter seasonal operations.

Thank you for your consideration. If you have any questions or concerns, please contact Makisha Porter, Operations Human Resources Administrator (x3255 or [mmporte@milwaukee.gov](mailto:mmporte@milwaukee.gov)).

Sincerely,

Signed by:  
  
3D3AC90F5C8A4D3...  
Jerrel Kruschke

Commissioner of Public Works  
DAR:kod  
cc:Erin Stoekl, Makisha Porter



Department of Employee Relations  
200 E. Wells Street, Room 706  
Milwaukee, WI 53202-3554



## NOTICE OF TEMPORARY APPOINTMENT

Rule IX, Section 2 of the Civil Service Rules allows a department to appoint a person to a position on a temporary basis. A temporary appointment may be appropriate when services are for a limited period, or during the leave of absence of an employee who plans to return to the service of the city. Therefore a temporary appointment is limited to a period of 90 days, unless an extension is authorized by the City Service Commission.

When making an employment offer for a temporary appointment, the appointing officer must submit this completed form to DER no later than the close of the pay period in which the temporary appointment has been made. All temporary appointees must meet the minimum requirements established for the position to which the individual is appointed.

SEND COMPLETED FORM AND SUPPORTING DOCUMENTATION TO DER, CITY HALL, ROOM 706 OR [DERCERTIFICATION@MILWAUKEE.GOV](mailto:DERCERTIFICATION@MILWAUKEE.GOV)

| TEMPORARY APPOINTMENT / APPOINTEE DETAILS                                                                                                                                                                                                                                                                                                                                                                                |                                                                                  |                                                                                                                                           |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| DEPARTMENT/DIVISION<br>DPW-Operations-Forestry                                                                                                                                                                                                                                                                                                                                                                           | LAST NAME<br>Schmeling                                                           | FIRST NAME<br>Jason                                                                                                                       | INITIAL                        |
| AUTHORIZED POSITION TITLE<br>Urban Forestry Technician                                                                                                                                                                                                                                                                                                                                                                   | PAY RANGE<br>7FN                                                                 | F&P COMMITTEE APPROVAL DATE                                                                                                               | REQUISITION #                  |
| UNDERFILL TITLE (IF APPLICABLE)                                                                                                                                                                                                                                                                                                                                                                                          | PAY RANGE                                                                        | WAS THE INDIVIDUAL HIRED FROM AN ELIGIBLE LIST?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Referral # |                                |
| REASON FOR TEMPORARY APPOINTMENT<br><input type="checkbox"/> During Leave of Absence of an employee who is expected to return<br><input checked="" type="checkbox"/> To perform services of a temporary nature and for a limited period                                                                                                                                                                                  | EFFECTIVE DATE<br>6/28/2026                                                      | ANTICIPATED EXPIRATION DATE<br>12/28/2026                                                                                                 | T.A. RATE OF PAY<br>\$2,890.15 |
| ATTACH A COPY OF THE CURRENT JOB DESCRIPTION & A RESUME IN ADDITION TO COMPLETING THE INFORMATION BELOW                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                                                                                                                           |                                |
| PROVIDE AN EXPLANATION OF WHY THE TEMPORARY APPOINTMENT IS NEEDED:<br>To provide services while we recruit, take applicants, and hire a permanent replacement for the currently open position.                                                                                                                                                                                                                           |                                                                                  |                                                                                                                                           |                                |
| EXPLAIN HOW THE INDIVIDUAL WAS SELECTED FOR THE APPOINTMENT, INCLUDING THE SELECTION PROCESS USED AND IF NOT FROM AN ELIGIBLE LIST, HOW THE INDIVIDUAL WAS IDENTIFIED AS A POTENTIAL TEMPORARY APPOINTEE:<br>Jason Schmeling has been an Urban Forestry Specialist for over twenty years, and has the skills and consistency to make him a good fit for the temporary appointment to the Urban Forestry Technician role. |                                                                                  |                                                                                                                                           |                                |
| PROVIDE INFORMATION TO DEMONSTRATE HOW THE INDIVIDUAL MEETS THE MINIMUM REQUIREMENTS:                                                                                                                                                                                                                                                                                                                                    |                                                                                  |                                                                                                                                           |                                |
| TRAINING AND EDUCATION:<br>Diploma - Wauwatosa West High School                                                                                                                                                                                                                                                                                                                                                          | WORK EXPERIENCE:<br>Urban Forestry Specialist - City of Milwaukee (2001-present) | OTHER REQUIREMENTS (i.e. LICENSES):<br>First Aid/CPR Training<br>CDL                                                                      |                                |
| IS THIS INDIVIDUAL A CURRENT CITY OF MILWAUKEE EMPLOYEE?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                          | IF YES, CURRENT DEPARTMENT:<br>DPW-Operations-Forestry                           | CURRENT POSITION TITLE:<br>Urban Forestry Specialist                                                                                      | EMPLOYEE ID NUMBER:<br>014987  |
| IS THE INDIVIDUAL BEING GIVEN THIS TEMPORARY APPOINTMENT RELATED BY BLOOD OR MARRIAGE TO THE APPOINTING OFFICER, ANY MEMBER OF THE APPOINTING BOARD OR BODY, DIRECT SUPERVISOR, OR TO ANY ELECTIVE OF APPOINTEE CITY OFFICIAL? (Refer to CSC Rule VIII, Section 10 regarding nepotism.)<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - Explain Relationship                                    |                                                                                  |                                                                                                                                           |                                |
| THIS TEMPORARY APPOINTMENT IS MADE IN ACCORDANCE WITH RULE IX, SECTION 2 OF THE CITY SERVICE COMMISSION AND IS LIMITED TO A PERIOD OF 90 DAYS UNLESS AN EXTENSION IS APPROVED BY THE COMMISSION.                                                                                                                                                                                                                         |                                                                                  |                                                                                                                                           |                                |
| REPORTING OFFICER<br>Erin Stoekl                                                                                                                                                                                                                                                                                                                                                                                         | SIGNATURE<br><i>Erin Stoekl</i>                                                  | TITLE<br>Forestry Services Manager                                                                                                        | DATE<br>7/9/2026               |
| APPROVING OFFICER<br>Jerrel Kruschke                                                                                                                                                                                                                                                                                                                                                                                     | SIGNATURE<br><i>Jerrel Kruschke</i>                                              | TITLE<br>Commissioner of Public Works                                                                                                     | DATE<br>7/9/2026               |
| THIS SECTION FOR DER REVIEW                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |                                                                                                                                           |                                |
| DER REVIEW COMPLETED BY:                                                                                                                                                                                                                                                                                                                                                                                                 | SIGNATURE                                                                        | TITLE                                                                                                                                     | DATE                           |



Department of Employee Relations  
200 E. Wells Street, Room 706  
Milwaukee, WI 53202-3554



## TEMPORARY APPOINTEE STATEMENT OF UNDERSTANDING

Rule IX, Section 2 of the Civil Service Rules allows a hiring authority to appoint a person to a position on a temporary basis. A temporary appointment may be appropriate when services are for a limited period, or during the leave of absence of an employee who plans to return to the service of the city. Therefore a temporary appointment is limited to a period of 90 days, unless an extension is authorized by the City Service Commission.

### SECTION I. TO BE COMPLETED BY HIRING AUTHORITY - PLEASE TYPE OR PRINT LEGIBLY

|                                      |           |             |
|--------------------------------------|-----------|-------------|
| APPLICANT NAME (last, first, middle) |           | DATE        |
| Schmeling, Jason                     |           | 06/26/2026  |
| POSITION TITLE                       | PAY RANGE | RATE OF PAY |
| Urban Forestry Technician            | 7FN       | \$2,890.15  |

### SECTION II. TEMPORARY APPOINTEE STATEMENT OF UNDERSTANDING

I understand that if I am appointed to the position described above on a temporary basis, that I must meet the requirements for the position. I further understand that this temporary appointment may expire at any time and is limited to a period of 90 days, unless an extension at the request of the hiring authority is approved by the City of Milwaukee Civil Service Commission.

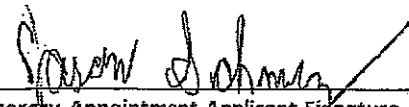
I understand that as a temporary appointee I am ineligible for paid holidays, sick leave, vacation or other benefits while serving on this temporary appointment, and that this temporary appointment shall not confer upon me any privilege of regular appointment. (Note: A current City of Milwaukee employee who accepts a temporary appointment to a different position retains his/her current benefits and civil service status).

I understand that if I wish to be considered for regular employment I must compete in a Civil Service examination for the position, and must pass the examination with a grade which shall place me among the top five scores on the eligible list in order to be eligible to interview for regular appointment to the position.

I understand that acceptance of a temporary appointment will not affect my rights to certification for permanent appointment to any position for which I am currently on an eligible list for.

In accordance with Civil Service Rule VIII, Section 10, concerning nepotism, I hereby certify that I am not related, either by blood or through marriage, to the appointing officer or to any member of the appointive board or body or to any direct superior or to any elective or appointive City official. (This includes relative of both whole and half blood, and extends to persons as closely related as first cousins when the relationship is by blood, or more closely related than first cousins when the relationship is through marriage, and includes the cases of husbands of sisters-in-law and wives of brothers-in-law).

A Rule IX, Section 2, temporary appointee who is on an eligible list may be considered for future regular appointment when the appointee ranks among the certifiable highest eligible on the list, or compete in a future examination.

  
Temporary Appointment Applicant Signature

7-9-26  
Date Signed

Franklin Seilheimer  
Witness Name (Print)

  
Witness Signature

# JASON SCHMELING



Well-qualified, fast learning, loyal and dedicated Urban Forestry Specialist proficient in multiple skills and handling complex issues, while promoting positive outcomes. Efficiency and accuracy driven employee who is organized with team-oriented mentality who is committed to resident satisfaction.

## EXPERIENCE

**JUNE 2001 – CURRENT**

**URBAN FORESTRY SPECIALIST, CITY OF MILWAUKEE**

- Maintain skill and competency of branch and tree removal techniques, rope and saddle technique and aerial lift truck
- Debris removal from job site to maintain a safe and clean work environment
- Proficient in the use of multiple types of equipment, including but not limited to: chipper, aerial lift truck, stump, front-end loader, prentice loader, skid steer, trencher, mini back hoe, chainsaws and other small tools
- Skillfully manage pruning crews when called upon
- Able to recognize hazardous and dangerous trees
- Proficient in removal and disposal of hazardous trees
- Works with multiple contractors from different entities
- Some knowledge in reading blueprints
- CDL license holder
- Received "Favorable Occurrences" from upper management and the Mayor

**OCTOBER 2000 – JUNE 2001**

**WAREHOUSE MANAGER, ROOF TEK**

- Load and unload roofing materials from trucks within the warehouse
- Facilitate correct shipping orders
- Forklift operator

## EDUCATION

**JUNE 1999**

**HIGH SCHOOL DIPLOMA, WAUWATOSA WEST HIGH SCHOOL**

## SKILLS

- First Aid/CPR
- Organization and Time Management

- CDL license holder
- Excellent Communication
- Self-Motivated
- Teamwork and Collaboration

## **REFERENCES**

- Jeff Laufenberg, Urban Forestry District Manager  
City of Milwaukee, Forestry Department  
414-286-3594
- Andrew Witczak, Master Plumber  
City of Milwaukee, Forestry Department  
414-803-7392
- Brandon Bilot, Urban Forestry Manager  
City of Milwaukee, Forestry Department  
414-286-3594

# JOB DESCRIPTION

## FOR DER USE ONLY

### Vacancy No.

City Service  
Commission:  
Fire & Police  
Commission:

Finance  
Committee:  
Common  
Council:

**Instructions:** Complete all sections. Refer to the *Guidelines for Preparing Job Descriptions* for instructions on completing specific items.

|                                                                                                       |                                                                                              |                                                                                        |                                               |                                                                                                                                                                                    |                                                                                                                      |
|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>1. Date Prepared/ Revised:</b><br>4/24/23                                                          |                                                                                              | <b>2. Present Incumbent:</b><br>Standard                                               |                                               | <b>Is incumbent underfilling position?</b><br><br><b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/><br>If YES, indicate Underfill Title in box 10. |                                                                                                                      |
| <b>3. Date Filled:</b>                                                                                |                                                                                              | <b>4. Previous Incumbent:</b>                                                          |                                               |                                                                                                                                                                                    |                                                                                                                      |
| <b>5. Department:</b><br>Public Works                                                                 |                                                                                              |                                                                                        | <b>Bureau:</b><br><b>Division:</b> Operations |                                                                                                                                                                                    | <b>Unit:</b><br><b>Section:</b> Forestry                                                                             |
| <b>6. Work Location:</b>                                                                              |                                                                                              |                                                                                        | <b>Telephone:</b><br><b>Email:</b>            |                                                                                                                                                                                    | <b>Work Schedule:</b><br>Hours: 40 / Days: 5                                                                         |
| <b>7. Represented by a Union?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                              | <b>8. Bargaining Unit:</b> Non-Mgmt/Non-Rep<br>If in District Council 48, which local? |                                               |                                                                                                                                                                                    | <b>9. FLSA Status (check one):</b><br><input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Non-Exempt |
| <b>10.</b>                                                                                            | <b>Official Title:</b><br>Urban Forestry Technician (Property Management & Code Enforcement) |                                                                                        |                                               | <b>Pay Range</b>                                                                                                                                                                   | <b>Job Code</b>                                                                                                      |
|                                                                                                       |                                                                                              |                                                                                        |                                               | 7FN                                                                                                                                                                                | 1314DC                                                                                                               |
|                                                                                                       | <b>Underfill Title (if applicable):</b>                                                      |                                                                                        |                                               |                                                                                                                                                                                    |                                                                                                                      |
|                                                                                                       | <b>Requested Title (if applicable):</b>                                                      |                                                                                        |                                               |                                                                                                                                                                                    |                                                                                                                      |
| <b>Recommended Title (DER Use Only):</b>                                                              |                                                                                              |                                                                                        |                                               | <b>Approved by:</b><br><br><b>Date:</b>                                                                                                                                            |                                                                                                                      |

## 11. BASIC FUNCTION OF POSITION:

This position participates in the administration of city ordinances related to hazard trees, sidewalk snow and ice, tall weeds and grass, vegetation encroachments, and city-owned property maintenance contracts. Participates in the development and delivery of safety and technical training activities within the districts, and investigates and responds to service requests from the public and public officials.

## 12. DESCRIPTION OF JOB (Check if description applies to **Official Title** ☐ or **Underfill Title** ☐):

### A. ESSENTIAL FUNCTIONS/Duties and Responsibilities: (Refer to the "Guidelines for Preparing Job Descriptions" for instructions on determining Essential Functions.)

| % of Time | ESSENTIAL FUNCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 30        | <ul style="list-style-type: none"> <li>Monitors and participates in the administration of city-owned property maintenance service contracts.</li> <li>Issues notices to proceed, conducts property inspections, and verifies contractor work and invoices submitted for payment.</li> <li>Maintains spatial property inventory.</li> </ul>                                                                                                                                                                                                                                          |
| 30        | <ul style="list-style-type: none"> <li>Monitors and participates in the administration and enforcement of various city ordinances related to hazardous trees, sidewalk snow and ice, tall weeds and grass, vegetation encroachments into the rights-of-way and other Environmental Services ordinances.</li> <li>Assess public and private hazardous tree conditions and administers contracts for removal and pruning.</li> <li>Defend appeals related to code enforcement violations and orders.</li> <li>Maintains electronic records of code enforcement activities.</li> </ul> |
| 20        | <ul style="list-style-type: none"> <li>Supervises and coordinates activities of contract employees performing property inspection and code enforcement assignments.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                      |
| 5         | <ul style="list-style-type: none"> <li>Conducts in-house staff training.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 5         | <ul style="list-style-type: none"> <li>Maintains pesticide application records.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 5         | <ul style="list-style-type: none"> <li>Investigates and resolves citizen and aldermanic complaints</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|           | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|           | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|           | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|           | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

The above statements are intended to summarize the nature and level of work and typical responsibilities and duties being performed by the incumbent(s) of this job. They are not intended to be an exhaustive list of all responsibilities, duties, and tasks required of the position.

**B. PERIPHERAL DUTIES:**

| % of Time | PERIPHERAL DUTY            |
|-----------|----------------------------|
| 5         | • Other duties as assigned |
|           | •                          |
|           | •                          |
|           | •                          |
|           | •                          |
|           | •                          |
|           | •                          |
|           | •                          |
|           | •                          |
|           | •                          |
|           | •                          |

**C. NAME AND TITLE OF IMMEDIATE SUPERVISOR:**

Erin Stoekl – Property Maintenance and Compliance Manager

**D. SUPERVISION RECEIVED:** (Describe the extent to which work assignments and methods are outlined, reviewed, and approved by this position's supervisor.)

General duties and responsibilities are assigned by the Property Maintenance and Compliance Manager, with coordination as needed from the Urban Forestry District Manager and Forestry Services Manager.

**E. SUPERVISION EXERCISED:**

Total number of employees for whom responsible, either directly or indirectly = **1-5**.

**Direct Supervision:** List the number and titles of personnel directly supervised. Specify the kind and extent of supervision exercised by indicating one or more of the following:

| of supervision exercised by indicating one or more of the following: |                                                           |                                                                                     |
|----------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------|
| a. Assign duties                                                     | e. Sign or approve work                                   |                                                                                     |
| b. Outline methods                                                   | f. Make hiring recommendations                            |                                                                                     |
| c. Direct work in progress                                           | g. Prepare performance appraisals                         |                                                                                     |
| d. Check or inspect completed work                                   | h. Take disciplinary action or effectively recommend such |                                                                                     |
| Number Supervised                                                    | Job Title                                                 | Extent of Supervision Exercised<br>(Select those that apply from list above, a - h) |
| 1-5                                                                  | Code Enforcement Inspector                                | a,b,c,d,e,f,g,h                                                                     |
|                                                                      |                                                           |                                                                                     |
|                                                                      |                                                           |                                                                                     |
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|                                                                      |                                                           |                                                                                     |
|                                                                      |                                                           |                                                                                     |

**F. MINIMUM QUALIFICATIONS REQUIRED:** (Indicate the MINIMUM qualifications required to enter the job.)i. Education and Experience:

Two or four year degree in arboriculture, horticulture or related field is highly desirable.  
Four years experience in arboriculture, horticulture, or general landscaping.

ii. Knowledge, Skills and Abilities:

Knowledge of basic plant science, horticulture, and arboriculture.  
Knowledge of office computer applications and ability to utilize field technology.  
Ability to accurately identify trees, turf, weeds and ornamental plants common to SE Wisconsin.  
Ability to collect and maintain accurate records.  
Knowledge of and ability to comply with safety regulations and policies.

*The above statements are intended to summarize the nature and level of work and typical responsibilities and duties being performed by the incumbent(s) of this job. They are not intended to be an exhaustive list of all responsibilities, duties, and tasks required of the position.*

Ability to safely apply pesticides to trees, turf, and landscape plants.  
 Ability to assess trees for hazardous conditions.  
 Ability to perform accurate job-related calculations.  
 Effective oral and written communication skills.  
 Excellent interpersonal and customer service skills and ability to work harmoniously with others.  
 Ability to prioritize, organize, and accomplish work with limited supervision.  
 Ability to perform repetitive tasks.  
 Ability to work in all weather conditions and withstand prolonged adverse weather conditions.  
 Willingness to work weekends, holidays, and evenings as required.  
 Ability to stay calm during emergency situations.  
 Ability to perform heavy manual labor and lift and move objects weighing 50 lbs. or more.

iii. Certifications, Licenses, Registrations:

Valid Wisconsin driver's license at time of appointment and throughout employment.  
 State of Wisconsin Commercial Pesticide Applicator Certification in Turf and Landscape (Category 3.0) within six months of hire and throughout employment.  
 International Society of Arboriculture (ISA) Certified Arborist certification within six months of hire and throughout employment.

iv. Other Requirements:

### 13. PHYSICAL AND ENVIRONMENTAL DEMANDS: TOOLS AND EQUIPMENT USED

The Americans with Disabilities Act of 1993 requires job descriptions to provide detailed information regarding the physical demands required to perform the essential functions of a job; the conditions under which the job is performed; and the tools and equipment the employee will be required to use on the job. Reasonable accommodations may be made to enable qualified individuals to perform the essential duties and responsibilities of the job for each of the categories listed below.

**G. PHYSICAL ACTIVITY OF THE POSITION:** (List the physical activities that are representative of those that must be met to successfully perform the essential functions of the job).

**CHECK ALL THAT APPLY:**

|                                     |                                                                                                                                                                                                                                                                                           |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | <b>Climbing:</b> Ascending or descending ladders, stairs, scaffolding, ramps, poles, and the like; using feet and legs and/or hands and arms. Body agility is emphasized. Check only if the amount and kind of climbing required exceeds that required for ordinary locomotion.           |
| <input checked="" type="checkbox"/> | <b>Balancing:</b> Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. Check only if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. |
| <input checked="" type="checkbox"/> | <b>Stooping:</b> Bending body downward and forward by bending spine at the waist. Check only if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.                                                                                       |
| <input checked="" type="checkbox"/> | <b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.                                                                                                                                                                                                                 |
| <input checked="" type="checkbox"/> | <b>Crouching:</b> Bending the body downward and forward by bending leg and spine.                                                                                                                                                                                                         |
| <input type="checkbox"/>            | <b>Crawling:</b> Moving about on hands and knees or hands and feet.                                                                                                                                                                                                                       |
| <input checked="" type="checkbox"/> | <b>Reaching:</b> Extending Hand(s) and arm(s) in any direction.                                                                                                                                                                                                                           |
| <input checked="" type="checkbox"/> | <b>Standing:</b> Particularly for sustained periods of time.                                                                                                                                                                                                                              |
| <input checked="" type="checkbox"/> | <b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.                                                                                                                                                                                                |
| <input checked="" type="checkbox"/> | <b>Pushing:</b> Using upper extremities to exert force in order to draw, press against something with steady force in order to thrust forward, downward or outward.                                                                                                                       |
| <input checked="" type="checkbox"/> | <b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.                                                                                                                                                                 |
| <input checked="" type="checkbox"/> | <b>Lifting:</b> Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. Check only if it occurs to a considerable degree and requires substantial use of the upper extremities and back muscles.                                      |
| <input checked="" type="checkbox"/> | <b>Fingering:</b> Picking, pinching, typing or otherwise working primarily with fingers rather than with the whole hand or arm, as in handling.                                                                                                                                           |
| <input checked="" type="checkbox"/> | <b>Grasping:</b> Applying pressure to an object with fingers and palm.                                                                                                                                                                                                                    |
| <input checked="" type="checkbox"/> | <b>Feeling:</b> Perceiving attributes of objects such as size, shape, temperature or texture by touching with the                                                                                                                                                                         |

*The above statements are intended to summarize the nature and level of work and typical responsibilities and duties being performed by the incumbent(s) of this job. They are not intended to be an exhaustive list of all responsibilities, duties, and tasks required of the position.*

|                                     |                                                                                                                                                                                                     |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                     | skin, particularly that of the fingertips.                                                                                                                                                          |
| <input checked="" type="checkbox"/> | <b>Talking:</b> Expressing or exchanging ideas by means of the spoken word. Those activities which demand detailed or important instructions spoken to other workers accurately, loudly or quickly. |
| <input checked="" type="checkbox"/> | <b>Hearing:</b> Perceiving the nature of sounds with no less than a 40 db loss. Ability to receive oral communication and make fine discriminations in sound.                                       |
| <input checked="" type="checkbox"/> | <b>Repetitive Motions:</b> Substantial movements (motions) of the wrist, hands, and/or fingers.                                                                                                     |
| <input checked="" type="checkbox"/> | <b>Driving:</b> Minimum standards required by State Law (including license).                                                                                                                        |

**H. PHYSICAL REQUIREMENTS OF THE POSITION:** (List the physical requirements that are essential functions of the job.)

**CHECK ONE:**

|                                     |                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | <b>Sedentary Work:</b> Exerting up to 10 pounds of force occasionally and/or negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. |
| <input type="checkbox"/>            | <b>Light Work:</b> Exerting up to 10 pounds of force occasionally and/or negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for sedentary work and the worker sits most of the time, the job is rated for Light Work.                                                |
| <input checked="" type="checkbox"/> | <b>Medium Work:</b> Exerting up to 50 pounds of force occasionally and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.                                                                                                                                                                                   |
| <input type="checkbox"/>            | <b>Heavy Work:</b> Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.                                                                                                                                                                                  |
| <input type="checkbox"/>            | <b>Very Heavy Work:</b> Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.                                                                                                                                                        |

**I. VISUAL ACUITY REQUIREMENTS:** (List the visual acuity requirements that are essential functions of the job.)

**CHECK ONE:**

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | <b>Operators (Electronic Equipment), Inspection, Close Assembly, Clerical, Administrative:</b> This is a minimum standard for use with those whose job requires work done at close visual range (i.e. preparing and analyzing data and figures, accounting, transcription, computer terminal, extensive reading, visual inspection involving small parts, operation of machines, using measurement devices, assembly or fabrication of parts).            |
| <input type="checkbox"/>            | <b>Machine Operators, Mechanics, Skilled Tradespeople:</b> This is a minimum standard for use with those whose work deals with machines where the seeing job is at or within arm's reach. This also includes mechanics and skilled tradespeople and those who do work of a non-repetitive nature such as carpenters, technicians, service people, plumbers, painters, mechanics, etc. (If the machine operator also inspects, check the "Operators" box.) |
| <input checked="" type="checkbox"/> | <b>Mobile Equipment Operators:</b> This is a minimum standard for use with those who operate cars, trucks, forklifts, cranes, and high lift equipment.                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/>            | <b>Other:</b> This is a minimum standard based on the criteria of accuracy and neatness of work for janitors, sweepers, etc.                                                                                                                                                                                                                                                                                                                              |

**J. THE CONDITIONS THE WORKER WILL BE SUBJECT TO IN THIS POSITION:**

List the environmental/working conditions to which the employee may be exposed while performing the essential functions of the job. Include scheduling considerations such as on-call for emergencies, rotating shift, etc. **Approximate Percentage of time performing field work: 70%**

**CHECK ALL THAT APPLY:**

|                                     |                                                                                                                                                                                                                        |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | <b>None:</b> The worker is not substantially exposed to adverse environmental conditions (such as typical office or administrative work).                                                                              |
| <input checked="" type="checkbox"/> | <b>The worker is subject to inside environmental conditions:</b> Protection from weather conditions but not necessarily from temperature changes (i.e. warehouses, covered loading docks, garages, etc.)               |
| <input checked="" type="checkbox"/> | <b>The worker is subject to outside environmental conditions:</b> No effective protection from weather.                                                                                                                |
| <input checked="" type="checkbox"/> | <b>The worker is subject to extreme cold:</b> Temperatures below 32 degrees for period of more than one hour.                                                                                                          |
| <input type="checkbox"/>            | <b>The worker is subject to extreme heat:</b> Temperatures above 100 degrees for periods of more than one hour.                                                                                                        |
| <input type="checkbox"/>            | <b>The worker is subject to noise:</b> There is sufficient noise to cause the worker to shout in order to be heard above the surrounding noise level.                                                                  |
| <input type="checkbox"/>            | <b>The worker is subject to vibration:</b> Exposure to oscillating movements of the extremities or whole body.                                                                                                         |
| <input type="checkbox"/>            | <b>The worker is subject to hazards:</b> Includes a variety of physical conditions, such as proximity to moving mechanical parts, electrical current, working on scaffolding and high places or exposure to chemicals. |
| <input type="checkbox"/>            | <b>The worker is subject to atmospheric conditions:</b> One or more of the following conditions that affect the respiratory system or the skin: Fumes, odors, dust, mists, gases or poor ventilation.                  |

The above statements are intended to summarize the nature and level of work and typical responsibilities and duties being performed by the incumbent(s) of this job. They are not intended to be an exhaustive list of all responsibilities, duties, and tasks required of the position.

|                          |                                                                                                          |
|--------------------------|----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <b>The worker is subject to oil:</b> There is air and/or skin exposure to oils and other cutting fluids. |
| <input type="checkbox"/> | <b>The worker is required to wear a respirator.</b>                                                      |

**K. MACHINE, TOOLS, EQUIPMENT, ELECTRONIC DEVICES, SOFTWARE, ETC. USED BY POSITION:**

List equipment needed to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions.)

**CHECK ALL THAT APPLY:**

|                                                                                                                                                                                                                                                        |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Camera and photographic equipment                                                                                                                                                                                  | <input checked="" type="checkbox"/> Office Equipment (desk, chair, telephone, etc.) |
| <input type="checkbox"/> Cleaning supplies                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Office supplies (pens, staplers, pencils, etc.) |
| <input type="checkbox"/> Commercial vehicle                                                                                                                                                                                                            | <input checked="" type="checkbox"/> Packing materials (boxes, shrink wrap, etc.)    |
| <input checked="" type="checkbox"/> Data processing equipment                                                                                                                                                                                          | <input checked="" type="checkbox"/> PC equipment (monitor, keyboard, printer, etc.) |
| <input checked="" type="checkbox"/> Handcart                                                                                                                                                                                                           | <input checked="" type="checkbox"/> PC software                                     |
| <input type="checkbox"/> Hand tools <b>(please list):</b>                                                                                                                                                                                              |                                                                                     |
| <input type="checkbox"/> Office Machines <b>(check all that apply):</b> <input checked="" type="checkbox"/> Copier <input checked="" type="checkbox"/> Facsimile <input checked="" type="checkbox"/> Calculator <input type="checkbox"/> Cash register |                                                                                     |
| <input type="checkbox"/> Other <b>(please list):</b>                                                                                                                                                                                                   |                                                                                     |

**L. SUPPLEMENTARY INFORMATION:** (Indicate any other information which further explains the importance, difficulty, or uniqueness of the position, such as its scope of responsibility related to finances, equipment, people, information, etc. Also indicate success factors such a personal characteristics that contribute to an individual's ability to perform well in the job, and any other special considerations.)

**M. I believe that the statements made above in describing this job are complete and accurate.**




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*Signature of Department Head or Designated Representative*

*The above statements are intended to summarize the nature and level of work and typical responsibilities and duties being performed by the incumbent(s) of this job. They are not intended to be an exhaustive list of all responsibilities, duties, and tasks required of the position.*