



# **ESSENTIAL JOB FUNCTIONS ASSESSMENT**

FORM 307

**TO BE COMPLETED BY EMPLOYEE'S IMMEDIATE SUPERVISOR/MANAGER** (PLEASE PRINT LEGIBLY)

**Employee Name:** \_\_\_\_\_

**Employee ID:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Work Hours (please include telework schedule):** \_\_\_\_\_

**Dept./Unit:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_

**Recruitment No.:** \_\_\_\_\_

**DAS Job Posting Attached: YES** \_\_\_\_ **NO** \_\_\_\_  
**(The posting must accompany this form)**

- 1. Essential functions are responsibilities, duties, tasks, etc. that are the foundation for which this job exists to perform, and thus, performs on a routine basis. Every responsibility, duty, task, etc. listed in the DAS job posting, therefore, would not automatically qualify as an essential function. With is understanding of the term “essential functions”, please review the DAS job posting and list the essential function(s) of the above referenced employee’s current job title? Please attach additional pages, if necessary.**
- 2. Would removing the essential function(s) listed in No. 1 fundamentally change the job? If “yes”, please list, separately, the essential function(s) that if removed, would fundamentally change the above referenced job title job? Please attach additional pages, if necessary.**
- 3. If you responded “yes” to No. 2, please copy, and paste your response to No. 2 and indicate (directly next to each essential function), how much time, approximately, is spent performing that essential function. Please attach additional pages, if necessary.**
- 4. If you responded “yes” to No. 2, please copy, and paste your itemized list in No. 2 and indicate (directly next to each essential function), how the removal of the essential function(s) would fundamentally change the job. Please attach additional pages, if necessary.**



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5. If you responded “yes” to No. 2, please copy, and paste your response to No. 2 and rate (directly next to each essential function), the degree of importance of the essential function(s) to the overall job success using a scale of 1 – 10 (with 1 being the lowest level of importance and 10 being the highest level of importance). Please attach additional pages, if necessary.
  
6. If you responded “yes” to No. 2, please copy, and paste your response to No. 2 and indicate (directly next to each essential function), the number of employees that currently perform each essential function, followed by the number of employees that perform each function remotely. Please attach additional pages, if necessary.
  
7. Do you believe the essential function(s) listed in No. 2 preclude implementing accommodations to perform them? Please attach additional pages, if necessary.
  
8. If your response to #7 is “yes”, please copy and paste your response to No. 2 and indicate (directly next to each essential function), what accommodations would be precluded from being implemented to perform them and why? Please attach additional pages, if necessary.
  
9. Please indicate whether you agree with granting this employee’s ADA/CFEPA reasonable accommodation request. If you do not agree, please state your position. Please attach additional pages, if necessary.

\_\_\_\_\_  
Printed Name of Supervisor/Manager

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Signature of Supervisor/Manager

\_\_\_\_\_  
Date

**Please submit this completed and signed form, with the perspective job posting attached, to the Office of Diversity and Equity Programs (ODEP) via e-mail at [The ODEP](#).**