

GEORGIA DEPARTMENT OF HUMAN SERVICES Human Resources Policy #1701 A2

GEORGIA ACTIVITY ANALYSIS

Pos	sition Title:	Employee Name:	
Pre	pared By:	Date Prepared:	
Ι.	POSITION PURPOSE (Describe in terms of the reas		
II.	TASKS (In Column A, describe each task in order of frequency performed. What is required to do the position? In Column B, indicate primary physical, mental, and environmental demands required to perform each task.)		
	A. Tasks	B. Demands	
III.	PRODUCTIVITY (Describe production rate including	quantity and quality of work required.)	
IV.	IV. WORK SCHEDULE REQUIREMENTS (Describe specific shifts (including rotating) and/or hours, travel, or overtime.)		

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V. PHYSICIAN COMMENTS (Complete the appropriate box below and provide comments as necessary.)				
	I release	to this job as described above.		
	I release and the medical ra	onale is:		
	I cannot release to any part of this job at this and the medical rationale is:			
Date next appointment is scheduled:				
Physician's Name:				
Physician's Signature:				
Date:				