

Georgia State University
Essential Functions Analysis

Instructions: To be completed by Department Head/Supervisor and returned to the address below **within 5 working days** to the address provided below. Separate checklist must be completed for each essential function of the involved employee's position. 4 essential function checklists are provided in this document. Photocopy page 2 if additional checklists are needed.

| | | | |
|-----------------------|-------------------|----------------------|--------------------|
| Employee Name: | Job Title: | Employee ID: | Department: |
| Completed by: | Job Title: | Telephone No: | |

Essential Function: _____

| Question | Y / N | If yes, please explain |
|---|-------|------------------------|
| Must this employee perform this function? | | |
| Can other current employees perform the function if this employee cannot? | | |
| Would removing this function from this job fundamentally change this job? | | |
| Does the job exist to perform this function? | | |
| Is special expertise or judgment required to perform this function? | | |
| Would there be any significant consequences if this function were not performed by this individual? | | |
| Did the previous employee in this position perform this function? | | |
| Do persons doing similar work in this or other departments also perform this function? | | |
| Hours per week spent performing this function: | N/A | |

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| Do persons doing similar work in this or other departments also perform this function? | | |
| Hours per week spent performing this function: | N/A | |

RETURN FORM TO:
 ADA Coordinator
 Human Resources Department
 Georgia State University
 P. O. Box 3982
 Atlanta, GA 30302-3982
 Tel: 404-413-3314 / Fax: 404-413-3324

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