



Georgia Institute of Technology
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. Four 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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Hours per week spent performing this function:	N/A	

RETURN FORM TO:
 Georgia Institute of Technology
 Human Resources, Employee Relations Services
 500 Tech Parkway
 Atlanta, GA 30332-0435
 Tel: 404-894-3249 / Fax: 404-894-4691



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