

# GOODWILL OF ORANGE COUNTY

## JOB DESCRIPTION

Approved: Nancy A. Morales 6/6/11  
VP of Human Services Date

Effective: 6/01/11

Approved: [Signature] 6/6/11  
VP of Human Resources Date

JOB TITLE: TIME STUDY COORDINATOR  
(Nonexempt)

AREA: DATA PROCESSING

DEPARTMENT: EDUCATION, TRAINING & EMPLOYMENT SERVICES (ETES)  
ADMINISTRATION

DIVISION: EDUCATION, TRAINING & EMPLOYMENT SERVICES (ETES)

PURPOSE OF POSITION:

To plan, implement and coordinate all activities related to time study standards and task analysis. Utilize computer programs to manage and monitor time study lists and compliance with State and Federal requirements.

SUPERVISION RECEIVED:

Reports Directly to the Manager of Intake and Information Systems, with close interaction with the Vice President of Human Services.

SUPERVISION EXERCISED:

None.

DUTIES AND RESPONSIBILITIES:

1. Travels to community work sites and works with programs to establish Time Study Standards and Task Analysis:
  - A. Identifies work to be performed
  - B. Identifies task(s) to be performed
  - C. Documents the procedure(s) in performing the task(s)

- D. Takes pictures with camera
- E. Creates Time Study Standards and Task Analysis
- 2. Performs and coordinates time studies at stores, Goodwill sites and non-Goodwill sites.
- 3. Utilizes computer programs to manage and monitor time study lists, and provide follow-up list to staff assisting with time studies.
- 4. Attends meetings and seminars in community, related to sub minimum wage and hour issues.
- 5. Assists with evaluating, developing and implementing "best practices" standards for Time Study Standards. Time Study Standards must comply with State and Federal requirements.
- 6. Assists with organizing programs and coordinating the gathering of information needed for annual Prevailing Wage Surveys.
- 7. Assists with reviewing "Competitive Evaluation Form" and make recommendations on how to improve information on the form to ensure client is disabled for the work performed.
- 8. Drives on company business.
- 9. Works overtime as required.
- 10. Safeguards company property, including donated goods. Reports any incidents of theft or unauthorized possession of company property.
- 11. Acts safely at all times, following all safety rules and regulations.
- 12. Follows all company policies and procedures.
- 13. Promotes and demonstrates cooperation and teamwork. Assists and shares knowledge and information with other employees as needed.
- 14. Uses good interpersonal skills such as courtesy, sensitivity, politeness, and thoughtfulness.
- 15. Works with, trains, and/or acts as a good example for clients receiving training at Goodwill.

MINIMUM JOB REQUIREMENTS:

- 1. Prior experience in working with people with disabilities, working in the rehabilitation field, industrial engineering or similar field. (Bachelor's degree is helpful, but not required.).
- 2. Ability to work independently.
- 3. Good math and writing skills.

4. Excellent computer skills (Excel, Word and E-mail).
5. Ability to take pictures with camera.
6. Ability to make visual observations and document the information.
7. Ability to present information to employers, employees and clients.
8. Ability to maintain accurate records.
9. Have a Valid California driver's license, liability insurance, and a DMV record that is acceptable to Goodwill's insurance company.

WORK DEVICES/MATERIALS/EQUIPMENT USED:

Uses various office supplies and equipment including: computers, copiers, telephones, calculator, adding machine, fax machine, typewriter, stop watch, camera, various jigs and fixtures, manuals, file cabinets, paper/forms, calendar, pens/pencils, letter opener, etc

PHYSICAL REQUIREMENTS: (See Attached)

PHYSICAL DEMANDS :

| Activity                        | Not Req.<br>Never | 1-33%/day<br>Occasionally | 34-66%/day<br>Frequently | 67-100%/day<br>Continuously |
|---------------------------------|-------------------|---------------------------|--------------------------|-----------------------------|
| 1. Balancing                    | X                 |                           |                          |                             |
| 2. Bending                      | X                 |                           |                          |                             |
| 3. Carrying                     |                   | X                         |                          |                             |
| 4. Climbing                     | X                 |                           |                          |                             |
| 5. Crawling                     | X                 |                           |                          |                             |
| 6. Crouching                    | X                 |                           |                          |                             |
| 7. Feeling                      |                   |                           | X                        |                             |
| 8. Fingering/Fine Dexterity     |                   |                           |                          | X                           |
| 9. Flexing Wrist                |                   |                           | X                        |                             |
| 10. Grasping/Squeezing          |                   |                           | X                        |                             |
| 11. Handling/Gross Dexterity    |                   |                           |                          | X                           |
| 12. Hearing                     |                   |                           | X                        |                             |
| 13. Kneeling                    | X                 |                           |                          |                             |
| 14. Lifting                     |                   | X                         |                          |                             |
| 15. Pulling                     |                   | X                         |                          |                             |
| 16. Pushing                     |                   | X                         |                          |                             |
| 17. Reaching – Above Shoulder   | X                 |                           |                          |                             |
| 18. Reaching – Shoulder & Below | X                 |                           |                          |                             |
| 19. Reclining                   | X                 |                           |                          |                             |
| 20. Sitting                     |                   |                           | X                        |                             |
| 21. Standing                    |                   |                           | X                        |                             |
| 22. Stooping                    | X                 |                           |                          |                             |
| 23. Talking                     |                   |                           | X                        |                             |
| 24. Tasting/Smelling            | X                 |                           |                          |                             |
| 25. Throwing                    | X                 |                           |                          |                             |
| 26. Turning Body                | X                 |                           |                          |                             |
| 27. Twisting Body               | X                 |                           |                          |                             |
| 28. Walking                     |                   |                           | X                        |                             |
| 29. Near Vision                 |                   |                           |                          | X                           |
| 30. Midrange Vision             |                   |                           |                          | X                           |
| 31. Far Vision                  |                   |                           |                          | X                           |
| 32. Depth Perception            |                   |                           |                          | X                           |
| 33. Visual Accommodation        |                   |                           |                          | X                           |
| 34. Color Vision                |                   |                           | X                        |                             |
| 35. Field of Vision/Peripheral  |                   |                           |                          | X                           |

LIFTING AND CARRYING DEMANDS:

|   | PHYSICAL<br>DEMAND LEVEL                                | 1-33% / DAY<br>OCCASIONALLY | 34-66% / DAY<br>FREQUENTLY  | 67-100% / DAY<br>CONTINUOUSLY   |
|---|---|-----------------------------|---|---|
| X | SEDENTARY<br>Class 1<br>(Administrative)                | 10 Pounds                   | Negligible  | Negligible  |
|   | LIGHT<br>Class 2<br>(Clerical & Light Work<br>Activity) | 20 Pounds                   | 10 Pounds<br>and/or Walk/Stand/<br>Push/Pull of Arm/Leg<br>Controls | Negligible<br>and/or Push/Pull of<br>Arm/Leg Controls<br>while seated |
|   | MEDIUM<br>(Moderate Physical Activity)                  | 50 Pounds                   | 20 Pounds   | 10 Pounds   |
|   | HEAVY<br>(Heavy Physical Labor)                         | 100 Pounds                  | 50 Pounds   | 20 Pounds   |

ENVIRONMENTAL CONDITIONS:

|                         | NOT REQ'D.<br>NEVER | 1-33% / DAY<br>OCCASIONALLY | 34-66% / DAY<br>FREQUENTLY | 67-100% / DAY<br>CONTINUOUSLY |
|-------------------------|---------------------|-----------------------------|----------------------------|-------------------------------|
| Indoors                 |                     |                             |                            | X                             |
| Outdoors                | X                   |                             |                            |                               |
| Dust                    |                     | X                           |                            |                               |
| Electric Shock          | X                   |                             |                            |                               |
| Explosive               | X                   |                             |                            |                               |
| Exposure to Weather     | X                   |                             |                            |                               |
| Extreme Cold            | X                   |                             |                            |                               |
| Extreme Heat            | X                   |                             |                            |                               |
| Fumes/Gases             | X                   |                             |                            |                               |
| High Exposed Places     | X                   |                             |                            |                               |
| Loud Noises             |                     | X                           |                            |                               |
| Mist                    | X                   |                             |                            |                               |
| Moving Mechanical Parts |                     | X                           |                            |                               |
| Odors                   |                     | X                           |                            |                               |
| Poor Ventilation        | X                   |                             |                            |                               |
| Radiant Energy          | X                   |                             |                            |                               |
| Toxic/Caustic Chemicals |                     | X                           |                            |                               |
| Vibration               | X                   |                             |                            |                               |
| Wet/Humidity            | X                   |                             |                            |                               |
| NAME:                   |                     |                             |                            |                               |
| SIGNATURE:              |                     |                             | DATE:                      |                               |