

State of California  
GOVERNOR'S OFFICE OF EMERGENCY SERVICES  
**POSITION DUTY STATEMENT**  
Bargaining Unit: 11

EMPLOYEE:	CLASS TITLE: Disaster Assistance Program Specialist I	HEADQUARTERS: Joint Field Office (Sacramento)
PROGRAM/UNIT: Recovery Directorate/Joint Field Office Operations	POSITION NUMBER: 163-531-8025-904 163-532-8025-904	CBID: R11
TENURE: Emergency	TIME BASE: Intermittent	WORK WEEK GROUP: 2
APPT EFFECTIVE DATE:	RANGE (IF APPLICABLE):	PROBATIONARY PERIOD: <input type="checkbox"/> 6 Mos. <input type="checkbox"/> 12 Mos. <input checked="" type="checkbox"/> N/A
IMMEDIATE SUPERVISOR:	CONFLICT OF INTEREST CATEGORY: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	DMV PULL PROGRAM: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>1. SUPERVISION RECEIVED: The Disaster Assistance Program Specialist I (DAPS I) is under the supervision of the Program Manager I, Office of Emergency Services.</p>		
<p>2. SUPERVISION EXERCISED: N/A.</p>		
<p>3. PHYSICAL DEMANDS (SEE ADDITIONAL PAGES): The DAPS I will be required to use a personal computer, perform word processing and data entry, create files, create reports, and handles telephone inquiries. The position also requires photocopying, mail outs, and other document processing activities.</p>		
<p>4. PERSONAL CONTACT (WHO THE EMPLOYEE MAY BE IN CONTACT WITH WHILE PERFORMING DUTIES): The DAPS I will have daily contact with all levels of California Governor's Office of Emergency Services (Cal OES) staff; consultants; federal, state, and local government representatives; and serve as a point of contact for local agencies.</p>		
<p>5. ACTIONS AND CONSEQUENCES (AS RELATED TO DUTIES PERFORMED): If the DAPS I fails to complete written assignments by regulatory deadlines, the subgrantees may lose their appeal rights or their disaster funding may be impacted. If the DAPS I fails to complete management assignments by the designated deadline, the managers' ability to complete their work tasks may be affected.</p>		
<p>6. EMERGENCY OPERATIONS – ACTIVATION/OPERATIONAL ASSIGNMENT 100%: When requested to fill an operational assignment and until demobilized, the following duties will be performed, and your regular duties may temporarily cease:</p> <p>May be required to work in the State Operations Center (SOC), Regional Emergency Operations Center (REOC), Joint Field Office (JFO), Area Field Office (AFO), Local Assistance Center (LAC), or other location to aid in emergency response and recovery activities. May be required to participate in emergency drills, training, and exercises.</p> <p>Staff need to work effectively under demanding conditions; work effectively and cooperatively under pressure; work weekends, holidays, extended and rotating shifts (day/night). Statewide travel may also be required for extended periods of time and on short notice.</p>		

(CONTINUED) EMERGENCY OPERATIONS – ACTIVATION/OPERATIONAL ASSIGNMENT 100%:

While fulfilling an operational assignment it is important to understand that you are filling a specific "position" and that position reports to a specific Incident Command System (ICS) hierarchy. This is the chain of command that you report to while on this interim assignment.

7. JOB DESCRIPTION/GENERAL STATEMENT:

Under the supervision of the Program Manager I, Office of Emergency Services the Disaster Program Specialist I (DAPS) performs average to difficult tasks relating to the provision of federal and state disaster assistance within the Cal OES Recovery Branch. Works within various programs including grants management, public assistance, research analysis and documentation, and administration. Functions in a demanding and changing environment, which requires the DAPS I to act with great independence while effectively maintaining a routine workload and also regularly responding to short term tasks. Required to meet regulatory and internal deadlines on all assignments. May be required to travel on short notice and work overtime as necessary in support of Cal OES program objectives.

Percent of Time	ESSENTIAL FUNCTIONS
<b>40%</b>	Performs work of average to difficult work associated with disaster assistance programs. Responsible to conduct site inspections for the purpose of identifying and documenting disaster related damage and repairs to various public and private non-profit facilities, including buildings, roads, water control systems, utilities and others. Assembles and documents expenditures related to debris removal activities and emergency protective measures. All damages must be documented through the completion of a Damage Survey Report (DSR)/Project Worksheet (PW), Final Inspection Reports (FIRs), and/or other state and federal forms, as directed. In performing these duties, converts observed damages into a detailed damage description, an initial scope of work and preliminary cost estimate. Following project approval by state and federal officials, may participate in periodic site inspections to verify that work is being done in accordance with the approved scope of work. Conducts site visits necessary to provide assistance and conducts final inspections to review documentation and ensure completion of the scope of work, in accordance with the approved scope of work.
<b>40%</b>	Responsible for the timely and accurate completion of the DSR/PW and/or other related state and federal forms, including program proposals project monitoring reports, and final inspection reports. Identifies and collects supportive material necessary to substantiate the scope of work, preliminary cost estimate, and any changes which arise during reconstruction. Includes the collection of ordinances, policies, files, payroll records, bid and contract documentation, estimates, construction plans and specifications, and other materials provided by the applicant's representatives. Reviews and reports on the status of project completion including quarterly and final inspection reports. Completes internal management reports documenting the status of their work assignments, work remaining and issues requiring management attention. Conducts site visits necessary to provide technical and program assistance to applicants upon request, and to conduct final inspections as necessary to review documentation and ensure completion of the scope of work in accordance with the approved scope of work.
<b>15%</b>	Identifies areas where the applicant requires technical program assistance and provides service as necessary to successfully apply for state and federal disaster funding. Identifies technical assistance that is of an engineering, architectural, or other technical nature so that such requirements can be referred to Cal OES management for resolution by qualified personnel.

Percent of Time	MARGINAL FUNCTIONS
<b>5%</b>	<p><b>OTHER JOB-RELATED DUTIES</b>  Performs other job-related duties as required to fulfill the Cal OES mission, goals and objectives. Additional duties may include, but not be limited to: (a) assisting where needed within the program, which may include special assignments; (b) complying with general State and Cal OES administrative reporting requirements (i.e., completion of time sheets, project time reporting, travel requests, travel expense claims, work plans, training requests, individual development plans, etc.); and (c) attendance at staff meetings.</p>

**PHYSICAL AND MENTAL REQUIREMENTS OF ESSENTIAL FUNCTIONS**

<b>Activity</b>	<b>Not Required</b>	<b>Less than 25%</b>	<b>25% to 49%</b>	<b>50% to 74%</b>	<b>75% or More</b>
VISION: Reviewing mail; preparing various forms; proofreading documents; reading printed material, computer screens, and handwritten materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HEARING: Answering telephones; receiving verbal information from outside sources; understanding verbal instruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPEAKING: Receiving visitors; answering inquiries and providing verbal information or instruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MOVEMENT: Delivering material to others; picking up materials from others; copying; faxing; distributing information; filing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SITTING: At a computer terminal or desk; conferring with employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STANDING:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BALANCING:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCENTRATING: Reviews and reads records/documents, researches, composes, analyzes, compiles, and updates technical documents; multi-tasking; prepares various forms and documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
COMPREHENSION: Understanding needs of co-workers, clients; understands procedures and practices; Understands laws, regulations related to their work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WORKING INDEPENDENTLY: Possesses ability to work independently as well as a team member, have good interpersonal and communication skills, ability to follow directions, take initiative, assume responsibility, and exercise good judgment and tact. Must be able to work alone without much guidance or interaction or interaction from other staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LIFTING UP TO 10 LBS. OCCASIONALLY:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**PHYSICAL AND MENTAL REQUIREMENTS OF ESSENTIAL FUNCTIONS**

<b>Activity</b>	<b>Not Required</b>	<b>Less than 25%</b>	<b>25% to 49%</b>	<b>50% to 74%</b>	<b>75% or More</b>
LIFTING UP TO 20 LBS. OCCASIONALLY AND/OR 10 LBS. FREQUENTLY:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIFTING UP TO 20-50 LBS. OCCASIONALLY AND/OR 25-50 LBS. FREQUENTLY:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINGERING: Pushing buttons on telephone; typing; copying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
REACHING: Answering phones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CARRYING: Distributing mail; reports; stocking supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CLIMBING: Stairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BENDING AT WAIST:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KNEELING:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUSHING OR PULLING:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HANDLING: Documents, manuals, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DRIVING:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OPERATING EQUIPMENT: Computer; telephone; copy machine; fax.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WORKING INDOORS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WORKING OUTDOORS:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORKING IN CONFINED SPACE: Enclosed office environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**OTHER INFORMATION**

Must be willing to learn about state and related federal laws, rules, regulations, policies and procedures. Must exercise good writing skills; follow oral and written directions, be responsive to the needs of the public and employees of Cal OES and other agencies; analyze situations and take effective action using initiative, resourcefulness, and good judgment. May need to work with limited supervision.

Consistent with good customer service practices and the goals of the Cal OES Strategic Plan, the incumbent is expected to be courteous and provide timely responses to internal and external customers, follow through on commitments, and solicit and consider internal and external customer input when completing work assignments.

**SIGNATURES**

**Certification of Applicant/Employee**

Note – If any concerns with performing the duties of this position with or without reasonable accommodation, discuss your concerns with the hiring supervisor, who in turn, will discuss with the Reasonable Accommodation Coordinator.

*I certify that I possess essential personal qualifications including integrity, initiative, dependability, good judgment, and ability to work cooperatively with others; and a state of health consistent with the ability to perform the assigned duties as described above with or without reasonable accommodation.*

*I have read and discussed these duties with my supervisor:*

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

*I certify that the above accurately represents the duties of the position:*

\_\_\_\_\_  
*Supervisor's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Civil Service Title*

**Any employee who meets the nepotistic criteria defined in the Cal OES Nepotism Prevention Policy and every candidate being considered for employment must complete PART ONE of this form and submit it to their Direct or Hiring Supervisor to complete PARTS TWO, THREE, and FOUR. A separate form must be filled out for each person reported.**

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**PART ONE:** *To be completed by the Employee or Candidate*

I am:

<input type="checkbox"/> Applying for a position	Proposed classification:
<input type="checkbox"/> Reporting a relationship	Current classification:
Name:	Date:

Do you have a personal relationship with an employee who works at Cal OES?

- Yes – Continue to PART TWO  
 No – Sign at the bottom of PART TWO and submit the form for review and approval

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**PART TWO:** *To be completed by the Employee or Candidate*

Identify below the Cal OES employee with whom you have a personal relationship as defined in the Cal OES Nepotism Prevention Policy. Once PART TWO is completed, forward this form to your Direct or Hiring Supervisor.

Employee Name:	Classification:
Directorate/Section/Program/Unit:	Relationship:

Check all boxes that apply OR certify that none of the boxes apply to your personal relationship (by checking box 6):

1. Work in a small unit in close association.
2. Work for the same supervisor.
3. Have a direct or indirect supervisor/subordinate relationship.
4. Audit the work of, or exercise fiscal control over, a person with whom they have a personal relationship, regardless of organizational separation.
5. One person is able to grant special privileges to the other or influence the appointment, promotion, work assignment, discipline, or corrective action of the other.
6. None of the boxes above apply to the personal relationship I have with the Cal OES Employee identified above.

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Employee/Candidate Name	Signature	Date
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**PART THREE:** *To be completed by the Direct or Hiring Supervisor*

Review PART TWO and indicate whether a change of reporting relationship is necessary or recommended. If box 6 in PART TWO is checked, select "No Action" and proceed to PART FOUR A.

No Action

If one or more of the boxes 1 through 5 are selected, check "Change Recommended," sign below, and proceed to PART FOUR B.

Change Recommended

Direct or Hiring Supervisor Name	Signature	Date
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**PART FOUR:** *To be completed by the Direct or Hiring Supervisor*

A. If "No Action" was selected in PART THREE, this document is considered complete after the Direct or Hiring Supervisor signs and approves.

Direct or Hiring Supervisor Name	Signature	Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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B. If a relationship appears to be in violation of the Cal OES Nepotism Prevention Policy, or "Change Recommended" has been selected in PART THREE, please attach a memo detailing a proposed alternate reporting relationship or attach a written request for an exception. If an exception is being requested, proceed to PART FOUR C. Create and attach documents before routing this document for approval.

<input type="checkbox"/> Alternate reporting relationship required	Print Name	Signature	Date
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Deputy Director Name	Signature	Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Assist. Director, HR Office Name	Signature	Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

C. Any exceptions to the Cal OES Nepotism Prevention Policy must route to the Chief Deputy Director. Attach a written request for an exception before routing this document for approval.

<input type="checkbox"/> Exception	Print Name	Signature	Date
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Chief Deputy Director Name	Signature	Date	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
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## **INSTRUCTIONS FOR COMPLETING THE NEPOTISM SELF-REPORTING FORM**

The Nepotism Self-Reporting form (HR024) should be completed by anyone who works for the California Governor's Office of Emergency Services (Cal OES) and has a close personal relationship with another Cal OES employee, and by candidates competing in the hiring process for positions at Cal OES. This reporting process coincides with the Nepotism Prevention Policy of Cal OES, which prevents the preferential and unfair treatment of employees based on personal relationships.

**PART ONE:** *To be completed by the Employee or Candidate (submit a separate form for each person reported)*

- 1.1 Check whether you are applying for a position OR reporting a relationship. Provide the classification information to the right of the category you selected.
- 1.2 Type or print your name and select today's date.
- 1.3 Decide whether you have a personal relationship with someone at Cal OES. "Personal Relationship" includes, but is not limited to, persons related by blood, adoption, current or former marriage (including in-law), domestic partnership, or cohabitation. For the purposes of this definition, "cohabitation" means living with another person in a romantic relationship without being married or in a domestic partnership. A personal relationship beyond this general definition should be discussed between the involved employees' manager(s) and their Directorate management to ensure adequate safeguards are in place to eliminate a nepotistic situation, or even the perception of one, in the workplace.
  - i. If you do, select "yes", and proceed to PART TWO
  - ii. If you do not, select "no", and proceed to PART THREE

**PART TWO:** *To be completed by the Employee or Candidate*

- 2.1. Provide the information of the employee with whom you have a relationship, as described in the Cal OES Nepotism Prevention Policy.
- 2.2. Check all boxes that apply to you and the identified employee.
- 2.3. If none of the boxes 1-5 in PART TWO were checked, certify that you believe none of the boxes above can be applied to the personal relationship you have with the Cal OES Employee identified by checking box 6. Print your name, sign the form, and select today's date. Forward the form to your Direct or Hiring Supervisor.
- 2.4. If one or more of the boxes 1-5 in PART TWO were checked, forward the form to your Direct or Hiring Supervisor and let them know the form needs further attention.

**PART THREE:** *To be completed by the Direct or Hiring Supervisor*

- 3.1. Print your name and sign.
  - i. Check either "No Action," if no action needs to be taken to adjust the employee's reporting structure or immediate work environment OR check "Change Recommended" if action is needed in the employee's reporting structure or immediate work environment.
  - ii. If you selected "Change Recommended," please create and attach a memo

detailing a proposed alternate reporting relationship or attach a written exception request. Please proceed to PART FOUR B.

- iii. Send the signed form and memo, as instructed in PART FOUR B, above.

**PART FOUR:** No Action, Change Required, or Exception

- 4.1. Review Job Duties and reporting structure in question. If "No Action" was selected in PART THREE, this document is considered complete after the Director or Hiring Supervisor signs and approves.
- 4.2. If "Change Recommended" was selected, review the job duties and reporting structure in question. Identify and explain why you believe there is a violation of the Cal OES Nepotism Prevention Policy, and how you propose to change the reporting structure. Continue to PART FOUR B. If you choose to do a request for exception instead, proceed to PART FOUR C, and explain why you believe an exception should be granted. Sign and attach it to this form.
  - i. Send the signed form and memo, as instructed in PART FOUR B, above.
- 4.3. Deputy Director Name: Print your name and sign. Check "Approved" or "Denied." If "Denied," please attach any supporting information or justification. If you recommend a change in the reporting/working relationship, please check "Change Recommended" PART THREE and initial by the change made on the form. Then please fill out PART FOUR B and create and attach a memo detailing a proposed alternate reporting/working relationship or attach a written justification.
  - i. Send the signed form and memo, as instructed in PART FOUR B, above.
- 4.4. Assistant Director, HR: Review, sign, and check whether the information submitted is "Approved" or "Denied."
  - i. HR will keep the signed form, memo, and any attachments to be filed.
- 4.5. Chief Deputy Director: Review the information provided by all levels of approval and make the final decision regarding if an exception to the Cal OES Nepotism Prevention Policy can be made.
  - i. The Chief Deputy Director will forward the original signed form and any attachments to the HR at [HR@CalOES.ca.gov](mailto:HR@CalOES.ca.gov).
- 4.6. The original documentation will be retained by HR.

