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Duty Statement

Classification:							
Working Title:							
Program:							
Division:	Branch:						
Section:	Unit:						
Office Location:							
COI Classification: Yes No CBID:	Position Number:						
Telework Eligible: 🗌 Yes 🗌 No Maximum	Telework Days: (generally up to 3 days per week)						
Bilingual Position: Yes No Specify La	anguage:						
This position requires the incumbent to maintain consistent and regular attendance; communicate effectively, both orally and in writing, when interacting with others; develop and maintain knowledge and skills related to specific tasks, methodologies, materials, tools, and equipment; complete assignments in a timely manner; and adhere to departmental policies and procedures regarding attendance and conduct.							
Job Summary:							
	ll-inclusive listing of work requirements. The incumbent rate with this classification) as assigned, including work						

of Time	n of Duties: Essential Functions		

Description	n of Duties
% Of Time	Essential Functions
0/ Of T'	Mercinel Functions
% UT TIME	Marginal Functions

State of California – Health and Human Services Agency

Supervision Received:	by the (enter supervisor classification):				
Supervision Exercised: (check all that app Clerical Staff Professional Staff	 Dly)	cation / None Technical Staff Managerial Staff			
Special Requirements:Medical Evaluation /ClearanceBackground Check / Finger Printing ClearValid Professional License (please specification)	rance	r's License			
Desirable Qualifications:					
Working Conditions (Check all that apply)					
Prolonged Periods of:		be Required:			
Standing Sitting Kneeling Requires Lifting of Heavy Objects up to:	Bending Occasional	Over Night			
Acknowledgements:					
Human Resources Acknowledgement: Th duty statement as of by	e Human Resources Division has rev	iewed and approved this			
Employee Acknowledgement: I have discussed with my supervisor the duties of the position and have received a copy of this duty statement.					
Employee Name:	Employee Signature:	Date:			
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Supervisor Acknowledgement: I certify this duty statement represents an accurate description of the essential functions of this position. I have discussed the duties of this position with the employee and provided the employee a copy of this duty statement.					
Supervisor Name:	Supervisor Signature:	Date:			