State of California - Department of Social Services **DUTY STATEMENT**

EMPLOYEE NAME:						
CLASSIFICATION:		POSITION NUMBER:				
DIVISION/BRANCH/REGION: (UNDERLINE ALL THAT APPLY)		BUREAU/SECTION/UNIT: (UNDERLINE ALL THAT APPLY)				
SUPERVISOR'S NAME:		SUPERVISOR'S CLASS:				
SPECIAL REQUIREMENTS OF POSITION (CH	ECK ALL THAT A	APPLY):				
☐ Designated under Conflict of Interest Code.						
☐ Duties require participation in the DMV Pull I	Notice Program.					
Requires repetitive movement of heavy obje	_					
☐ Performs other duties requiring high physica		ain below)				
None		,				
Other (Explain below)						
I certify that this duty statement represents an accurate description of the essential functions of this position.		I have read this duty statement and agree that it represents the duties I am assigned.				
SUPERVISOR'S SIGNATURE	DATE	EMPLOYEE'S SIG	NATURE		DATE	
SUPERVISION EXERCISED (Check one):						
☐ None ☐ Supervis	sor	∐ Le	ad Person	Ш Т	eam Leader	
FOR SUPERVISORY POSITIONS ONLY: Indica	ate the number of	positions by	classification that	this position DIRI	ECTLY supervises.	
Total number of positions for which this position is	s responsible:					
FOR LEADPERSONS OR TEAM LEADERS ON	LY: Indicate the	number of po	sitions by classific	eation that this pos	sition LEADS.	
MISSION OF ORGANIZATIONAL UNIT:						

CONCEPT OF POSITION:		
A. RESPONSIBILITIES OF POSITION:		

B.	SUPERVISION RECEIVED:
C.	ADMINISTRATIVE RESPONSIBILITY:
D.	PERSONAL CONTACTS:
E.	ACTIONS AND CONSEQUENCES:
F.	OTHER INFORMATION: