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| **CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION** | | | | | |  | PROPOSED | | |
| POSITION DUTY STATEMENT | | |  | | | | | | |
|  | | |  | | | X | CURRENT | | |
|  | | |  | | | | | | |
| **CDCR INSTITUTION OR HEADQUARTERS PROGRAM** | | | **POSITION NUMBER (Agency-Unit-Class-Serial)** | | | | | | **MCR / HCR** |
| Pleasant Valley State Prison | | | 435-216-6474-001 | | | | | | 1 |
| **DIVISION / UNIT** | | | **CLASSIFICATION TITLE** | | | | | | |
| Division of Adult Institutions-Plant Operations | | | Carpenter II, CF | | | | | | |
| **WORKING TITLE** | | | | | | |
| Carpenter II | | | | | | |
| **TIME BASE / TENURE** | **CBID** | **WWG** | | | **COI** | |
| FT | R12 | 2 | | | Yes  No | |
| **LOCATION** | | | **INCUMBENT** | | | **EFFECTIVE DATE** | | | |
| Plant Operations | | | VACANT | | | 11/08/2021 | | | |
| **CDCR’S MISSION and VISION** | | | | | | | | | |
| **Mission**  To facilitate the successful reintegration of the individuals in our care back to their communities equipped with the tools to be drug-free, healthy, and employable members of society by providing education, treatment, rehabilitative, and restorative justice programs, all in a safe and humane environment.  **Vision**  We enhance public safety and promote successful community reintegration through education, treatment, and active participation in rehabilitative and restorative justice programs. | | | | | | | | | |
| **COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION** | | | | | | | | | |
| The California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) are committed to building and fostering a diverse workplace. We believe cultural diversity, backgrounds, experiences, perspectives, and unique identities should be honored, valued, and supported. We believe all staff should be empowered. CDCR/CCHCS are proud to foster inclusion and representation at all levels of both Departments.  CDCR and CCHCS strive to collaborate with the community to enhance public safety and promote successful community reintegration through education, treatment and active participation in rehabilitative and restorative justice programs. Incumbents establish and maintain cooperative working relationships within the department, other governmental agencies, health care partners, and communities. | | | | | | | | | |
| **DIVISION OVERVIEW** | | | | | | | | | |
| Under the supervision of the Supervisor of Building Trades (SBT) or Chief Engineer I, the Carpenter II will begin and end the work shift at Central Control when obtaining and returning their assigned duty key ring. Subject to emergency call out and scheduled overtime. | | | | | | | | | |
| **GENERAL STATEMENT** | | | | | | | | | |
| Under the supervision of the SBT or Chief Engineer I, the Carpenter II will begin and end the work shift at Central Control when obtaining and returning their assigned duty key ring. Subject to emergency call out and scheduled overtime. | | | | | | | | | |
| **% of time performing duties** | **Indicate the duties and responsibilities assigned to the position and the percentage of time spent on each. Group related tasks under the same percentage with the highest percentage first.** | | | | | | | | |
| 35%  20%  20%  15%  10% | Supervises an inmate crew in carpentry work activities, including roof repairs, layouts, form setting, pouring and finishing concrete, building, light construction, masonry, excavation, cabinetry, furniture building, repair and remodeling, installation and repair of floor coverings, ceiling tile, ceramic tile, framing, plastering and drywall. Erects scaffolding, repairs door hardware, install signs, posts, hang pictures, bulletin boards, etc.  Order and maintain necessary materials and supplies to support the continuing upkeep and preventive maintenance program on mechanical equipment, building repairs, inventory and issuing, justifications for new tools and equipment purchases.  Responsible for inmate work reports, record keeping on equipment, inmate time keeping, preparing estimates of minor projects, materials and labor. Perform inmate outcount at the beginning of each shift. Perform a positive count daily at 12:00 p.m. or as required. Each hour perform an informal inmate count on all inmates outside the security fence.  Hold regularly scheduled Safety Meetings with inmates, review the safety procedures, safe working practices and job related precautions. Ensure proper storage and handling of all hazardous and toxic materials. Be familiar with the Material Safety Data Sheets, SB 198 Right to Know, Code of Safe Practices, and the Injury Illness Prevention Program.  Ensure that all security procedures are followed, maintain order, prevent escapes and injuries, maintains security of all working areas, and working materials. Conduct regular shop searches. Use proper tool and key control. | | | | | | | | |
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|  | Perform administrative duties including, but not limited to: adhere to Department policies, rules and procedures; submit administrative requests including leave, travel, and training in a timely and appropriate manner; accurately report time, and submit timesheets by the due date. | | | | | | | | |
| **SPECIAL REQUIREMENTS** | | | | | | | | | |
| * CDCR does not recognize hostages for bargaining purposes. CDCR has a "NO HOSTAGE" policy and all prison inmates, visitors, nonemployees and employees shall be made aware of this. | | | | | | | | | |
| **CONSEQUENCE OF ERROR** | | | | | | | | | |
| * Consequences of error may result in loss of time and could cause significant delays in program production. Such delays can result in inefficient use or misdirection of department resources resulting in the inability to meet efficiency and time line goals, and varying degrees of negative financial impacts to the department. | | | | | | | | | |
| **To be reviewed and signed by the supervisor and employee:**  **EMPLOYEE’S STATEMENT:**   * *I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH MY SUPERVISOR AND RECEIVED A COPY OF THIS DUTY STATEMENT.* | | | | | | | | | |
| **EMPLOYEE’S NAME (Print)** | | **EMPLOYEE’S SIGNATURE** | | | | **DATE** | | | |
|  | |  | | | |  | | | |
| **SUPERVISOR’S STATEMENT:**   * *I CERTIFY THIS DUTY STATEMENT REFLECTS CURRENT AND AN ACCURATE DESCRIPTION OF THE ESSENTIAL FUNCTIONS OF THIS POSITION* * *I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH THE EMPLOYEE AND PROVIDED THE EMPLOYEE A COPY OF THIS DUTY STATEMENT.* | | | | | | | | | |
| **SUPERVISOR’S NAME (Print)** | | **SUPERVISOR’S SIGNATURE** | | | | **DATE** | | | |
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