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 (CHECK ALL THAT APPLY):

	Designated	under	Conflict	of	Interest	Code.
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- Duties require participation in the DMV Pull Notice Program.
- Requires repetitive movement of heavy objects.
- Performs other duties requiring high physical demand. (*Explain 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 SIGNATURE	DATE				
SUPERVISION EXERCISED (Check one):							
□ None □ Sup	ervisor	Lead Person	Team Leader				

FOR SUPERVISORY POSITIONS ONLY: Indicate the number of positions by classification that this position DIRECTLY supervises.

Total number of positions for which this position is responsible:

FOR LEADPERSONS OR TEAM LEADERS ONLY: Indicate the number of positions by classification that this position LEADS.

MISSION OF ORGANIZATIONAL UNIT:

A. <u>RESPONSIBILITIES OF POSITION</u>:

B. SUPERVISION RECEIVED:

C. <u>ADMINISTRATIVE RESPONSIBILITY</u>:

D. <u>PERSONAL CONTACTS</u>:

E. ACTIONS AND CONSEQUENCES:

F. OTHER INFORMATION: