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.

	Duties requ	ire participa	tion in the I	DMV Pull	Notice Program.
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Requires repetitive movement of heavy objects.

	Performs	other duties	s requiring	high physical	demand.	(Explain below)
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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 stateme duties I am assigned.	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):		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: