

□ Current

 \boxtimes Proposed

POSITION STATEMENT

1. POSITION INFORMATION					
CIVIL SERVI	CE CLASSIFICATION:	WORKING TITLE:			
Employment Program Representative - PI		UI Services Representative			
NAME OF INCUMBENT:		POSITION NUMBER:			
Click here to enter text.		280-049-9194-906			
SECTION/UNIT:		SUPERVISOR'S NAME:			
ARU 049 – UI Center San Diego		Click here to enter text.			
DIVISION:		SUPERVISOR'S CLASSIFICATION:			
Southern Operations Division		Employment Program Manager I			
BRANCH:		REVISION DATE:			
Unemployme		11/16/2023			
Duties Based on: Full Time Part Time – Fraction PI Employee 1500 Hours					
2. REQUIREMENTS OF POSITION					
Check all that apply:					
□ Conflict of	Interest Filing (Form 700) Required	Call Center/Counter Environment			
🛛 May be Re	equired to Work in Multiple Locations	Requires Fingerprinting & Background Check			
Requires D	MV Pull Notice	□ Bilingual Fluency (specify below in Description)			
⊠ Travel May	/ be Required	□ Other (specify below in Description)			
Description of Position Requirements (e.g., qualified Veteran, Class C driver's license, bilingual, frequent					
	rard/swing shift, etc.):				
Duties based on Permanent Intermittent (PI) Duties based on Permanent Intermittent (PI). Occasional travel					
to an alternate office location may be required for training, meetings or in the event of office closures					
3. DUTIES AND RESPONSIBILITIES OF POSITION					
Summary Statement (Briefly describe the position's organizational setting and major functions):					
Under supervision, the Employment Program Representative will determine claimant eligibility for Unemployment Insurance benefits, conduct fact-finding interviews, respond to inquiries, and perform claim processing activities in accordance with laws, regulations, policies and precedent decisions; will provide prompt, accurate and courteous customer service; may conduct training or assist as a mentor. Travel and/or overtime may be required.					
Percentage of Duties	Essential Functions				
of Dulles					
30%	Independently reviews, investigates, and determines claimant eligibility for Unemployment Insurance benefits, in accordance with laws, regulations, policies and precedent decisions. Issues written notification to the claimant when applicable. Authorizes and issues Unemployment Insurance benefit payments to eligible claimants.				
30%	Conducts Unemployment Insurance fact finding interviews with employers, claimants and other contacts; document all facts, findings, actions, and decisions; forwards documentation for special handling and claim action as appropriate.				

Position Number 280-049-9194-906

30% 5%	Responds to employer, claimant, and third party inquiries through written, electronic, or telephonic methods; informs claimants and employers of their rights and responsibilities under the Unemployment Insurance Program. Participates in meetings, work groups, special projects, or focus groups as					
0,0	needed.					
Percentage of Duties	Marginal Functions					
5%	Performs other duties as assigned.					
4. WORK EN	IVIRONMENT (Choose all that apply)					
Standing: Occ	casionally - activity occurs < 33%	Sitting: Continuously - activity occurs > 66%				
Walking: Occa	asionally - activity occurs < 33%	Temperature:Temperature Controlled Office Environment				
Lighting: Artifi	cial Lighting	Pushing/Pulling: Occasionally - activity occurs < 33%				
Lifting: Occas	ionally - activity occurs < 33%	Bending/Stooping: Occasionally - activity occurs < 33%				
Other: Click he	ere to enter text.					
Type of envir						
□ High Rise	⊂ Cubicle □ Warehouse □ Outd	oors 🗆	Other:			
Interaction with customers: □ Required to work in the lobby □ Required to work at a public counter ⊠ Required to assist customers on the phone □ Required to assist customers in person □ Other: □						
5. SUPERVI	SION					
Supervision E	xercised: NONE					
6. SIGNATURES						
Employee's Statement: I have reviewed and discussed the duties and responsibilities of this position with my supervisor and have received a copy of the Position Statement.						
Employee's Name:						
Employee's S	e's Signature: Date:					
Supervisor's Statement: I have reviewed the duties and responsibilities of this position and have provided a copy of the Position Statement to the employee.						
Supervisor's Name:						
Supervisor's S	or's Signature: Date:					
7. HRSD USE ONLY						
Personnel Management Group (PMG) Approval						
Duties meet class specification and allocation guid		delines.	PMG Analyst initials	Date approved		
	al allocation, 625 on file.		KV	11/16/2023		

Reasonable Accommodation Unit use ONLY (completed after appointment, if needed)

If a Reasonable Accommodation is necessary, please complete a Request for Reasonable Accommodation (DE 8421) form and submit to Human Resource Services Division (HRSD), Reasonable Accommodation Coordinator.

List any Reasonable Accommodations made:

Click here to enter text.

Supervisor: After signatures are obtained, make 2 copies:

- Send a copy to HRSD (via your Attendance Clerk) to file in the employee's Official Personnel File (OPF)
- Provide a copy to the employee
- File original in the supervisor's drop file