Classification:

Working Title:

Program:

Duty Statement

Division:	Branch:		
Section:	Unit:		
Office Location:			
COI Classification: Yes No CBID:	Position Number:		
Telework Eligible: Yes No Maximum	Telework Days: (generally up to 3 days per week)		
Bilingual Position: Yes No Specify La	osition: Yes No Specify Language:		
This position requires the incumbent to maintain cons effectively, both orally and in writing, when interacting skills related to specific tasks, methodologies, materia timely manner; and adhere to departmental policies a Job Summary:	with others; develop and maintain knowledge and ls, tools, and equipment; complete assignments in a		
•	l-inclusive listing of work requirements. The incumbent ate with this classification) as assigned, including work		

State of California – Health and Human Services Agency	Department of Health Care Services
Description of Duties	
% Of Time Essential Functions	

% Of Time Marginal Functions

State of California – Health and Human Services	Agency Department of Health C	are Services
Supervision Received:	by the (enter supervisor classificat	ion):
	☐ Non-Supervisory Classification / Analytical Staff ☐ Technica Supervisory Staff ☐ Manageri	
Special Requirements: Medical Evaluation /Clearance Background Check / Finger Printing Clearance Valid Professional License (please specify):		
Desirable Qualifications:		
Working Conditions (Charle all that apply)		
Working Conditions (Check all that apply): Prolonged Periods of:	Travel May be Required:	,
	ding Occasional Over I	
Requires Lifting of Heavy Objects up to:		· ·
Acknowledgements:		
Human Resources Acknowledgement: The Huduty statement.	uman Resources Division has reviewed and app	oroved this
HRD Analyst Name:	HRD Analyst Signature:	Date:
Employee Acknowledgement: I have discusse received a copy of this duty statement.	d with my supervisor the duties of the position a	nd have
Employee Name:	Employee Signature:	Date:
Supervisor Acknowledgement: I certify this du essential functions of this position. I have discusprovided the employee a copy of this duty staten	sed the duties of this position with the employed	
Supervisor Name:	Supervisor Signature:	Date: