

☐ Current
□ Proposed

#### **POSITION STATEMENT**

1. POSITION INFORMATION				
CIVIL SERVICE CLASSIFICATION:		WORKING TITLE:		
	Program Representative	UI Services Representative		
NAME OF INCUMBENT:		POSITION NUMBER:		
Click here to enter text.		280-017-9194-XXX		
SECTION/UN		SUPERVISOR'S NAME:		
ARU 017 – U	IIC Anaheim			
DIVISION:		SUPERVISOR'S CLASSIFICATION:		
Southern Operations Division		Employment Program Manager I		
BRANCH:		REVISION DATE:		
Unemployme		10/1/2023		
	d on:   Full Time Part Time –	Fraction ⊠ INT □ Temporary – hours		
	MENTS OF POSITION			
Check all tha	t apply:			
☐ Conflict of	nterest Filing (Form 700) Required	☑ Call Center/Counter Environment		
	quired to Work in Multiple Locations	☑ Requires Fingerprinting & Background Check		
⊠ Requires D	MV Pull Notice	☑ Bilingual Fluency (specify below in Description)		
☐ Other (specify below in Description)				
Description of Position Requirements (e.g., qualified Veteran, Class C driver's license, bilingual, frequent travel, graveyard/swing shift, etc.):				
Required to work in a large call center environment interacting with other personnel in person. May be required to telework. Cantonese bilingual position required.				
3. DUTIES A	ND RESPONSIBILITIES OF POSITION	l		
Summary Statement (Briefly describe the position's organizational setting and major functions):				
Under supervision of an Employment Program Manager I, 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			
30%	Independently review, investigate, and determine claimant eligibility for Unemployment Insurance benefits, in accordance with laws, regulations, policies and precedent decisions. Issue written notification to the claimant when applicable. Authorize and issue Unemployment Insurance benefit payments to eligible claimants.			
30%	Conduct Unemployment Insurance fact finding interviews with employers, claimants and other contacts; document all facts, findings, actions, and decisions; forward documentation for special handling and claim action as appropriate.			

#### **Civil Service Classification**

**Employment Program Representative** 

# **Position Number** 280-017-9194-XXX

30%	Respond to employer, claimant, and third party inquiries through written, electronic, or telephonic methods; inform claimants and employers of their rights and responsibilities under the Unemployment Insurance Program.					
Percentage of Duties	Marginal Functions					
5%	Participate in meetings, work groups,	special pr	ojects, or focus groups a	as needed.		
5%	Perform other duties as assigned.					
4. WORK EN	VIRONMENT (Choose all that apply)					
Standing: Occasionally - activity occurs < 33% Sitting: Continuously - activity occurs > 66%						
Walking: Occasionally - activity occurs < 33%		Temperature:Temperature Controlled Office Environment				
Lighting: Artificial Lighting		Pushing/Pulling: Occasionally - activity occurs < 33%				
Lifting: Occasionally - activity occurs < 33%		Bending/Stooping: Occasionally - activity occurs < 33%				
Other: Click I	nere to enter text.					
Type of envi						
☐ High Rise	☑ Cubicle ☐ Warehouse ☐ Outd	oors $\square$	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: May be required to telework						
5. SUPERVIS	SION					
Supervision E	exercised: NONE					
6. SIGNATUI	RES					
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	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	Supervisor's Signature: Date:					
7. HRSD USE ONLY						
Personnel Management Group (PMG) Approval						
□ Duties me     □	et class specification and allocation gui	delines.	CPG Analyst initials	Date approved		
☐ Exception	al allocation, 625 on file.		KT	9/29/2024		
Reasonable Accommodation Unit use ONLY (completed after appointment, if needed)						

## **Civil Service Classification**Employment Program Representative

### Position Number 280-017-9194-XXX

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

HRSD Rev. 2 (4-18)