

**DUTY STATEMENT**

PR LOG #:

|  |                                       |
|--|---------------------------------------|
| CIVIL SERVICE CLASSIFICATION<br><input type="text"/> | WORKING TITLE<br><input type="text"/> |
|--|---------------------------------------|

|                                |                                  |                                |
|--------------------------------|----------------------------------|--------------------------------|
| BRANCH<br><input type="text"/> | DIVISION<br><input type="text"/> | OFFICE<br><input type="text"/> |
|--------------------------------|----------------------------------|--------------------------------|

|                              |                             |                             |   |  |
|------------------------------|-----------------------------|-----------------------------|---|--|
| CBID<br><input type="text"/> | WWG<br><input type="text"/> | PCN<br><input type="text"/> | POSITION NUMBER<br><input type="text"/> | SPECIFIC LOCATION (CITY)<br><input type="text"/> |
|------------------------------|-----------------------------|-----------------------------|---|--|

|   |                                |                                   |  |
|---|--------------------------------|-----------------------------------|--|
| PROBATIONARY PERIOD<br><input type="text"/> | TENURE<br><input type="text"/> | TIME BASE<br><input type="text"/> | BILINGUAL POSITION<br><input type="text"/> |
|---|--------------------------------|-----------------------------------|--|

|   |   |   |
|---|---|---|
| TELEWORK OPTION<br><input type="text"/> | SAFETY SENSITIVE POSITION<br><input type="text"/> | CONFLICT OF INTEREST CLASSIFICATION<br><input type="text"/> |
|---|---|---|

DIRECTION STATEMENT AND GENERAL DESCRIPTION OF DUTIES

CONDUCT, ATTENDANCE, AND PERFORMANCE EXPECTATIONS

SUPERVISION BY

SUPERVISORY RESPONSIBILITIES

WORKING CONDITIONS AND PHYSICAL REQUIREMENTS





**SPECIAL/ADDITIONAL REQUIREMENTS AND DESIRABLE QUALIFICATIONS**

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**PERSONAL CONTACTS**

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**EMPLOYEE ACKNOWLEDGEMENT**

*I have read and understand the duties and requirements listed above, and I am able to perform these duties with or without an accommodation. (If you believe an accommodation may be necessary, or if unsure of a need for an accommodation, inform the hiring supervisor or the Accommodations Coordinator at Accommodations@cde.ca.gov.)*

| EMPLOYEE NAME | EMPLOYEE SIGNATURE | DATE |
|---------------|--------------------|------|
|               |                    |      |

**MANAGER/SUPERVISOR ACKNOWLEDGEMENT**

*I certify this duty statement represents a current and accurate description of the essential functions of the position. I have discussed the duties of this position with the employee and provided the employee a copy of this duty statement.*

| MANAGER/SUPERVISOR NAME | MANAGER/SUPERVISOR SIGNATURE | DATE |
|-------------------------|------------------------------|------|
|                         |                              |      |

| HRD C&P ANALYST | HRD APPROVAL DATE | EFFECTIVE DATE | DATE UPLOADED |
|-----------------|-------------------|----------------|---------------|
|                 |                   |                |               |

**This form will be kept in the employee's Official Personnel File.**

Original - Classifications & Pay Office

Copies - Employee and Supervisor