Duty Statement

Classification:					
Working Title:					
Program:					
Division:				Branch:	
Section:				Unit:	
Office Location:					
COI Classification:	Yes	☐ No	CBID:		Position Number:
Telework Eligible:	Yes	☐ No	Maximum	Telework D	ays: (generally up to 3 days per week)
Bilingual Position:	Yes	☐ No	Specify La	nguage:	
effectively, both oral skills related to spec	lly and in w cific tasks, r	riting, when nethodologi	interacting es, materia	with others ls, tools, an	d equipment; complete assignments in a
effectively, both orally and in writing, when interacting with others; develop and maintain knowledge and skills related to specific tasks, methodologies, materials, tools, and equipment; complete assignments in a timely manner; and adhere to departmental policies and procedures regarding attendance and conduct. Job Summary:					
functions of this job. of this position may	It should n perform oth	ot be consid ner duties (c	dered an all commensur	l-inclusive lis ate with this	as necessary to describe the principal sting of work requirements. The incumbent classification) as assigned, including work work periods or to otherwise balance

the workload.

Description of Duties:		
% of Time	Essential Functions	

Description of Duties		
% Of Time	Essential Functions	
0/ Of T'	Manainal Functions	
% Of Time	Marginal Functions	

State of California – Health and Human Services	Agency	Department of Health C	are Services
Supervision Received:	by the	e (enter supervisor classificati	on):
<u> </u>	☐ Non-Sup Analytical Staff Supervisory Staff	ervisory Classification / None	l Staff
Special Requirements: Medical Evaluation /Clearance Typin Background Check / Finger Printing Clearance Valid Professional License (please specify):	ng Certificate ce	☐ Valid Driver's License	
Desirable Qualifications:			
Working Conditions (Check all that apply): Prolonged Periods of:		Travel May be Required:	
	ding	Occasional Over I	
Requires Lifting of Heavy Objects up to:			3
Acknowledgements:			
Human Resources Acknowledgement: The Human statement as of by	uman Resources I	Division has reviewed and ap	proved this
duty statement as of by		<u>-</u> ·	
Employee Acknowledgement: I have discusse received a copy of this duty statement.	d with my supervis	sor the duties of the position a	and have
Employee Name:	Employee Signat	ure:	Date:
Cuparticar Asknowledgement: Leastifut this div	ty ototomont ros-	conto an accurato decembrica	of the
Supervisor Acknowledgement: I certify this du essential functions of this position. I have discuss	•	•	
provided the employee a copy of this duty staten			
Supervisor Name:	Supervisor Signa	ture:	Date:



DHCS Office Locations

The following are DHCS offices that may be used as a reporting location. Office location assignments are subject to availability and operational business needs.

Northern California (CA)		
Sacramento, CA	1501 Capitol Avenue (East End Complex),	
	Sacramento, CA 95814	
San Francisco, CA	455 Golden Gate Avenue, San Francisco, CA,	
	94102	
Richmond, CA	850 Marina Bay Parkway, Richmond, CA,	
	94804	

Central CA	
Fresno, CA	7112 N. Fresno Street, Fresno, CA, 93720

Southern CA	
Los Angeles, CA	311 S. Spring Street, Los Angeles, CA
Santa Ana, CA	2 MacArthur Place, Santa Ana, CA, 92707
Rancho Cucamonga, CA	11175 Azusa Court, Rancho Cucamonga, CA,
	91730
Burbank, CA	1405 N. San Fernando Blvd, Burbank, CA,
	91504
San Diego, CA	7575 Metropolitan Drive, San Diego, CA,
	92108