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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 Days: (generally up to 3 days per week)			
Bilingual Position:	🗌 Yes	🗌 No	Specify Language:			
effectively, both orall skills related to spec	ly and in wri ific tasks, m	iting, when iethodologi	interacting es, materia	with others; lls, tools, an	egular attendance; communicate develop and maintain knowledge d equipment; complete assignme es regarding attendance and con	ents in a
Job Summary:						
functions of this job. of this position may p	It should no	ot be consid er duties (c	dered an all commensur	l-inclusive lis ate with this	as necessary to describe the prir sting of work requirements. The ir classification) as assigned, inclu ak work periods or to otherwise b	ncumbent ding work

of Time	on of Duties: Essential Functions	

Description	n of Duties
% Of Time	Essential Functions
% Of Time	Marginal Functions

State of California – Health and Human Services Agency

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Supervision Received:	ervision Received: by the (enter supervisor classification):			
Supervision Exercised: (check all that apply Clerical Staff	 y)	isory Classification / None	al Staff	
	ping Certificate] Valid Driver's License		
Desirable Qualifications:				
Working Conditions (Check all that apply): Prolonged Periods of: Standing Sitting Kneeling Bo Requires Lifting of Heavy Objects up to:	ending	Travel May be Requirec Occasional Over		
Acknowledgements: Human Resources Acknowledgement: The duty statement.	Human Resources Div	sion has reviewed and ap	proved this	
HRD Analyst Name:	HRD Analyst Signat	ure:	Date:	
Employee Acknowledgement: I have discuss received a copy of this duty statement.	sed with my supervisor	the duties of the position	and have	
Employee Name:	Employee Signature	:	Date:	
Supervisor Acknowledgement: I certify this of essential functions of this position. I have discuprovided the employee a copy of this duty state	ussed the duties of this	•		
Supervisor Name:	Supervisor Signatur	e:	Date:	
DHCS 2388 (Revised 05/2024)			<u> </u>	



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	