

Duty Statement

Classification:		
Working Title:		
Program:		
Division:		Branch:
Section:		Unit:
Office Location:		
COI Classification:	<input type="checkbox"/> Yes <input type="checkbox"/> No	CBID: <input type="text"/> Position Number: <input type="text"/>
Telework Eligible:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Maximum Telework Days: (generally up to 3 days per week)
Bilingual Position:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Language: <input type="text"/>
<p>This position requires the incumbent to maintain consistent and regular attendance; communicate 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.</p>		
Job Summary:		
<p><i>The duties contained in this job description reflect general details as necessary to describe the principal functions of this job. It should not be considered an all-inclusive listing of work requirements. The incumbent of this position may perform other duties (commensurate with this classification) as assigned, including work in other functional areas to cover during absences, to equalize peak work periods or to otherwise balance the workload.</i></p>		

Description of Duties:

% of Time	Essential Functions

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

Supervision Received: _____ by the (enter supervisor classification):
_____.

Supervision Exercised: (check all that apply) Non-Supervisory Classification / None
 Clerical Staff Analytical Staff Technical Staff
 Professional Staff Supervisory Staff Managerial Staff

Special Requirements:
 Medical Evaluation /Clearance Typing Certificate Valid Driver's License
 Background Check / Finger Printing Clearance
 Valid Professional License (please specify): _____

Desirable Qualifications:

Working Conditions (Check all that apply):
Prolonged Periods of: Travel May be Required:
 Standing Sitting Kneeling Bending Occasional Over Night
Requires Lifting of Heavy Objects up to: _____

Acknowledgements:
Human Resources Acknowledgement: The Human Resources Division has reviewed and approved this duty statement as of _____ by _____.

Employee Acknowledgement: I have discussed with my supervisor the duties of the position and have received a copy of this duty statement.

Employee Name:	Employee Signature:	Date:
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Supervisor Acknowledgement: I certify this duty statement represents an accurate description of the essential functions of this position. I have discussed the duties of this position with the employee and provided the employee a copy of this duty statement.

Supervisor Name:	Supervisor Signature:	Date:
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