

DUTY STATEMENT

ASD 045 (REV. 03/2024)

Type of Duty Statement:

Revision Date:

1. Position Information

A. Employee Name:

B. Position Number:	C. CBID:	D. WWG:	E. Effective Date:
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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F. Classification Title:	G. Working Title:
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<input type="text"/>	<input type="text"/>
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H. Division:	I. Branch/Section/Unit:
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<input type="text"/>	<input type="text"/>
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2. POSITION REQUIREMENTS

Special Requirement: *Check All that Apply*

Bilingual Fluency (Non-English Language) - Specify Below

Background Check Requirements

Other - Specify Below

A. Special Requirements Description, as applicable:

B. Conflict of Interest Required (Gov. Code 87300, et seq.)?	Yes	No
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This position is designated under the Conflict-of-Interest Code. This position is responsible for making or participating in the making of governmental decisions that may potentially have a material effect on personal financial interests. The appointee is required to complete Form 700 within 30 days of appointment. Failure to comply with the Conflict-of-Interest Code requirements may void the appointment.

3. SUPERVISION

A. Supervision Received:

B. Supervision Exercised:

4. DUTIES AND RESPONSIBILITIES OF THE POSITION

CONDUCT, ATTENDANCE AND PERFORMANCE EXPECTATIONS

This position requires the incumbent conduct oneself in accordance with the Department of Child Support Services leadership practices and principles, maintain consistent and regular attendance; communicate effectively and professionally (both orally and in writing) in dealing with the public and/or other employees; develop and maintain knowledge and skills related to specific tasks, methodologies, materials, tools, and equipment; complete assignments in a timely and efficient manner; and adhere to all departmental policies and procedures.

GENERAL STATEMENT

A. Percentage of Time Performing Duties

B. An itemized listing of the specific job duties and the percentage of time spent on each separate and distinct task, with essential and marginal functions identified. Percentages must be listed in descending order and must equal 100%. (No duties less than 5%).

ESSENTIAL FUNCTIONS

IT Domain:
Check All That Apply

FOR INFORMATION TECHNOLOGY (IT) CLASSIFICATIONS ONLY

Business Technology Mgmt.
IT Project Mgmt.
Information Security

Software Engineering
System Engineering
Client Services

%

%

%

%

%

MARGINAL FUNCTIONS

%

%

TOTAL

5. WORKING ENVIRONMENT AND PHYSICAL REQUIREMENTS

Office Centered

Incumbent's workspace will be a two-story, office building environment with standard modular cubicle or office spaces, temperature control and artificial lighting. Requires sitting for long periods of time while using a personal computer for email communication, reviewing documents, and attending meetings. Incumbent must be able to sit for extended periods of time attending meetings or sit and/or stand while working. Incumbent may perform repetitive hand motions such as typing, push, pull, reach, or bend (neck and waist). The work environment is fast-paced and can be demanding. May require periodic work during non-standard hours and during weekends to meet workload needs. Travel may be required for meetings or to attend professional training and/or events.

Remote Centered

Incumbent's workspace will be divided between an office-centered, two-story, professional office building environment and a remote-centered work location in accordance with an approved telework agreement. Dedicated remote-centered workspaces must comply with all departmental and state safety and security policies. Requires sitting for long periods of time while using a personal computer, reviewing documents, and attending meetings remotely. The office-centered workspace consists of an office building environment with standard modular cubicle or hoteling office space, and artificial lighting. Requires sitting for long periods of time while using a personal computer, reviewing documents, and attending meetings remotely or in designated areas. The work environment is fast-paced and can be demanding. May require periodic work during nonstandard hours and during weekends to meet workload needs. Travel may be required to attend professional training and/or events. Remote centered teleworkers must forgo telework when their physical presence is required in the office on a regularly scheduled telework day.

6. OTHER RESPONSIBILITIES

A. Independence of Action and Consequences:

B. Personal Contacts:

C. Administrative Responsibilities (Supervisory/Managerial Class Only):

The incumbent performs the full range of supervisory and management duties, including, but not limited to: interpret and adhere to policies, rules, laws, regulations, and bargaining unit contracts; provide direction and guidance regarding work assignments and daily work activities to ensure timely completion of assignments; review work and evaluate performance of staff by providing regular feedback and completing timely probationary reports and annual performance appraisals summaries; monitor employee performance and, if necessary, utilize performance management principles and procedures; complete personnel documentation and utilize the competitive hiring process; and approve or deny administrative requests including leave, overtime, travel, and training.

7. Acknowledgements

A. Employee's Acknowledgement: I have read and understand the duties listed above and I certify that I possess essential personal qualifications including integrity, initiative, dependability, good judgment, and ability to work cooperatively with others. I have received a copy of the duty statement.

I can perform these duties with or without reasonable accommodation: **Yes** **No**

If you believe reasonable accommodation is necessary, discuss your concerns with the hiring supervisor. If unsure of a need for reasonable accommodation, inform the hiring supervisor, who will notify the Reasonable Accommodation Coordinator in the Equal Employment Opportunity and Diversity Office.

Duties of this position are subject to change and may be revised as needed or required.

Employee's Name (Print):	
Employee's Signature:	
Date:	

B. Supervisor's Acknowledgment: I certify this duty statement represents current and an accurate description of the essential functions of this position. I have discussed the duties of this position with and provided the above-named employee a copy of this duty statement.

Supervisor's Name (Print):	
Supervisor's Signature:	
Date:	