DUTY STATEMENT

Classification:					
Working Title:					
Program:					
Division:				Branch:	
				Unit:	
Office Location:					
COI Classification:	Yes	🗌 No	CBID:		Position Number:
Telework Eligible:	🗌 Yes	🗌 No	Maximum	Telework Da	AVS: (generally up to 3 days per week)
Bilingual Position:	☐ Yes	🗌 No	Specify La	inguage:	-
This position requires the incumbent to maintain consistent and regular attendance which includes in-person and/or site-based; 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. The DHCS standard for hybrid work is a minimum of two days per week in-person and site-based and up to three teleworking days per week. OR This position may require regular in-person and site-based attendance up to the maximum telework days.					
functions of this job. It of this position may p	t should no erform oth	ot be consid er duties (c	lered an al ommensur	l-inclusive lis ate with this	as necessary to describe the principal sting of work requirements. The incumbent classification) as assigned, including work ak work periods or to otherwise balance

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% of Time	n of Duties: Essential Functions	

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

State of California – Health and Human Services Agency

Supervision Received:	by the (enter supervisor classificat	ion):
I	☐ Non-Supervisory Classification / None Analytical Staff ☐ Technica Supervisory Staff ☐ Manageri	l Staff
Special Requirements:Image: Medical Evaluation /ClearanceImage: TypinImage: Background Check / Finger Printing ClearanImage: Valid Professional License (please specify):		
Desirable Qualifications:		
Working Conditions (Check all that apply): Prolonged Periods of: Standing Sitting Kneeling Ben	Travel May be Required ding	
Requires Lifting of Heavy Objects up to:		
Acknowledgements:		
Human Resources Acknowledgement: The Huduty statement.	uman Resources Division has reviewed and a	pproved this
Analyst Name:	Analyst Signature:	Date:
Employee Acknowledgement: I have discusse received a copy of this duty statement.	d with my supervisor the duties of the position	and have
Employee Name:	Employee Signature:	Date:
Supervisor Acknowledgement: I certify this du essential functions of this position. I have discus provided the employee a copy of this duty statem	ssed the duties of this position with the employ	
Supervisor Name:	Supervisor Signature:	Date:

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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