

## □ CURRENT

□ PROPOSED

## DUTY STATEMENT

CIVIL SERVICE CLASSIFICATION			WORKING TITLE	
DIVISION/OFFICE/UNIT			SPECIFIC LOCATION ASSIGNED TO	
COLLECTIVE BARGAINING IDENTIFIER			WORK WEEK GROUP	CONFLICT OF INTEREST CLASSIFICATION?
				□ YES □ NO
FINGERPRINTS/BACKGRO	OUND CHECK REQUIRED	BILINGUAL POSITION	POSITION NUMBER (Agency-Unit-Cla	ass-Serial)
🗆 YES 🗆 NO		□YES □ NO		
GENERAL STATEMENT				
	<i>.</i> .		• ·· ·· ·· ··	
Candidate must	be able to perform t	the following essential	functions with or without re	easonable accommodation.
PERCENTAGE				
OF TIME	DUTIES			
SPENT				
		EUNCTIONS		
<u>%</u>	ESSENTIAL JOB	FUNCTIONS		

% (Continued)	ESSENTIAL JOB FUNCTIONS (Continued)
1	1

<u>%</u>	MARGINAL JOB FUNCTIONS
_	
CONDUCT, ATT	ENDANCE, AND PERFORMANCE EXPECTATIONS
SUPERVISION F	RECEIVED AND EXERCISED
Supervision Re	ceived:
-	
Supervision Exe	ercised:

WORK ENVIRONMENT, JOB REQUIREMENTS, PHYSICAL ABILITIES REQUIRED FOR THE JOB ( <i>if applicable</i> ), AND PERSONAL CONTACTS:						
Work Environment:						
Special Requirements/Other Information	ion:					
Physical Abilities:						
Additional Requirements/Expectation	s:					
Personal Contacts:						
ACKNOWLEDGMENTS:	listed shows and I continue that I make					
I have read and understand the duties including integrity, initiative, depende						
a state of health consistent with the a						
reasonable accommodation. (If you b						
with the hiring supervisor. If unsure of a need for reasonable accommodation inform the hiring supervisor, who will discuss your concerns with the Diversity and Inclusion Office).						
DATE	PRINT EMPLOYEE NAME	EMPLOYEE'S SIGNATURE				
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 the employee and provided the employee a copy of this duty statement.						
DATE	PRINT SUPERVISOR NAME	SUPERVISOR'S SIGNATURE				
HR APPROVAL DATE:	C&P ANALYST'S INITIALS:					