

**DUTY STATEMENT**

PR LOG #:

CIVIL SERVICE CLASSIFICATION <input style="width:95%;" type="text"/>	WORKING TITLE <input style="width:95%;" type="text"/>
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BRANCH <input style="width:95%;" type="text"/>	DIVISION <input style="width:95%;" type="text"/>	OFFICE <input style="width:95%;" type="text"/>
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CBID <input style="width:95%;" type="text"/>	WWG <input style="width:95%;" type="text"/>	PCN <input style="width:95%;" type="text"/>	POSITION NUMBER <input style="width:95%;" type="text"/>	SPECIFIC LOCATION (CITY) <input style="width:95%;" type="text"/>
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PROBATIONARY PERIOD <input style="width:95%;" type="text"/>	TENURE <input style="width:95%;" type="text"/>	TIME BASE <input style="width:95%;" type="text"/>	BILINGUAL POSITION <input style="width:95%;" type="text"/>
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TELEWORK OPTION <input style="width:95%;" type="text"/>	SAFETY SENSITIVE POSITION <input style="width:95%;" type="text"/>	CONFLICT OF INTEREST CLASSIFICATION <input style="width:95%;" type="text"/>
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**DIRECTION STATEMENT AND GENERAL DESCRIPTION OF DUTIES**

**CONDUCT, ATTENDANCE, AND PERFORMANCE EXPECTATIONS**

**SUPERVISION BY**

**SUPERVISORY RESPONSIBILITIES**

**WORKING CONDITIONS AND PHYSICAL REQUIREMENTS**





**SPECIAL/ADDITIONAL REQUIREMENTS AND DESIRABLE QUALIFICATIONS**

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**PERSONAL CONTACTS**

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**EMPLOYEE ACKNOWLEDGEMENT**

*I have read and understand the duties and requirements listed above, and I am able to perform these duties with or without an accommodation. (If you believe an accommodation may be necessary, or if unsure of a need for an accommodation, inform the hiring supervisor or the Accommodations Coordinator at Accommodations@cde.ca.gov.)*

EMPLOYEE NAME	EMPLOYEE SIGNATURE	DATE

**MANAGER/SUPERVISOR ACKNOWLEDGEMENT**

*I certify this duty statement represents a current and accurate description of the essential functions of the position. I have discussed the duties of this position with the employee and provided the employee a copy of this duty statement.*

MANAGER/SUPERVISOR NAME	MANAGER/SUPERVISOR SIGNATURE	DATE

HRD C&P ANALYST	HRD APPROVAL DATE	EFFECTIVE DATE	DATE UPLOADED

**This form will be kept in the employee's Official Personnel File.**

Original - Classifications & Pay Office

Copies - Employee and Supervisor