

### POSITION STATEMENT

<b>1. POSITION INFORMATION</b>	
CIVIL SERVICE CLASSIFICATION:	WORKING TITLE:
Disability Insurance Student Assistant	<i>Student Assistant</i>
NAME OF INCUMBENT:	POSITION NUMBER:
	280-218-4870-946
OFFICE/SECTION/UNIT:	SUPERVISOR'S NAME:
Van Nuys 218/Determinations Unit 4	Vahag Nazaryan
DIVISION:	SUPERVISOR'S CLASSIFICATION:
Field Operations Division	Disability Insurance Program Manager I
BRANCH:	REVISION DATE:
Disability Insurance Branch	3/30/2023
<b>Duties Based on:</b> <input checked="" type="checkbox"/> FT <input type="checkbox"/> PT– Fraction _____ <input type="checkbox"/> INT <input checked="" type="checkbox"/> Temporary – 1500 hours	
<b>2. REQUIREMENTS OF POSITION</b>	
<b>Check all that apply:</b>	
<input type="checkbox"/> Conflict of Interest Filing (Form 700) Required	<input checked="" type="checkbox"/> Call Center/Counter Environment
<input type="checkbox"/> May be Required to Work in Multiple Locations	<input checked="" type="checkbox"/> Requires Fingerprinting & Background Check
<input type="checkbox"/> Requires DMV Pull Notice	<input type="checkbox"/> Bilingual Fluency ( <i>specify below in Description</i> )
<input type="checkbox"/> Travel May be Required	<input type="checkbox"/> Other ( <i>specify below in Description</i> )
<b>Description of Position Requirements:</b>	
(e.g., qualified Veteran, Class C driver's license, bilingual, frequent travel, graveyard/swing shift, etc.)	
<b>3. DUTIES AND RESPONSIBILITIES OF POSITION</b>	
<b>Summary Statement:</b>	
(Briefly describe the position's organizational setting and major functions)	
<p>Under close supervision by the Disability Insurance Program Manager I and with support from other program support staff, the Student Assistant reviews and or processes detailed and semi-technical forms, files,utilizing SDI Online, Electronic Adjudication Management System (EAMS), Accounting &amp; Compliance Enterprise System (ACES), AskEDD, and other tools and resources. Reviews and enters overpayments on system. Searches Workers Compensation and Appeals files, prepares Workers' Compensation (WC) and appeal files for calendaring and hearings, types forms for mailing to the appropriate parties. Assists staff in providing sensitive and general program information and/or direction to the public, employers, and medical providers in person or telephone. Identifies and reports any suspected fraudulent claims activities to the direct manger or management designee.</p>	

Percentage of Duties	Essential Functions
40%	Review disability claim information utilizing SDI Online, EAMS, ACES, AskEDD, and other DI tools and resources. Assist in conducting fact-finding interviews with claimants, medical providers, employers and other contacts; document and notate all facts, findings, actions, and decisions in accordance with established procedures; distribute fact-finding information to the Disability Insurance Program Representative for the appropriate action of the claim. Perform basic investigations on potential fraud claims by reviewing fraud documentation for validity and adjudication. Assist in providing claim information to customers in person, via the internet, or over the telephone, in any SDI office, in accordance with applicable laws, rules, regulations, and policies outlined in the State Disability Insurance policies and procedures manuals. Types forms and prepares documents for mailing to the appropriate parties.
30%	Review appeals and wc hearing notices, prepare hearing packages. Makes appropriate printouts to be included in the appeals and wc hearings packages. Performs basic reviews into the status of claims and makes appropriate account adjustments. Performs overpayment review, computations and ensures the correct overpayment is established on SDI Online. Prepare and mail overpayment notices to parties.
20%	Provide SDI and PFL Program customer service in accordance to office standards by reviewing claim information collected from the claimant, medical providers, employers, and third party inquiries through written, internet, telephone, or in-person contact.
5%	Performs multiple administrative duties, which include typing general correspondence, searching and/or purging files, and other related support activities.
Percentage of Duties	Marginal Functions
5%	Performs other duties as assigned
<b>4. WORK ENVIRONMENT</b> <i>(Choose all that apply)</i>	
Standing: Occasionally - activity occurs < 33%	Sitting: Continuously - activity occurs > 66%
Walking: Occasionally - activity occurs < 33%	Temperature: Temperature Controlled Office Environment
Lighting: Artificial Lighting	Pushing/Pulling: Occasionally - activity occurs < 33%
Lifting: Occasionally - activity occurs < 33%	Bending/Stooping: Occasionally - activity occurs < 33%
Other: <i>Click here to enter text.</i>	
<b>Type of Environment:</b> <input type="checkbox"/> High Rise <input checked="" type="checkbox"/> Cubicle <input type="checkbox"/> Warehouse <input type="checkbox"/> Outdoors <input type="checkbox"/> Other:	
<b>Interaction with Customers:</b> <input type="checkbox"/> Required to work in the lobby <input checked="" type="checkbox"/> Required to work at a public counter <input checked="" type="checkbox"/> Required to assist customers on the phone <input checked="" type="checkbox"/> Required to assist customers in person <input type="checkbox"/> Other:	
<b>5. SUPERVISION EXERCISED:</b> (List total per each classification of staff)	
None	
<b>6. SIGNATURES</b>	

<b>Employee's Statement:</b> <i>I have reviewed and discussed the duties and responsibilities of this position with my supervisor and have received a copy of the Position Statement.</i>		
Employee's Name:		
Employee's Signature:		Date:
<b>Supervisor's Statement:</b> <i>I have reviewed the duties and responsibilities of this position and have provided a copy of the Position Statement to the employee.</i>		
Supervisor's Name:		
Supervisor's Signature:		Date:
<b>7. HRSD USE ONLY</b>		
<b>Personnel Management Group (PMG) Approval</b>		
<input checked="" type="checkbox"/> Duties meet class specification and allocation guidelines.	PMG Analyst Initials	Date Approved
<input type="checkbox"/> Exceptional allocation, STD-625 on file.	KT	3/30/2023
<b>Reasonable Accommodation Unit use ONLY</b> <i>(completed after appointment, if needed)</i> <i>If a Reasonable Accommodation is necessary, please complete a Request for Reasonable Accommodation (DE 8421) form and submit to Human Resource Services Division (HRSD), Reasonable Accommodation Coordinator.</i> List any Reasonable Accommodations made:		

**Supervisor:** After signatures are obtained, make 2 copies:

- Send a copy to HRSD (via your Attendance Clerk) to file in the employee's Official Personnel File (OPF)
- Provide a copy to the employee
- File original in the supervisor's drop file