

**DUTY STATEMENT  
CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS**

<b>PART A</b>	
<b>Position No: 576-128-0731-001</b>	<b>Date:</b>
<b>Class: Groundskeeper</b>	<b>Name:</b>
<p>Under supervision of the Chief of Plant Operations II, the Groundskeeper position performs gardening and general grounds maintenance work for the Veterans Home of California – West Los Angeles.</p>	
Percentage of time performing duties:	ESSENTIAL FUNCTIONS
40%	<p>Plant, cultivate, water, and spray ornamental plants, shrubs, hedges, trees and propagates cuttings. Plant and care for lawns. Prepare and treat soil for planting; spade and fertilize flowerbeds and set out plants; apply herbicide. Trim trees, hedges, and shrubs. Carry out preventative maintenance on sprinkler system from control valve to sprinkler heads. Keep grounds clean and orderly.</p>
20%	<p>Prepare soil for planting lawns, flowers, shrubs, trees and groundcovers. Plant lawns and set flowers, shrubs, trees and groundcovers. Apply various appropriate pesticides; weed control and weed suppression chemicals. Repair irrigation system leaks; dig up sprinklers and valves; replace broken sprinklers and adjust sprinklers. Program irrigation controllers. Perform turf maintenance and construction. Edge and mow lawns. Miscellaneous grounds related maintenance tasks.</p>
20%	<p>Remove weeds by hand or with hoe; prepare and apply pesticides with power or backpack sprayer. Operate tillers, trimmers, chainsaws, weed-eaters, pole pruners, riding and push mowers, and miscellaneous hand and power equipment. Maintain service tools, vehicles and equipment.</p>
15%	<p>Does general labor tasks related to grounds and garden maintenance work. Observe and follow all safety precautions. Read Material Safety Data Sheets (MSDS) before using chemicals. Prepare requisitions for equipment and supplies for supervisor's review and approval. Complete necessary reports and maintain ground maintenance files and documents.</p>
NON-ESSENTIAL FUNCTIONS	
5%	<p>Other related duties as assigned.</p>

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<b>PART B - PHYSICAL AND MENTAL REQUIREMENTS OF ESSENTIAL FUNCTIONS</b>					
<b>Activity</b>	<b>Not Required</b>	<b>Less than 25%</b>	<b>25% to 49%</b>	<b>50% to 74%</b>	<b>75% or More</b>
<b>VISION:</b> Reading gauges, meters, work order requests, control devices, instructions and manuals					X
<b>HEARING:</b> Answering telephone/radio transmitter; answering inquiries and providing verbal information and instructions; ordering supplies.					X
<b>SPEAKING:</b> Answering telephone/radio transmitter; answering inquiries and providing verbal information and instructions; ordering supplies.					X
<b>WALKING:</b> Travel throughout the grounds to points requiring attention, maintenance or repair.					X
<b>SITTING:</b> Sitting at desk answering telephone, preparing reports.		X			
<b>STANDING:</b> Working on the landscape, performing repair and maintenance duties.					X
<b>BALANCING:</b>					X
<b>CONCENTRATING:</b> Working on landscaping; repair and maintenance of irrigation systems, etc.					X
<b>COMPREHENSION:</b> Understanding grounds maintenance procedures and safety standards.					X
<b>WORKING INDEPENDENTLY:</b> Managing department staff and functions with minimal oversight.					X
<b>LIFTING UP TO 10 LBS OCCASSIONALLY:</b>					X
<b>LIFTING 10 – 25 LBS:</b>					X
<b>LIFTING 25 – 50 LBS:</b>					X
<b>FINGERING:</b> Pushing radio buttons; handling small tools and wiring.					X
<b>REACHING:</b> Hoeing, weeding, shoveling, and raking.					X
<b>CARRYING:</b> Plants, equipment, tools, maintenance materials and supplies.					X
<b>CLIMBING:</b> Ladders; stairs.			X		
<b>BENDING AT WAIST:</b>					X
<b>KNEELING:</b>					X
<b>PUSHING OR PULLING:</b>					X
<b>HANDLING:</b>					X
<b>DRIVING:</b> Motorized work vehicle, i.e. lawn mower.				X	
<b>OPERATING EQUIPMENT:</b> Computer; telephone; power tools such as drills; lawn mowers; leaf blowers; etc.					X
<b>WORKING INDOORS:</b> Enclosed office environment		X			
<b>WORKING OUTDOORS:</b>					X
<b>WORKING IN CONFINED SPACE:</b> As needed to complete tasks.			X		

I have read and understand the duties listed on this Duty Statement and I can perform these duties with or without reasonable accommodation. (If reasonable accommodation may be necessary, discuss any concerns with the Equal Employment Opportunity Office).

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Signature \_\_\_\_\_ Date \_\_\_\_\_