

State of California - Department of Social Services

DUTY STATEMENT

EMPLOYEE NAME:

CLASSIFICATION:

POSITION NUMBER:

DIVISION/BRANCH/REGION: *(UNDERLINE ALL THAT APPLY)*BUREAU/SECTION/UNIT: *(UNDERLINE ALL THAT APPLY)*

SUPERVISOR'S NAME:

SUPERVISOR'S CLASS:

SPECIAL REQUIREMENTS OF POSITION *(CHECK ALL THAT APPLY):*

- Designated under Conflict of Interest Code.
- Duties require participation in the DMV Pull Notice Program.
- Requires repetitive movement of heavy objects.
- Performs other duties requiring high physical demand. *(Explain below)*
- None
- Other *(Explain below)*

I certify that this duty statement represents an accurate description of the essential functions of this position.

I have read this duty statement and agree that it represents the duties I am assigned.

SUPERVISOR'S SIGNATURE

DATE

EMPLOYEE'S SIGNATURE

DATE

SUPERVISION EXERCISED *(Check one):*

- None Supervisor Lead Person Team Leader

FOR SUPERVISORY POSITIONS ONLY: Indicate the number of positions by classification that this position DIRECTLY supervises.

Total number of positions for which this position is responsible:

FOR LEADPERSONS OR TEAM LEADERS ONLY: Indicate the number of positions by classification that this position LEADS.

MISSION OF ORGANIZATIONAL UNIT:

CONCEPT OF POSITION:

A. RESPONSIBILITIES OF POSITION:

B. SUPERVISION RECEIVED:

C. ADMINISTRATIVE RESPONSIBILITY:

D. PERSONAL CONTACTS:

E. ACTIONS AND CONSEQUENCES:

F. OTHER INFORMATION:

Working Conditions (optional - not to exceed 5,000 characters):

This form should be submitted with the RPA package via ServiceNow.



California Department of Social Services is committed to providing equal opportunity to all regardless of race, color, creed, national origin, ancestry, sex, marital status, gender, disability, religious or political affiliation, age or sexual orientation.

