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Duty Statement

Classification:				
Working Title:				
Program:				
Division:	Branch:			
Section:	Unit:			
Office Location:				
COI Classification: Yes No CBID:	Position Number:			
Telework Eligible: 🗌 Yes 🗌 No Maximum	Telework Days: (generally up to 3 days per week)			
Bilingual Position: Yes No Specify La	anguage:			
This position requires the incumbent to maintain consistent and regular attendance; communicate effectively, both orally and in writing, when interacting with others; develop and maintain knowledge and skills related to specific tasks, methodologies, materials, tools, and equipment; complete assignments in a timely manner; and adhere to departmental policies and procedures regarding attendance and conduct.				
Job Summary:				
The duties contained in this job description reflect general details as necessary to describe the principal functions of this job. It should not be considered an all-inclusive listing of work requirements. The incumbent of this position may perform other duties (commensurate with this classification) as assigned, including work in other functional areas to cover during absences, to equalize peak work periods or to otherwise balance the workload.				

Description of Duties		
% Of Time	Essential Functions	
% Of Time	Marginal Functions	

State of California – Health and Human Services Agency

Supervision Received:	by the (enter supervis	sor classification):		
Supervision Exercised: (check all that app Clerical Staff Professional Staff	 Dly)	cation / None Technical Staff Managerial Staff		
Special Requirements:Medical Evaluation /ClearanceBackground Check / Finger Printing ClearValid Professional License (please specification)	rance	r's License		
Desirable Qualifications:				
Working Conditions (Check all that apply)				
Prolonged Periods of:		be Required:		
Standing Sitting Kneeling Requires Lifting of Heavy Objects up to:	Bending Occasional	Over Night		
Acknowledgements:				
Human Resources Acknowledgement: Th duty statement as of by	e Human Resources Division has rev	iewed and approved this		
Employee Acknowledgement: I have discussed with my supervisor the duties of the position and have received a copy of this duty statement.				
Employee Name:	Employee Signature:	Date:		
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Supervisor Acknowledgement: I certify this duty statement represents 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.				
Supervisor Name:	Supervisor Signature:	Date:		



The following are DHCS offices that may be used as a reporting location. Office location assignments are subject to availability and operational business needs.

Northern California (CA)		
Sacramento, CA	1501 Capitol Avenue (East End Complex),	
	Sacramento, CA 95814	
San Francisco, CA	455 Golden Gate Avenue, San Francisco, CA,	
	94102	
Richmond, CA	850 Marina Bay Parkway, Richmond, CA,	
	94804	

Central CA	
Fresno, CA	7112 N. Fresno Street, Fresno, CA, 93720

Southern CA		
Los Angeles, CA	311 S. Spring Street, Los Angeles, CA	
Santa Ana, CA	2 MacArthur Place, Santa Ana, CA, 92707	
Rancho Cucamonga, CA	11175 Azusa Court, Rancho Cucamonga, CA,	
	91730	
Burbank, CA	1405 N. San Fernando Blvd, Burbank, CA,	
	91504	
San Diego, CA	7575 Metropolitan Drive, San Diego, CA,	
	92108	