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| **CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION** | | | | | |  | PROPOSED | | |
| POSITION DUTY STATEMENT | | |  | | | | | | |
|  | | |  | | | X | CURRENT | | |
|  | | |  | | | | | | |
| **CDCR INSTITUTION OR HEADQUARTERS PROGRAM** | | | **POSITION NUMBER (Agency-Unit-Class-Serial)** | | | | | | **MCR / HCR** |
| Office of Victim and Survivor Rights and Services | | | 065-712-1138-002 | | | | | | 1 |
| **DIVISION / UNIT** | | | **CLASSIFICATION TITLE** | | | | | | |
| Operations/Restitution Services Unit | | | Office Technician (General) | | | | | | |
| **WORKING TITLE** | | | | | | |
| Office Technician (General) | | | | | | |
| **TIME BASE / TENURE** | **CBID** | **WWG** | | | **COI** | |
| P/FT | R04 | 2 | | | Yes  No | |
| **LOCATION** | | | **INCUMBENT** | | | **EFFECTIVE DATE** | | | |
| Sacramento | | |  | | |  | | | |
| **CDCR’S MISSION and VISION** | | | | | | | | | |
| **Mission**  To facilitate the successful reintegration of the individuals in our care back to their communities equipped with the tools to be drug-free, healthy, and employable members of society by providing education, treatment, rehabilitative, and restorative justice programs, all in a safe and humane environment.  **Vision**  We enhance public safety and promote successful community reintegration through education, treatment, and active participation in rehabilitative and restorative justice programs. | | | | | | | | | |
| **COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION** | | | | | | | | | |
| The California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) are committed to building and fostering a diverse workplace. We believe cultural diversity, backgrounds, experiences, perspectives, and unique identities should be honored, valued, and supported. We believe all staff should be empowered. CDCR/CCHCS are proud to foster inclusion and representation at all levels of both Departments. | | | | | | | | | |
| **DIVISION OVERVIEW** | | | | | | | | | |
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| The Office of Victim and Survivor Rights and Services maintains a comprehensive victim services program and establishes justice practices to ensure crime victims and survivors are afforded the utmost respect in exercising their legal rights. To this end, OVSRS is responsible for providing information, notification, restitution, outreach, training, referral and support services to crime victims and their next of kin. | | | | | | | | | |
| **GENERAL STATEMENT** | | | | | | | | | |
| Under the general direction of the Staff Services Manager I, the Office Technician (General) is responsible for assisting the Restitution Services Unit in completing assignments related to the processing and collecting restitution. Responsibilities include checking restitution voicemails, opening and distributed restitution mail, assisting restitution analyst with their clerical need; responding to telephone inquiries or referring callers to the appropriate staff member; maintaining accurate records and documentation of assignments, and services provided. The actual duties of the Office Technician will include the following: | | | | | | | | | |
| **% of time performing duties** | **Indicate the duties and responsibilities assigned to the position and the percentage of time spent on each. Group related tasks under the same percentage with the highest percentage first.** | | | | | | | | |
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| 35%    35%  15% | Provide clerical support for the Restitution Unit which includes processing restitution mail, answering restitution questions for the public, entering data into Trust Restitution Accounting and Canteen System (TRACS); format and finalize outgoing correspondence; gather information and initiate correspondence in response to routine requests for written program information; maintain control logs and tracking systems for the office; and develop internal clerical processes, procedures, and forms.  Provide clerical support for staff processing restitution which includes faxing or emailing correspondences to prison staff, District Attorney Offices’, Law Enforcement Agencies, and Parole Agents; file correspondence and reference materials; and scanning legal documents.  Answer multi-line telephones, forward/transfer calls to staff or their voice mail when they are away from their desks or absent, retrieve and appropriately route voice mail messages from the Call Center. | | | | | | | | |
| 10%  5% | Initiate format and finalize outgoing correspondences including but not limited to Offender Payment History Request, restitution verification request, and conformation of collection of victim restitution.  Process incoming and outgoing mail; process requests for program forms and information; and copy and collate documents, packages, and information. Provide reciprocal backup support to office staff. Other duties as required. | | | | | | | | |
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| **SPECIAL REQUIREMENTS** | | | | | | | | | |
| * CDCR does not recognize hostages for bargaining purposes. CDCR has a "NO HOSTAGE" policy and all prison inmates, visitors, nonemployees and employees shall be made aware of this. | | | | | | | | | |
| **CONSEQUENCE OF ERROR** | | | | | | | | | |
| * Consequence of error may result in delays that can prevent the program from processing court ordered restitution cases and documents timely. Errors may also cause complications with collecting victim restitution as well as over collecting from incarcerated persons. | | | | | | | | | |
| **To be reviewed and signed by the supervisor and employee:**  **EMPLOYEE’S STATEMENT:**   * *I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH MY SUPERVISOR AND RECEIVED A COPY OF THIS DUTY STATEMENT.* | | | | | | | | | |
| **EMPLOYEE’S NAME (Print)** | | **EMPLOYEE’S SIGNATURE** | | | | **DATE** | | | |
|  | |  | | | |  | | | |
| **SUPERVISOR’S STATEMENT:**   * *I CERTIFY THIS DUTY STATEMENT REFLECTS CURRENT AND AN ACCURATE DESCRIPTION OF THE ESSENTIAL FUNCTIONS OF THIS POSITION* * *I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH THE EMPLOYEE AND PROVIDED THE EMPLOYEE A COPY OF THIS DUTY STATEMENT.* | | | | | | | | | |
| **SUPERVISOR’S NAME (Print)** | | **SUPERVISOR’S SIGNATURE** | | | | **DATE** | | | |
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