

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

POSITION DUTY STATEMENT

PROPOSED

CURRENT

CDCR INSTITUTION OR HEADQUARTERS PROGRAM Division of Adult Parole Operations (DAPO)		POSITION NUMBER (Agency-Unit-Class-Serial) 061-300-1139-202		MCR / HCR
DIVISION / UNIT Division Training Unit – Southern Region		CLASSIFICATION TITLE Office Technician (Typing)		
		WORKING TITLE Office Technician (Typing)		
		TIME BASE / TENURE PERM/FT	CBID R04	WWG 2
LOCATION Los Angeles		INCUMBENT		EFFECTIVE DATE

CDCR'S MISSION and VISION

Mission

We enhance public safety through safe and secure incarceration of offenders, effective parole supervision, and rehabilitative strategies to successfully reintegrate offenders into our communities.

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

BRIEFLY DESCRIBE THE DIVISION/UNIT FUNCTIONS

You are a valued member of the department's team. You are expected to work cooperatively with team members and others to enable the department to provide the highest level of service possible. Your creativity and productivity are encouraged. Your efforts to treat others fairly, honestly and with respect are important to everyone who works with you.

GENERAL STATEMENT

BRIEFLY (1 OR 2 sentences) DESCRIBE THE POSITION'S ORGANIZATIONAL SETTING AND MAJOR FUNCTIONS

Under the general direction of the Chief Deputy Regional Administrator, the Assistant Regional Administrator or the lead of the Regional Training Coordinator(s), the Office Technician (T) performs a variety of technical clerical duties to facilitate operation of the Southern Region Training Unit as follows:

% 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.**

% 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.
	ESSENTIAL FUNCTIONS
30%	<ul style="list-style-type: none"> Compiles, prepares and types a variety of periodic reports regarding the regional training program for the Regional Administrators' use. Types various monthly statistical reports for use in analysis, planning and control of the Region's training program and submission to DAPO Headquarters. Creates and maintains various databases to track equipment inventory, equipment loans, staff training attendance, etc. Advise Training Coordinators, Administration and Unit Supervisors of staff not attending trainings.
30%	<ul style="list-style-type: none"> Maintains personal computer based systems to track progress of all Parole Agents through the two year Apprenticeship Program. Tracks Apprenticeship performance reviews. Reminds supervisors of apprenticeship reviews not received in a timely manner. Keeps the Regional Training Coordinator(s) apprised of agents' progress and late or missed reviews. Date-stamps all Employee Training Requests. Drafts memos for approved/denied requests and distributes to staff and supervisor. Logs and files all requests.

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20%	<ul style="list-style-type: none"> Tracks new and deleted accounts (i.e. agents, locations, weapons). Updates database of dates with weapons information when issued to agents. Checks database for weapons information (condition, past history, type, ownership). Maintains BIS/SAP database (i.e. add, delete, or change staff & their information), remove retired staff & staff that has left the department, forward file records to employees who have transferred, add, delete, modify class codes, enter class attendance (hours & instructors), transfer in staff from other regions/departments
20%	<ul style="list-style-type: none"> Prepares and types letters, memorandums and other documents. Keeps a calendar of events, schedule trainings, meetings, classes, presentations, and supply materials. Answers phones. Creates information bulletins for training classes (i.e. new employee orientation, etc.). Processes incoming/outgoing mail. Maintains office equipment and orders office supplies for the training unit. Creates labels, rosters, templates, and training calendars. Files, scans, photocopy and maintain training files. Creates, updates, archives, and transfer training files of all employees as necessary.

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

- Consequences of error may result in loss of time and could cause significant delays in program production. Such delays can result in inefficient use or misdirection of department resources resulting in the inability to meet efficiency and time line goals, and varying degrees of negative financial impacts to the department.

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
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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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