|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
| California Substance Abuse Treatment Facility and State Prison at Corcoran (CSATF/SP) | | | 587-210-1139-816 | | | | | | 1 |
| **DIVISION / UNIT** | | | **CLASSIFICATION TITLE** | | | | | | |
| Division of Adult Institutions / Central Services - Inmate Assignment Office | | | Office Technician (Typing) | | | | | | |
| **WORKING TITLE** | | | | | | |
| Office Technician (Typing) | | | | | | |
| **TIME BASE / TENURE** | **CBID** | **WWG** | | | **COI** | |
| FT/PERM | R04 | 2 | | | Yes  No | |
| **LOCATION** | | | **INCUMBENT** | | | **EFFECTIVE DATE** | | | |
| 900 Quebec Avenue Corcoran, CA 93212 | | |  | | | 01/01/2024 | | | |
| **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** | | | | | | | | | |
|  | | | | | | | | | |
| The Inmate Assignment Office (IAO) is responsible for the assignment of inmates to work, education, and rehabilitative positions; the creation of priority/non-priority ducats, work assignment cards, gate passes, the Master Pass List, and Inmate Assignment Changes report. | | | | | | | | | |
| **GENERAL STATEMENT** | | | | | | | | | |
|  | | | | | | | | | |
| Under the general direction of the Inmate Assignment Lieutenant, the Office Technician (OT) performs a variety of clerical duties for the Inmate Assignments Office (IAO). The OT will have knowledge of the Inmate Work/Training Incentive Program (IWTIP), custody needs, assignments, and classification process. The OT is expected to have the initiative to prioritize, differentiate and exercise the ability to assign and complete tasks with minimal supervision. The OT must have the knowledge and a high degree or initiative and independence in the performance of detailed, sensitive/confidential, and complex clerical duties. The OT must also possess good judgment and effective written and oral communication skills. | | | | | | | | | |
| **% 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.** | | | | | | | | |
|  |  | | | | | | | | |
| 35%  35%  15%  10%  5% | Review and process Strategic Offender Management System (SOMS) Daily Recap and Internal Moves Report. On a continual basis, collect, verify for accuracy, enter all work incentive and job assignment related data into the SOMS. Process job change applications, chronos, monitor and assign inmates from the vacancy position in SOMS. Generate, track and issue Gate Passes and Inmate Assignment Cards (upon request). Update and maintain Job Descriptions and inmate job position information;  Assign/Un-assign identified inmates to performance components/milestones. Update daily SOMS “Inmate Assignment Changes”, publish report and print “Priority and Non-Priority” ducats for distribution to all Facilities. Print “Inmate Assignment Cards” daily.  Compile and audit monthly IAO Reports to maintain departmental standards, as well as, other reports as needed. Maintain source documents and reports as required. Maintain phone communication, tracking, reviewing and processing of all correspondence pertinent to the IAO. Attend meetings in the absence of the IAO Lieutenant.  Collect data and calculate statistical information. Prepare weekly, monthly, quarterly and annual reports as deemed necessary. Review Administrative Bulletins, Title 15, Department Operations Manual and Operational Procedures (OP) revisions, policy memorandums and other official communication to maintain familiarity with institutional/department operations policies and procedures.  Provides information to various areas within the institution regarding inmate job assignments. Attend mandatory In-Service Training and perform other job related duties as appropriate for the classification as needed.  Perform administrative duties including, but not limited to: adhere to Department policies, rules and procedures; submit administrative requests including leave, travel, and training in a timely and appropriate manner; accurately report time, and submit timesheets by the due date. | | | | | | | | |
|  |  | | | | | | | | |
|  |  | | | | | | | | |
| **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** | | | |
|  | |  | | | |  | | | |
| **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** | | | |
|  | |  | | | |  | | | |