

## 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:

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**CONCEPT OF POSITION:**

A. RESPONSIBILITIES OF POSITION:

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B. SUPERVISION RECEIVED:

C. ADMINISTRATIVE RESPONSIBILITY:

D. PERSONAL CONTACTS:

E. ACTIONS AND CONSEQUENCES:

F. OTHER INFORMATION:

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