

DUTY STATEMENT
PRESIDING ADMINISTRATIVE LAW JUDGE
FIELD OPERATIONS BRANCH

Under general direction, and as assigned by the Executive Director/Chief Administrative Law Judge, the Presiding Administrative Law Judge (PALJ), supervise the judicial staff and are responsible for the operation of a field operation office of the Unemployment Insurance Appeals Board. Incumbents may also conduct quasi-judicial hearings for specialized cases such as tax cases, trade disputes, and other distinctive cases.

ESSENTIAL FUNCTIONS

<u>Percentage</u>	<u>Function</u>
35%	Plans, organizes, coordinates, and supervises the work of the staff assigned to an area office or to the headquarters office of the Unemployment Insurance Appeals Board. Trains personnel and evaluates their performance. Reviews and analyzes appeals and petitions and assigns them to the Administrative Law Judges for hearing and decision. Assists with administrative and technical matters, and assists Administrative Law Judges with the more difficult problems.
20%	Reviews decisions of the Administrative Law Judges for conformity with Federal and State laws, established policies of the Board, and precedent cases.
20%	Confers with appellants, respondents, and their representatives regarding the scheduling of hearings, the granting of continuances, and the issuance of subpoenas. Confers with administrative officers on policy matters and prepares reports and dictates correspondence.
10%	Presides over quasi-judicial hearings and renders final decisions for specialized cases such as tax cases, trade disputes, and other distinctive cases.
5%	Advises interested parties and the public on appeals procedure establishes and maintains cooperative relationships with those contacted in the work.
5%	Travel throughout the state to various meetings to consult with Chief ALJ/Executive Director for planning, forecasting, training needs, etc.

NONESSENTIAL FUNCTIONS

<u>Percentage</u>	<u>Function</u>
5%	Attend periodic meetings; participate in regional and annual training; write letters and reports. Performs all other duties as assigned.

I have discussed the duties of the position with my supervisor and have received a copy of the duty statement.

EMPLOYEE'S PRINTED NAME EMPLOYEE'S SIGNATURE DATE

I have discussed the duties of this position with the employee.

SUPERVISOR'S PRINTED NAME SUPERVISOR'S SIGNATURE DATE

PRESIDING ADMINISTRATIVE LAW JUDGE

ESSENTIAL FUNCTIONS

Activity	Not Required	Less than 25%	25% to 49%	50% to 74%	75% or More
VISION					X
HEARING					X
SPEAKING				X	
WALKING		X			
SITTING					X
STANDING		X			
BALANCING		X			
CONCENTRATION					X
COMPREHENSION					X
WORKING INDEPENDENTLY					X
LIFTING UP TO 10 LBS OCCASIONALLY		X			
LIFTING UP TO 25 LBS OCCASIONALLY AND/OR 10 LBS FREQUENTLY		X			
FINGERING			X		
REACHING			X		
CARRYING		X			
CLIMBING		X			
BENDING AT WAIST		X			
KNEELING		X			
PUSHING OR PULLING		X			
HANDLING			X		
DRIVING		X			
OPERATING EQUIPMENT		X			
WORKING INDOORS					X
WORKING OUTDOORS	X				
WORKING IN CONFINED SPACE		X			
TRAVEL		X			

Are you able to perform the above-listed essential functions of the job, or are you prevented from doing so due to a physical or mental condition or limitations that may affect your ability to perform these functions?

- Yes. I am able to perform all of the above-listed essential functions of the job and have no physical or mental condition or limitation, which would prevent or otherwise impair me from doing so. (If checked, sign below. It is not necessary to read the following page.)
- Yes. I am able to perform all of the above-listed essential functions of the position, but will require reasonable accommodation (to be provided by the hiring authority as more specifically noted on the following page) in order to do so.
- No. I am unable to perform one or more of the above-listed essential functions of the job, even with reasonable accommodation.
- I am not sure if I am able to perform one or more of the above listed essential functions of the job. (On the following page, please identify the functional limitations you have which you believe may limit your ability to perform the essential functions of the job.)

Applicant's Signature

Date Signed

