

POSITION STATEMENT

1. POSITION INFORMATION	
CIVIL SERVICE CLASSIFICATION: Employment Program Representative - Intermittent	WORKING TITLE: UI Services Representative
NAME OF INCUMBENT: <i>Click here to enter text.</i>	POSITION NUMBER: 280-853-9194-XXX
SECTION/UNIT: Various	SUPERVISOR'S NAME:
DIVISION: Northern/Southern Operations Divisions	SUPERVISOR'S CLASSIFICATION: Employment Program Manager I
BRANCH: Unemployment Insurance	REVISION DATE: 4/22/2020
Duties Based on: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time – Fraction _____ <input checked="" type="checkbox"/> Temporary – 1500 hours	
2. REQUIREMENTS OF POSITION	
Check all that apply: <ul style="list-style-type: none"> <input type="checkbox"/> Conflict of Interest Filing (Form 700) Required <input checked="" type="checkbox"/> May be Required to Work in Multiple Locations <input type="checkbox"/> Requires DMV Pull Notice <input checked="" type="checkbox"/> Travel May be Required <input checked="" type="checkbox"/> Call Center/Counter Environment <input checked="" type="checkbox"/> Requires Fingerprinting & Background Check <input type="checkbox"/> Bilingual Fluency (<i>specify below in Description</i>) <input type="checkbox"/> Other (<i>specify below in Description</i>) 	
Description of Position Requirements (e.g., qualified Veteran, Class C driver's license, bilingual, frequent travel, graveyard/swing shift, etc.): Duties based on Intermittent time base	
3. DUTIES AND RESPONSIBILITIES OF POSITION	
Summary Statement (Briefly describe the position's organizational setting and major functions): <p>Under supervision, the Employment Program Representative will determine claimant eligibility for Unemployment Insurance benefits, conduct fact-finding interviews, respond to inquiries, and perform claim processing activities in accordance with laws, regulations, policies and precedent decisions; will provide prompt, accurate and courteous customer service; may conduct training or assist as a mentor. Travel and/or overtime may be required.</p>	
Percentage of Duties	Essential Functions
30%	Independently review, investigate, and determine claimant eligibility for Unemployment Insurance benefits, in accordance with laws, regulations, policies and precedent decisions. Issue written notification to the claimant when applicable. Authorize and issue Unemployment Insurance benefit payments to eligible claimants.
30%	Conduct Unemployment Insurance fact finding interviews with employers, claimants and other contacts; document all facts, findings, actions, and decisions; forward documentation for special handling and claim action as appropriate.

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30%	Respond to employer, claimant, and third party inquiries through written, electronic, or telephonic methods; inform claimants and employers of their rights and responsibilities under the Unemployment Insurance Program.
Percentage of Duties	Marginal Functions
5%	Participate in meetings, work groups, special projects, or focus groups as needed.
5%	Perform other duties appropriate for the position/classification.

4. WORK ENVIRONMENT (Choose all that apply)

Standing: Occasionally - activity occurs < 33%	Sitting: Continuously - activity occurs > 66%
Walking: Occasionally - activity occurs < 33%	Temperature: Temperature Controlled Office Environment
Lighting: Artificial Lighting	Pushing/Pulling: Occasionally - activity occurs < 33%
Lifting: Occasionally - activity occurs < 33%	Bending/Stooping: Occasionally - activity occurs < 33%
Other: Click here to enter text.	

Type of environment:

High Rise Cubicle Warehouse Outdoors Other: Telework, home internet required

Interaction with customers:

Required to work in the lobby Required to work at a public counter
 Required to assist customers on the phone Required to assist customers in person
 Other:

5. SUPERVISION

Supervision Exercised: NONE

6. SIGNATURES**Employee's Statement:**

I have reviewed and discussed the duties and responsibilities of this position with my supervisor and have received a copy of the Position Statement.

Employee's Name:

Employee's Signature:

Date:

Supervisor's Statement:

I have reviewed the duties and responsibilities of this position and have provided a copy of the Position Statement to the employee.

Supervisor's Name:

Supervisor's Signature:

Date:

7. HRSD USE ONLY**Personnel Management Group (PMG) Approval**

<input type="checkbox"/> Duties meet class specification and allocation guidelines. <input type="checkbox"/> Exceptional allocation, 625 on file.	PMG Analyst initials	Date approved

Reasonable Accommodation Unit use ONLY (completed after appointment, if needed)

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If a Reasonable Accommodation is necessary, please complete a Request for Reasonable Accommodation (DE 8421) form and submit to Human Resource Services Division (HRSD), Reasonable Accommodation Coordinator.

List any Reasonable Accommodations made:

Click here to enter text.

Supervisor: After signatures are obtained, make 2 copies:

- Send a copy to HRSD (via your Attendance Clerk) to file in the employee's Official Personnel File (OPF)
- Provide a copy to the employee
- File original in the supervisor's drop file