

**AGRICULTURAL LABOR RELATIONS BOARD
GENERAL COUNSEL PROGRAM
DUTY STATEMENT**

PART A	
Position No: 013-240-5778-023	Date:
Class: Attorney	Name:
Under the general supervision of the General Counsel and direct supervision of the Regional Director, the incumbent acts as the investigating and prosecuting attorney in the difficult legal matters involving complex, difficult, and sensitive unfair labor practices of the Agricultural Labor Relations Act. In a highly independent manner, with interim work product subject to supervisory review, performs duties that include, but are not limited to:	
Percentage of time performing duties:	ESSENTIAL FUNCTIONS
30%	Pre-Complaint Investigation: Investigates ULP charges in conjunction with Field Examiners; prepares legal memos and advice requests; participates in and prepares charge disposition memoranda; provides ongoing legal guidance and advice to further investigations.
25%	ULP Proceedings: Prepares complaints; prepares legal documents including motions, petitions, subpoenas, briefs, correspondence, and settlements; responsible for administrative hearings and trial preparations including witness preparation; independently presents the difficult and complex cases before Administrative Law Judges.
25%	Compliance proceedings: Oversees the preparation of back pay and make-whole specifications; completes final specifications and notices of hearing; prepares legal documents including motions, petitions, subpoenas, briefs, correspondence and settlements; responsible for administrative hearings and trial preparations including witness preparation; independently presents the difficult and complex cases before Administrative Law Judges.
15%	Representation Matters: investigation of representation petitions; work with Field Examiners in pre-election conferences; and post-election challenge ballot investigations
5%	Miscellaneous: Duties to include conducting outreach to diverse stakeholder communities and other misc. tasks, as assigned.

Supervision Received:

This position receives direct supervision from the Regional Director and general supervision from the General Counsel, including delegation of assignments, legal writing feedback, and supervision and enhancement of in-court litigation skills.

Supervision Exercised:

None; may serve in lead capacity

PHYSICAL AND MENTAL REQUIREMENTS OF ESSENTIAL FUNCTIONS

Position No: 013-240-5778-023		Date:			
Class: Attorney		Name:			
Activity	Not Required	Less than 25%	25% to 49%	50% to 74%	75% or More
VISION: Reviewing applications and related documents; preparing forms; proofreading documents.					X
HEARING: Answering telephone inquiries and providing verbal information.					X
SPEAKING: Answering inquiries over the telephone and providing verbal information; public speaking at Board sponsored and other workshops.					X
WALKING: Distributing information and work to be reviewed to supervisory staff; copying				X	
SITTING: Sitting at desk answering telephone inquiries or making telephone calls for clarification of project issues during application reviews; reviewing project applications.					X
STANDING: When providing public presentations.		X			
BALANCING:	X				
CONCENTRATING: Analysis of project to determine eligibility and feasibility under federal and state regulations; determining appropriate response to written correspondence; determining needs of callers and providing information; preparing staff reports and federal & state tax forms and documents.					X
COMPREHENSION: Understanding procedures and policies governing the Board; understanding the inquiries from callers.					X
WORKING INDEPENDENTLY: Must be able to work alone without much guidance or interaction from other staff at times.				X	
LIFTING UP TO 10 LBS OCCASSIONALLY: Carrying projects from file room to office.			X		
LIFTING UP TO 20 LBS OCCASSIONALLY AND/OR 10 LBS FREQUENTLY:	X				
LIFTING UP 20-50 LBS OCCASSIONALLY AND/OR 25-50 FREQUENTLY:	X				
FINGERING: Pushing buttons on the computer, calculator and telephone.					X
REACHING: Answering telephone.				X	
CARRYING: Transporting project application files to and from office and file room.			X		
CLIMBING:	X				
BENDING AT WAIST:	X				
KNEELING:	X				
PUSHING OR PULLING:	X				
HANDLING: Using computer.				X	
DRIVING:		X			
OPERATING EQUIPMENT: Computer, telephone, Xerox machine; fax.					X
WORKING INDOORS: Enclosed office environment.					X
WORKING OUTDOORS:				X	
WORKING IN CONFINED SPACE: Enclosed office environment.					X

NAME: _____

POSITION NUMBER: 013-240-5778-023

PART B

PROSPECTIVE EMPLOYEE RESPONSE

Do you have any physical or mental condition or limitation that will prevent you from performing the essential functions of the position as described above?

- No. I have no physical or mental condition or impairment that would prevent or otherwise impair me from performing the essential functions of the job, as set forth in the job description above.
- No. I do have a physical or mental condition or limitation that will require reasonable accommodation in order for me to be able to perform one or more of the essential functions of the job, as set forth in the job description above.
- Yes. I have a mental or physical condition or limitation that will prevent me from performing one or more of the essential functions of the job, as set forth in the above job description even with reasonable accommodation.
- I am not sure if I have any physical or mental condition or impairment that might prevent or otherwise impair me from performing one or more of the essential functions of the job, as set forth in the above job description.

Note: If you have checked this box, please indicate in the space below the following information:

- (1) The essential function in question, and
- (2) The specific functional limitations you have that you believe may prevent or otherwise impair you from performing that essential function.

You may attach additional pages if necessary. A member of the HR team may contact you to discuss potential accommodations; you will be provided information regarding your specific Reasonable Accommodation, if it is deemed necessary in order for you to perform the essential function(s) of the job.

CERTIFICATION: I certify that I have provided true and complete information concerning my ability to perform the essential functions as it pertains to above job description. (Any misrepresentation or material omission may be cause for dismissal.)

Applicant's Signature

Date Signed