



☐ CURRENT
☐ PROPOSED

DUTY STATEMENT

CIVIL SERVICE CLASSIFICATION		WORKING TITLE	
DIVISION/OFFICE/UNIT		SPECIFIC LOCATION ASSIGNED TO	
COLLECTIVE BARGAINING IDENTIFIER		WORK WEEK GROUP	CONFLICT OF INTEREST CLASSIFICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
FINGERPRINTS/BACKGROUND CHECK REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	BILINGUAL POSITION <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION NUMBER (Agency-Unit-Class-Serial)	

GENERAL STATEMENT

Candidate must be able to perform the following essential functions with or without reasonable accommodation.

PERCENTAGE OF TIME SPENT	DUTIES
<u>%</u>	<u>ESSENTIAL JOB FUNCTIONS</u>

<u>% (Continued)</u>	<u>ESSENTIAL JOB FUNCTIONS (Continued)</u>

<u>%</u>	<u>MARGINAL JOB FUNCTIONS</u>
CONDUCT, ATTENDANCE, AND PERFORMANCE EXPECTATIONS	
SUPERVISION RECEIVED AND EXERCISED	
Supervision Received:	
Supervision Exercised:	

WORK ENVIRONMENT, JOB REQUIREMENTS, PHYSICAL ABILITIES REQUIRED FOR THE JOB (if applicable), AND PERSONAL CONTACTS:

Work Environment:

Special Requirements/Other Information:

Physical Abilities:

Additional Requirements/Expectations:

Personal Contacts:

ACKNOWLEDGMENTS:

I have read and understand the duties listed above and I certify that I possess essential personal qualifications including integrity, initiative, dependability, good judgement, and ability to work cooperatively with others; and a state of health consistent with the ability to perform the assigned duties as described above with or without reasonable accommodation. (If you believe reasonable accommodation is necessary, discuss your concerns with the hiring supervisor. If unsure of a need for reasonable accommodation inform the hiring supervisor, who will discuss your concerns with the Diversity and Inclusion Office).

DATE	PRINT EMPLOYEE NAME	EMPLOYEE'S SIGNATURE
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I certify this duty statement represents current and an accurate description of the essential functions of this position. I have discussed the duties of this position with the employee and provided the employee a copy of this duty statement.

DATE	PRINT SUPERVISOR NAME	SUPERVISOR'S SIGNATURE
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HR APPROVAL DATE:	C&P ANALYST'S INITIALS:
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