

	CURRENT
DUTY STATEMENT	PROPOSED

CIVIL SERVICE CLASSIFIC	ATION		WORKING TITLE	
DIVISION/OFFICE/UNIT		SPECIFIC LOCATION ASSIGNED TO		
COLLECTIVE BARGAINING	GIDENTIFIER		WORK WEEK GROUP	CONFLICT OF INTEREST CLASSIFICATION?  ☐ YES ☐ NO
FINGERPRINTS/BACKGRO	DUND CHECK REQUIRED	BILINGUAL POSITION  YES NO	POSITION NUMBER (Agency-Un	it-Class-Serial)
GENERAL STATEMENT				
Candidate must	ha abla ta narfarm t	the following essential	I functions with or withou	it reasonable accommodation.
PERCENTAGE		rie ioliowing essentia	Tunctions with or withou	reasonable accommodation.
OF TIME SPENT	DUTIES			
<u>%</u>	ESSENTIAL JOB	<b>FUNCTIONS</b>		

% (Continued)	ESSENTIAL JOB FUNCTIONS (Continued)

	<del>-</del>
<u>%</u>	MARGINAL JOB FUNCTIONS
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CONDUCT, ATT	ENDANCE, AND PERFORMANCE EXPECTATIONS
OUDED\//OLON	DECEMBED AND EVEROUSED
SUPERVISION	RECEIVED AND EXERCISED
Supervision Re	ceived:
Supervision Ex	ercised:

WORK ENVIRONMENT, JOB REQUIREMENTS, PHYSICAL ABILITIES REQUIRED FOR THE JOB (if applicable), AND PERSONAL CONTACTS:				
Work Environment:				
Special Requirements/Other Informat	ion:			
Physical Abilities:				
Additional Requirements/Expectation	s:			
Personal Contacts:				
Personal Contacts:				
ACKNOWLEDGMENTS:	s listed above and I certify that I noss	ace accential narconal qualifications		
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		
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 DATE	PRINT SUPERVISOR NAME	SUPERVISOR'S SIGNATURE		
HR APPROVAL DATE:	C&P ANALYST'S INITIALS:			