

		DUTY ST	ATEMENT		CURRENT PROPOSED
CIVIL SERVICE CLASSIFIC	ATION		WORKING TITLE	_	
CIVIE SERVICE GEASSII IC	ATION		WORKING TITLE		
DIVISION/OFFICE/UNIT			SPECIFIC LOCATION ASSIGNED TO		
COLLECTIVE BARGAINING	GIDENTIFIER		WORK WEEK GROUP	CONFLICT OF INT	EREST CLASSIFICATION?
FINGERPRINTS/BACKGRO	OUND CHECK REQUIRED	BILINGUAL POSITION YES NO	POSITION NUMBER (Agency-Unit-Class-Serial)		
GENERAL STATEMENT		L			
PERCENTAGE	be able to perform t 	ne following essential fu	unctions with or without reasona	ble accomm	iodation.
OF TIME SPENT	DUTIES				
<u>%</u>	ESSENTIAL JOB	FUNCTIONS			

% (Continued)	ESSENTIAL JOB FUNCTIONS (Continued)

	-
<u>%</u>	MARGINAL JOB FUNCTIONS
_	
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: I have read and understand the duties	s listed above and I certify that I noss	ace accential narconal qualifications			
including integrity, initiative, dependa a state of health consistent with the a	ability, good judgement, and ability to	work cooperatively with others; and			
reasonable accommodation. (If you b	elieve 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:				