## **DUTY STATEMENT**

Classification:		
Working Title:		
Program:		
Division:	Branch:	
Section:	Unit:	
Office Location:	I	
COI Position: Yes No	Telework Eligible:	
CBID:	Position Number:	
Bilingual Position:	Specify Language:	
attendance in-person and/or virtually; to communicate effectively and professionally, both orally and in writing; to develop and maintain knowledge and skills related to specific tasks, methodologies, materials, tools, and equipment; to complete assignments in a timely manner; and to adhere to departmental policies and procedures regarding attendance and conduct including those outlined in the Health Administrative Manual and the DHCS Telework Program. To promote collaboration and connection, essential functions are generally in-person consistent with the DHCS Telework Program and pursuant to an approved Telework Agreement.		
Job Summary:  The duties contained in this job description reflect general details as necessary to describe the principal functions of this job. It should not be considered an all-inclusive listing of work requirements. The incumbent		
	ate with this classification) as assigned, including work	

DHCS 2388 (Revised 06/2025)

the workload.

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Department of Health Care Services

Description of Duties:			
% of Time	Essential Functions		

Description of Duties		
% Of Time	Essential Functions	
% Of Time	Marginal Functions	

State of California – Health and Human Services	Agency Department of Health C	are Services
Supervision Received:	by the (enter supervisor classificat	ion):
! <u></u> .	☐ Non-Supervisory Classification / None Analytical Staff ☐ Technical Supervisory Staff ☐ Manageri	Staff
Special Requirements:  ☐ Medical Evaluation /Clearance ☐ Typir ☐ Background Check / Finger Printing Clearan ☐ Valid Professional License (please specify):		
Desirable Qualifications:		
Working Conditions (Check all that apply): Prolonged Periods of: □ Standing □ Sitting □ Kneeling □ Ben	Travel May be Required	
Requires Lifting of Heavy Objects up to:		
Acknowledgements:		
<b>Human Resources Acknowledgement:</b> The Huduty statement.	uman Resources Division has reviewed and ap	oproved this
Analyst Name:	Analyst Signature:	Date:
Employee Acknowledgement: I have discusse received a copy of this duty statement.	ed with my supervisor the duties of the position	and have
Employee Name:	Employee Signature:	Date:
Supervisor Acknowledgement: I certify this du essential functions of this position. I have discus provided the employee a copy of this duty statem	ssed the duties of this position with the employ	
Supervisor Name:	Supervisor Signature:	Date:



## **DHCS Office Locations**

The following are DHCS offices that may be used as a reporting location. Office location assignments are subject to availability and operational business needs.

Northern California (CA)		
Sacramento, CA	DHCS East End Complex, Sacramento,	
	CA 95814	
San Francisco, CA	455 Golden Gate Avenue, San Francisco, CA,	
	94102	
Richmond, CA	850 Marina Bay Parkway, Richmond, CA,	
	94804	

Central CA		
Fresno, CA	7112 N. Fresno Street, Fresno, CA, 93720	

Southern CA		
Los Angeles, CA	311 S. Spring Street, Los Angeles, CA	
Santa Ana, CA	2 MacArthur Place, Santa Ana, CA, 92707	
Rancho Cucamonga, CA	11175 Azusa Court, Rancho Cucamonga, CA,	
	91730	
Burbank, CA	1405 N. San Fernando Blvd, Burbank, CA,	
	91504	
San Diego, CA	7575 Metropolitan Drive, San Diego, CA,	
	92108	

For DHCS Audits and Investigations (A&I) program positions, other DHCS office locations may be available. Please contact the A&I Hiring Unit contact listed on the job control/job advertisement for more information.