CALIFORNIA PRISON INDUSTRY AUTHORITY





| 1. | 1. Institution/Division/Office: | | | Unit/Industry/Enterprise: | | | | |
|----|--|---|--|--------------------------------|--|--|--|--|
| 3. | 3. Classification Title: | | | Proposed Incumbent (if known): | | | | |
| 5. | 5. Current Position Number (Agency-Unit-Class-Serial): | | | Effective Date: | | | | |
| 7. | Briefly (1 or 2 sentences) describe the position's organization setting and major functions: | | | | | | | |
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| | | | | | | | | |
| 8. | Work Schedule: | | | | | | | |
| | Percentage (%) of | | | | | | | |
| | time performing duties: | related tasks under the same percentage (%) with the highest percentage (%) listed first. | | | | | | |
| | | ESSENTIAL FUNCTIONS | | | | | | |
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| | | (Continued on Page Two) | | | | | | |

CALIFORNIA PRISON INDUSTRY AUTHORITY





| time performing | related tasks under the same percentage (%) with the highest percentage (%) listed first. | | | | | |
|--|---|-------------------------------|-------|--|--|--|
| duties: | MARGINAL FUNCTIONS | | | | | |
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| | ADDITIONAL EXPECTATIONS | | | | | |
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| 11. SUPERVISOR'S STATEMENT: I HAVE DISCUSSED THE DUTIES OF THE POSITION WITH THE EMPLOYEE. 12. DATE SUPERVISOR PROVIDED EMPLOYEE WITH A COPY OF THE DUTY STATEMENT: | | | | | | |
| PRINT EMPLOYEE NAME: | | EMPLOYEE SIGNATURE: | DATE: | | | |
| | | | | | | |
| PRINT MANAGER/SUPERVISOR NAME: | | MANAGER/SUPERVISOR SIGNATURE: | DATE: | | | |
| HR APPROVAL: | | | | | | |
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