

DUTY STATEMENT

PR LOG #:

CIVIL SERVICE CLASSIFICATION

WORKING TITLE

BRANCH

DIVISION

OFFICE

CBID

WWG

PCN

POSITION NUMBER

SPECIFIC LOCATION

PROBATIONARY PERIOD

TENURE

TIME BASE

BILINGUAL POSITION

TELEWORK OPTION

SAFETY SENSITIVE POSITION

CONFLICT OF INTEREST CLASSIFICATION

DIRECTION STATEMENT AND GENERAL DESCRIPTION OF DUTIES

CONDUCT, ATTENDANCE, AND PERFORMANCE EXPECTATIONS

SUPERVISION BY

SUPERVISORY RESPONSIBILITIES

WORKING CONDITIONS AND PHYSICAL REQUIREMENTS

ESSENTIAL/NON-ESSENTIAL FUNCTIONS

Relative % of Time Required:

☐ Essential Function☐ Non-Essential Function

Duties Performed

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Relative % of Time Required:

☐ Essential Function☐ Non-Essential Function

Duties Performed

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Relative % of Time Required:

☐ Essential Function☐ Non-Essential Function

Duties Performed

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|--|---|---|
| Relative % of Time Required: <input style="width: 100%;" type="text"/> | <input type="checkbox"/> Essential Function | <input type="checkbox"/> Non-Essential Function |
| Duties Performed | | |
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|--|---|---|
| Relative % of Time Required: <input style="width: 100%;" type="text"/> | <input type="checkbox"/> Essential Function | <input type="checkbox"/> Non-Essential Function |
| Duties Performed | | |
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| Relative % of Time Required: <input style="width: 100%;" type="text"/> | <input type="checkbox"/> Essential Function | <input type="checkbox"/> Non-Essential Function |
| Duties Performed | | |
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SPECIAL/ADDITIONAL REQUIREMENTS AND DESIRABLE QUALIFICATIONS

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PERSONAL CONTACTS

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EMPLOYEE ACKNOWLEDGEMENT

I have read and understand the duties and requirements listed above, and I am able to perform these duties with or without an accommodation. (If you believe an accommodation may be necessary, or if unsure of a need for an accommodation, inform the hiring supervisor or the Accommodations Coordinator at Accommodations@cde.ca.gov.)

| EMPLOYEE NAME | EMPLOYEE SIGNATURE | DATE |
|---------------|--------------------|------|
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MANAGER/SUPERVISOR ACKNOWLEDGEMENT

I certify this duty statement represents a current and accurate description of the essential functions of the position. I have discussed the duties of this position with the employee and provided the employee a copy of this duty statement.

| MANAGER/SUPERVISOR NAME | MANAGER/SUPERVISOR SIGNATURE | DATE |
|-------------------------|------------------------------|------|
| | | |

| HRD C&P ANALYST | HRD APPROVAL DATE | EFFECTIVE DATE | DATE UPLOADED |
|-----------------|-------------------|----------------|---------------|
| | | | |

This form will be kept in the employee's Official Personnel File.

Original - Classifications & Pay Office

Copies - Employee and Supervisor