State of California - Department of Social Services **DUTY STATEMENT**

EMPLOYEE NAME:						
CLASSIFICATION:		POSITION NUMBER:	POSITION NUMBER:			
DIVISION/BRANCH/REGION: (UNDERLINE ALL THAT APPLY)		BUREAU/SECTION/UNIT: (UNDERLINE ALL THA	BUREAU/SECTION/UNIT: (UNDERLINE ALL THAT APPLY)			
SUPERVISOR'S NAME:		SUPERVISOR'S CLASS:				
SPECIAL REQUIREMENTS	S OF POSITION (CHECK ALL	THAT APPLY):				
☐ Designated under Conf	lict of Interest Code.					
_	☐ Duties require participation in the DMV Pull Notice Program.					
☐ Requires repetitive mov	vement of heavy objects.					
Performs other duties requiring high physical demand. (Explain below)						
None						
☐ Other (Explain below)						
I certify that this duty statement represents an accurate description of the essential functions of this position.			I have read this duty statement and agree that it represents the duties I am assigned.			
SUPERVISOR'S SIGNATURE	DATE	EMPLOYEE'S SIGNATURE	DATE			
SUPERVISION EXERCISE	D (Check one):					
None	☐ Supervisor	Lead Person	☐ Team Leader			
FOR SUPERVISORY POSI	TIONS ONLY: Indicate the nu	mber of positions by classification that th	nis position DIRECTLY supervises.			
		,	·			
Total number of positions for	or which this position is respons	sible:				
FOR LEADPERSONS OR TEAM LEADERS ONLY: Indicate the number of positions by classification that this position LEADS.						
MISSION OF ORGANIZATI	ONAL UNIT:					

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CONCEPT OF POSITION:	
A DESDONSIBILITIES OF DOSITION:	
A. RESPONSIBILITIES OF POSITION:	

В.	SUPERVISION RECEIVED:
_	ADMINISTRATIVE DESCRIPTIVE
C.	ADMINISTRATIVE RESPONSIBILITY:
D.	PERSONAL CONTACTS:
_	ACTIONS AND CONSEQUENCES.
⊏.	ACTIONS AND CONSEQUENCES:
F.	OTHER INFORMATION: