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

DOTT STATEMENT					
EMPLOYEE NAME:					
CLASSIFICATION:		POSITION NUMBER:			
DIVISION/BRANCH/REGION: (UNDERLINE ALL THAT APPLY)		BUREAU/SECTION/UNIT: (UNDERLINE ALL THAT APPLY)			
SUPERVISOR'S NAME:		SUPERVISOR'S CLASS:			
SPECIAL REQUIREMENTS OF POSITION (CHECK ALL THAT A	NPPLY):			
 Designated under Conflict of Interest Conflict Duties require participation in the DMV F Requires repetitive movement of heavy of Performs other duties requiring high physics None Other (Explain below) 	Pull Notice Program. Objects.	in 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 EXERCISED (Check one):					
■ None ■ Supe	ervisor	■ Lead Person ■ T	eam Leader		
Total number of positions for which this positi	ion is responsible:	positions by classification that this position DIRE			
MISSION OF ORGANIZATIONAL UNIT:					

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CONCEPT OF POSITION:			
A. RESPONSIBILITIES OF POSITION:			

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