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

EMPLOYEE NAME:					
CLASSIFICATION:		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:	SUPERVISOR'S CLASS:		
SPECIAL REQUIREMENT	S OF POSITION (CHECK ALL THA	T APPLY):			
Designated under Cor	inflict of Interest Code.				
☐ Duties require participation in the DMV Pull Notice Program.					
_	ovement of heavy objects.				
_	requiring high physical demand. (Ex	xplain below)			
None					
Other (Explain below)					
I certify that this duty state	ment represents an accurate	I have read this duty stateme	ent and agree that it represents the		
description of the essential functions of this position.		duties I am assigned.			
SUPERVISOR'S SIGNATURE	DATE	EMPLOYEE'S SIGNATURE	DATE		
SUPERVISION EXERCIS	ED (Check one):		<u> </u>		
None	☐ Supervisor	☐ Lead Person	☐ Team Leader		
FOR SUPERVISORY POS	SITIONS ONLY: Indicate the number	r of positions by classification that the	nis position DIRECTLY supervises.		
Total number of positions t	for which this position is responsible:				
FOR LEADPERSONS OR	TEAM LEADERS ONLY: Indicate t	he number of positions by classifica	tion that this position LEADS.		
MISSION OF ORGANIZAT	ΓΙΟΝΑL UNIT:				

PS 373 (8/00) Page 1 of 3

CONCEPT OF POSITION:		
A. <u>RESPONSIBILITIES OF POSITION</u> :		

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