

Classification:	
Working Title:	
Program:	
Division:	
Section:	
Branch:	
Unit:	
Office Location:	
COI Position: ☐ Yes ☐ No	Telework Eligible: ☐ Yes ☐ No
CBID:	Position Number:
Bilingual Position: ☐ Yes ☐ No	Specify Language:
This position requires the incumbent to perform their essential functions; maintain consistent and regular attendance in-person and/or virtually; to communicate effectively and professionally, both orally and in writing; to develop and maintain knowledge and skills related to specific tasks, methodologies, materials, tools, and equipment; to complete assignments in a timely manner; and to adhere to departmental policies and procedures regarding attendance and conduct including those outlined in the Health Administrative Manual and the DHCS Telework Program. To promote collaboration and connection, essential functions are generally in-person consistent with the DHCS Telework Program and pursuant to an approved Telework Agreement.	
Job Summary:	

Description of Duties:	
% of Time	Essential Functions

Description of Duties	
% Of Time	Essential Functions
% Of Time	Marginal Functions

Supervision Received: _____ by the (enter supervisor classification):

_____.

Supervision Exercised: (check all that apply)☐ Non-Supervisory Classification / None☐ Clerical Staff☐ Analytical Staff☐ Technical Staff☐ Professional Staff☐ Supervisory Staff☐ Managerial Staff**Special Requirements:**☐ Medical Evaluation /Clearance☐ Typing Certificate☐ Valid Driver's License☐ Background Check / Finger Printing Clearance☐ Valid Professional License (please specify): _____**Desirable Qualifications:****Working Conditions (Check all that apply):**

Prolonged Periods of:

☐ Standing ☐ Sitting ☐ Kneeling ☐ Bending

Travel May be Required:

☐ Occasional ☐ Over Night

Requires Lifting of Heavy Objects up to: _____

Acknowledgements:**Human Resources Acknowledgement:** The Human Resources Division has reviewed and approved this duty statement.

Analyst Name:

Analyst Signature:

Date:

Employee Acknowledgement: I have discussed with my supervisor the duties of the position and have received a copy of this duty statement.

Employee Name:

Employee Signature:

Date:

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

Supervisor Name:

Supervisor Signature:

Date:

The following are DHCS offices that may be used as a reporting location. Office location assignments are subject to availability and operational business needs.

Northern California (CA)	
Sacramento, CA	DHCS East End Complex, Sacramento, CA 95814
San Francisco, CA	455 Golden Gate Avenue, San Francisco, CA, 94102
Richmond, CA	850 Marina Bay Parkway, Richmond, CA, 94804

Central CA	
Fresno, CA	7112 N. Fresno Street, Fresno, CA, 93720

Southern CA	
Los Angeles, CA	311 S. Spring Street, Los Angeles, CA
Santa Ana, CA	2 MacArthur Place, Santa Ana, CA, 92707
Rancho Cucamonga, CA	11175 Azusa Court, Rancho Cucamonga, CA, 91730
Burbank, CA	1405 N. San Fernando Blvd, Burbank, CA, 91504
San Diego, CA	7575 Metropolitan Drive, San Diego, CA, 92108

For DHCS Audits and Investigations (A&I) program positions, other DHCS office locations may be available. Please contact the A&I Hiring Unit contact listed on the job control/job advertisement for more information.