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

EMPLOYEE NAME:					
CLASSIFICATION:		POSITION NUMBER:	POSITION NUMBER:		
DIVISION/BRANCH/REGION: (UNDERLIN	IE 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	AT APPLY):			
<ul><li>Designated under Cor</li></ul>	onflict of Interest Code.				
☐ Duties require participation in the DMV Pull Notice Program.					
	ovement of heavy objects.				
_	requiring high physical demand. (E.	xplain below)			
None					
Other (Explain below)					
	ment represents an accurate		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):				
None	☐ Supervisor	☐ Lead Person	☐ Team Leader		
FOR SUPERVISORY POS	SITIONS ONLY: Indicate the number	er of positions by classification that the	nis position DIRECTLY supervises.		
Total number of positions	for which this position is responsible	:			
FOR LEADPERSONS OR	TEAM LEADERS ONLY: Indicate t	the number of positions by classifica	tion that this position LEADS.		
MISSION OF ORGANIZAT	ΓΙΟΝΑL UNIT:				

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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: