

DUTY STATEMENT

Classification:	
Working Title:	
Program:	
Division:	
Section:	
Branch:	
Unit:	
Office Location:	
COI Position: <input type="checkbox"/> Yes <input type="checkbox"/> No	Telework Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No
CBID:	Position Number:
Bilingual Position: <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify Language:
<p>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.</p>	
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)		
<input type="checkbox"/> Clerical Staff <input type="checkbox"/> Analytical Staff <input type="checkbox"/> Non-Supervisory Classification / None <input type="checkbox"/> Professional Staff <input type="checkbox"/> Supervisory Staff <input type="checkbox"/> Technical Staff <input type="checkbox"/> Managerial Staff		
Special Requirements:		
<input type="checkbox"/> Medical Evaluation /Clearance <input type="checkbox"/> Typing Certificate <input type="checkbox"/> Valid Driver's License <input type="checkbox"/> Background Check / Finger Printing Clearance <input type="checkbox"/> Valid Professional License (please specify): _____		
Desirable Qualifications:		
Working Conditions (Check all that apply):		
Prolonged Periods of:		Travel May be Required:
<input type="checkbox"/> Standing <input type="checkbox"/> Sitting <input type="checkbox"/> Kneeling <input type="checkbox"/> Bending		<input type="checkbox"/> Occasional <input type="checkbox"/> 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: