

# State of California - Department of Social Services

## DUTY STATEMENT

EMPLOYEE NAME:

CLASSIFICATION:	POSITION NUMBER:
DIVISION/BRANCH/REGION: <i>(UNDERLINE ALL THAT APPLY)</i>	BUREAU/SECTION/UNIT: <i>(UNDERLINE ALL THAT APPLY)</i>
SUPERVISOR'S NAME:	SUPERVISOR'S CLASS:

SPECIAL REQUIREMENTS OF POSITION *(CHECK ALL THAT APPLY)*:

- Designated under Conflict of Interest Code.
- Duties require participation in the DMV Pull Notice Program.
- Requires repetitive movement of heavy objects.
- Performs other duties requiring high physical demand. *(Explain below)*
- None
- Other *(Explain 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
- Supervisor
- Lead Person
- Team Leader

FOR SUPERVISORY POSITIONS ONLY: Indicate the number of positions by classification that this position DIRECTLY supervises.

Total number of positions for which this position is responsible:

FOR LEADPERSONS OR TEAM LEADERS ONLY: Indicate the number of positions by classification that this position LEADS.

## MISSION OF ORGANIZATIONAL UNIT:

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**CONCEPT OF POSITION:**

A. **RESPONSIBILITIES OF POSITION:**

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B. SUPERVISION RECEIVED:

C. ADMINISTRATIVE RESPONSIBILITY:

D. PERSONAL CONTACTS:

E. ACTIONS AND CONSEQUENCES:

F. OTHER INFORMATION: