

**DEPARTMENT OF JUSTICE
DIVISION OF ADMINISTRATIVE SERVICES
CENTRAL SERVICES
DUTY STATEMENT**

NAME:

JOB TITLE: Seasonal Clerk

POSITION: 420-027-1120-901

STATEMENT OF DUTIES: The Seasonal Clerk is responsible for supporting Office Assistants and Office Technicians with messenger and general mail activities.

SUPERVISION RECEIVED: Under the direct supervision of the BSO I, and general supervision of the BSO II, Central Services.

TYPICAL PHYSICAL DEMANDS: Daily walking, bending, stooping, and lifting; the Seasonal Clerk must have the ability to lift and move objects weighing up to 40 lbs.

TYPICAL WORKING CONDITIONS: Open spaced smoke free general office/warehouse environment.

SPECIAL REQUIREMENT: Possession of a valid California driver's license, with no restrictions that would limit the duties to be performed by this position.

EXAMPLE OF DUTIES:

- 50 %** Will support Office Assistants and Office Technicians with the pickup and delivery of mail, supplies, and other materials to and from various department locations, private businesses, and other state agencies either by hand, on foot, cart, dolly, hand truck, or State vehicle.
- 45 %** Will support Office Assistant and Office Technicians process mail and other materials in preparation for delivery. Operate a postage machine with the purpose of sealing and affixing correct postage on materials to be mailed.
- 5%** Will assist with filing, digital scanning, or other miscellaneous duties.

I have read and understand the essential functions and typical physical demands required of this job (please check one of the boxes below regarding a Reasonable Accommodation):

I am able to complete the essential functions and typical physical demands of the job without a need for a reasonable accommodation.

I am able to complete the essential functions and typical physical demands of the job, but will require a reasonable accommodation. I will discuss my reasonable accommodation request with my supervisor.

I am unable to perform one or more of the essential functions and typical physical demands of the job, even with a reasonable accommodation.

I am not sure that I will be able to perform one or more of the essential functions and typical physical demands of the job, and will discuss the functional limitations I have with my supervisor.

Employee's Signature

Date

Supervisor's Signature

Date