

**DUTY STATEMENT
CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS**

PART A	
Position No: 578-146-1139-001	Date:
Class: Office Technician (Typing)	Name:
<p>Under the direction of the Chief Physician and Surgeon, the Office Technician (T) is to provide general clerical assistance to the Redding Veterans Home Clinical RCFE staff including, but not limited to, the following:</p>	
Percentage of time performing duties:	ESSENTIAL FUNCTIONS
30%	Write, file, and distribute letters, reports and other correspondence. Record, transcribe, file, and distribute meeting minutes and special reports from written and verbal instructions, including Residential Care and Medical Administration. Make up file folders as necessary and maintain files. Schedule appointments and maintain calendars. Assist with recording and transcribing proceedings of the Residential Care Team conferences.
25%	Perform general office work such as filing, organizing, and photocopying. Compose memorandums and letters. Order supplies, obtain pricing quotes for furniture and equipment. Receive and screen telephone calls and visitors. Communicate effectively with the public and staff. Maintain confidentiality and confidential files.
15%	Assist Medical staff with contract management including posting of invoices. Tracking receipts and account balances may be necessary. Assist with completing contract requests, contract amendment forms, timeline for renewals, and required waivers.
15%	Provide unit clerk coverage including, receive, log, distribute, and file medical, dental, laboratory, and diagnostic reports in the medical record; assemble or rearrange medical records; receive, print, log, and communicate physician orders to direct care staff; submit notifications and requested in writing to physicians for appointments, documentation, medication, diet orders, diagnostic tests, laboratory test, etc.
5%	Coordinate new credentials for providers, as well as, ensure timely re-credentialing of all in-home providers. Assist providers with VA credentialing process. Track and obtain funding for NPDB status reviews.
5%	Perform timekeeping duties. Keep records of leave usage and ensure timesheets are filed on time and accurately, if directed.
NON-ESSENTIAL FUNCTIONS	
5%	Other related duties as assigned.
OTHER	
	Must maintain regular and acceptable attendance at such level as is determined at the Department's sole discretion. Must be regularly available and willing to work the hours the Department determines are necessary or desirable to meet its business needs.

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PART B - PHYSICAL AND MENTAL REQUIREMENTS OF ESSENTIAL FUNCTIONS					
Activity	Not Required	Less than 25%	25% to 49%	50% to 74%	75% or More
VISION: Review mail; prepare various forms, letters, and reports; proofread documents; receive visitors.					X
HEARING: Answer telephone; receive and announce visitors; answer inquiries and provide verbal information.					X
SPEAKING: Communicate with staff; residents and the public in person and via telephone; interact in meetings.					X
WALKING: Distribute mail; distribute information; make copies.			X		
SITTING: Sit at desk, answer telephone; sort mail; perform other clerical typing duties.					X
STANDING: Copy documents.				X	
BALANCING:		X			
CONCENTRATING: Respond or route telephone calls; provide information; arrange meetings; prepare correspondence; make travel arrangements.					X
COMPREHENSION: Understand needs of callers; understand policies and procedures.					X
WORKING INDEPENDENTLY: Must be able to work alone without much guidance or interaction from other staff at times.					X
LIFTING UP TO 10 LBS:				X	
LIFTING 10 - 25 LBS:		X			
LIFTING 25-50 LBS:		X			
FINGERING: Push telephone buttons; personal computer; copier					X
REACHING: Answer telephone; distributing mail; retrieve documents from printer.					X
CARRYING: Distribute mail; documents.					X
CLIMBING:		X			
BENDING AT WAIST: Use copier; access low file drawers.		X			
KNEELING:		X			
PUSHING OR PULLING: Open and close file drawers.		X			
HANDLING: Files; typing; mail.					X
DRIVING: Special events.		X			
OPERATING EQUIPMENT: Computer, telephone, copier, printer, fax machine.					X
WORKING INDOORS: Enclosed office environment.					X
WORKING OUTDOORS: Special events.		X			
WORKING IN CONFINED SPACE: File, supply, storage room, etc.		X			

I have read and understand the duties listed on this Duty Statement and I can perform these duties with or without reasonable accommodation. (If reasonable accommodation may be necessary, discuss any concerns with the Equal Employment Opportunity Office.)

Employee signature _____ Date _____

Supervisor signature _____ Date _____

Human Resources signature _____ Date _____