

POSITION STATEMENT

| 1. POSITION INFORMATION | |
|---|--|
| CIVIL SERVICE CLASSIFICATION: | WORKING TITLE: |
| Disability Insurance Program Representative | DI Services Representative |
| NAME OF INCUMBENT: | POSITION NUMBER: |
| <i>Click here to enter text.</i> | 280-222-9233 |
| OFFICE/SECTION/UNIT: | SUPERVISOR'S NAME: |
| Chino Hills, ARU 222 | |
| DIVISION: | SUPERVISOR'S CLASSIFICATION: |
| Field Operations Division | Disability Insurance Program Manager I |
| BRANCH: | REVISION DATE: |
| Disability Insurance Branch | 10/29/2020 |
| Duties Based on: <input checked="" type="checkbox"/> FT <input type="checkbox"/> PT– Fraction _____ <input type="checkbox"/> INT <input type="checkbox"/> Temporary – _____ hours | |
| 2. REQUIREMENTS OF POSITION | |
| Check all that apply: <input type="checkbox"/> Conflict of Interest Filing (Form 700) Required <input checked="" type="checkbox"/> Call Center/Counter Environment <input type="checkbox"/> May be Required to Work in Multiple Locations <input checked="" type="checkbox"/> Requires Fingerprinting & Background Check <input type="checkbox"/> Requires DMV Pull Notice <input type="checkbox"/> Bilingual Fluency (<i>specify below in Description</i>) <input checked="" type="checkbox"/> Travel May be Required <input type="checkbox"/> Other (<i>specify below in Description</i>) | |
| Description of Position Requirements: (e.g., qualified Veteran, Class C driver's license, bilingual, frequent travel, graveyard/swing shift, etc.) | |
| On rare occasions, local travel required for training opportunities. | |
| 3. DUTIES AND RESPONSIBILITIES OF POSITION | |
| Summary Statement: (Briefly describe the position's organizational setting and major functions) | |
| <p>Under supervision, the Disability Insurance (DI) Services Representative will determine claimant eligibility for State Disability Insurance (SDI) Program benefits including Disability Insurance, Paid Family Leave, and Nonindustrial Disability; will conduct fact-finding interviews, respond to inquiries, and perform claim processing activities in accordance with laws, regulations, rules and policies; will provide prompt, accurate and courteous customer service; may develop and provide training that emphasizes the consistent application of law, regulation, policy and procedures, appropriate medical duration control techniques, program integrity practices and processes, will record and maintain overpayment (OP) documents in accordance with current over-payment policies and procedures, process OPs, conduct follow up collection actions for both claimant and third party overpayments with appropriate documentation. May act as an expert witness before the California Unemployment Insurance Appeals Board.</p> <p>Must comply with office security requirements. Travel and/or overtime may be required.</p> <p>EXPECTATION – MISSION, VISION, GOALS</p> <p>The incumbent contributes toward the growth of the DI Branch into a customer-focused service organization by following and applying SDI Branch cultural principles. The incumbent is required to have knowledge of the principles of the SDI</p> | |

Civil Service Classification
Disability Insurance Program Representative

Position Number
280-222-9233

N/A

6. SIGNATURES

Employee's Statement:

I have reviewed and discussed the duties and responsibilities of this position with my supervisor and have received a copy of the Position Statement.

Employee's Name:

Employee's Signature:

Date:

Supervisor's Statement:

I have reviewed the duties and responsibilities of this position and have provided a copy of the Position Statement to the employee.

Supervisor's Name:

Supervisor's Signature:

Date:

7. HRSD USE ONLY

Personnel Management Group (PMG) Approval

Duties meet class specification and allocation guidelines.

PMG Analyst Initials

Date Approved

Exceptional allocation, STD-625 on file.

NM

3/17/2026

Reasonable Accommodation Unit use ONLY *(completed after appointment, if needed)*

If a Reasonable Accommodation is necessary, please complete a Request for Reasonable Accommodation (DE 8421) form and submit to Human Resource Services Division (HRSD), Reasonable Accommodation Coordinator.

List any Reasonable Accommodations made:

Supervisor: After signatures are obtained, make 2 copies:

- Send a copy to HRSD (via your Attendance Clerk) to file in the employee's Official Personnel File (OPF)
- Provide a copy to the employee
- File original in the supervisor's drop file