

DUTY STATEMENT

PR LOG #:

CIVIL SERVICE CLASSIFICATION				WORKING TITLE	
<input type="text"/>				<input type="text"/>	
BRANCH					
<input type="text"/>					
DIVISION			OFFICE		
<input type="text"/>			<input type="text"/>		
CBID	WWG	PCN	POSITION NUMBER	SPECIFIC LOCATION	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
PROBATIONARY PERIOD		TENURE		TIME BASE	BILINGUAL POSITION
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
TELEWORK OPTION		SAFETY SENSITIVE POSITION		CONFLICT OF INTEREST CLASSIFICATION	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
DIRECTION STATEMENT AND GENERAL DESCRIPTION OF DUTIES					
<input type="text"/>					
CONDUCT, ATTENDANCE, AND PERFORMANCE EXPECTATIONS					
<input type="text"/>					
SUPERVISION BY					
<input type="text"/>					
SUPERVISORY RESPONSIBILITIES					
<input type="text"/>					
WORKING CONDITIONS AND PHYSICAL REQUIREMENTS					
<input type="text"/>					

SPECIAL/ADDITIONAL REQUIREMENTS AND DESIRABLE QUALIFICATIONS

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PERSONAL CONTACTS

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EMPLOYEE ACKNOWLEDGEMENT

I have read and understand the duties and requirements listed above, and I am able to perform these duties with or without an accommodation. (If you believe an accommodation may be necessary, or if unsure of a need for an accommodation, inform the hiring supervisor or the Accommodations Coordinator at Accommodations@cde.ca.gov.)

EMPLOYEE NAME	EMPLOYEE SIGNATURE	DATE

MANAGER/SUPERVISOR ACKNOWLEDGEMENT

I certify this duty statement represents a current and accurate description of the essential functions of the position. I have discussed the duties of this position with the employee and provided the employee a copy of this duty statement.

MANAGER/SUPERVISOR NAME	MANAGER/SUPERVISOR SIGNATURE	DATE

HRD C&P ANALYST	HRD APPROVAL DATE	EFFECTIVE DATE	DATE UPLOADED

This form will be kept in the employee's Official Personnel File.

Original - Classifications & Pay Office

Copies - Employee and Supervisor