

Branch programs. Protect program integrity by identifying and reporting any suspected fraudulent claims and/or activities.	
Percentage of Duties	Essential Functions
35%	<p>Review, investigate, and determine claimant eligibility for SDI benefits, in person, via the internet, or over the telephone, in any SDI office, in accordance with applicable laws, rules, regulations, and policies outlined in the State Disability Insurance policies and procedures manuals. Issue notification to the claimant when applicable. Authorize and issue SDI benefit payments to eligible claimants.</p> <p>Process and maintain OP documents and records in accordance with current policies and procedures as established in the Procedures Manuals. Establish third party Workers' Compensation (WC) OP and take appropriate collection actions. Route claimant OPs to the Benefit Overpayment Collection Section within Tax Branch for processing. May process all remittances on WC overpayments and mail payment receipts to the appropriate parties when required; process all adjustments to established overpayments.</p> <p>Assist in planning and delivering on-the-job training, reinforcing concepts and skills introduced in training; provide guidance throughout the training and development period. Practice consistent application of law, regulation, policy, and procedures through use of appropriate manuals and reference materials.</p>
30%	Conduct fact-finding interviews with claimants, medical providers, employers and other contacts; document and notate all facts, findings, actions, and decisions in accordance with established procedures.
25%	Provide SDI Program customer service in accordance to office standards. Respond to claimant, medical providers, employers, and third party inquiries through written, internet, telephone, or in-person contact; inform interested parties of their rights and responsibilities under the SDI Program.
Percentage of Duties	Marginal Functions
5%	Participate in meetings, work groups, special projects, or focus groups as needed. May act as facilitator for unit or field office meetings, or participate in public information activities.
5%	Perform other duties as assigned.
4. WORK ENVIRONMENT <i>(Choose all that apply)</i>	
Standing: Occasionally - activity occurs < 33%	Sitting: Continuously - activity occurs > 66%
Walking: Occasionally - activity occurs < 33%	Temperature: Temperature Controlled Office Environment
Lighting: Artificial Lighting	Pushing/Pulling: Occasionally - activity occurs < 33%
Lifting: Occasionally - activity occurs < 33%	Bending/Stooping: Occasionally - activity occurs < 33%
Other: <i>Click here to enter text.</i>	
Type of Environment: <input type="checkbox"/> High Rise <input checked="" type="checkbox"/> Cubicle <input type="checkbox"/> Warehouse <input type="checkbox"/> Outdoors <input type="checkbox"/> Other:	
Interaction with Customers: <input type="checkbox"/> Required to work in the lobby <input checked="" type="checkbox"/> Required to work at a public counter <input checked="" type="checkbox"/> Required to assist customers on the phone <input checked="" type="checkbox"/> Required to assist customers in person <input type="checkbox"/> Other:	
5. SUPERVISION EXERCISED: <i>(List total per each classification of staff)</i>	

Civil Service Classification
Disability Insurance Program Representative

Position Number
280-202-9233-976

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

5/6/2026

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