

DUTY STATEMENT

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|--|---|------------------------------|--------------------|
| 1. Institution/Division/Office: | | | |
| 2. Enterprise/Unit: | | | |
| 3. Classification Title: | | | |
| 4. Working Title: | | | |
| 5. Position Number (Agency-Unit-Class-Serial): | 6. CBID: | 7. WWG: | 8. Working County: |
| 9. Tenure: | | 10. Time Base: | |
| 11. License Requirement: | | 12. Endorsement Requirement: | |
| 13. Retirement Category: | | 14. Work Schedule: | |
| 15. Incumbent Name (If known): | | 15a. Effective Date: | |
| 16. Briefly (1 or 2 sentences) describe the position's organization setting and major functions: | | | |
| | | | |
| 17. Percentage (%) of time performing duties: | 18. Indicate the duties and responsibilities assigned to the position and the percentage (%) of time spent for each. Group-related tasks under the same percentage (%) with the highest percentage (%) listed first. <p style="text-align: center;"><u>ESSENTIAL FUNCTIONS</u></p> <p style="text-align: center;"><i>(Essential Functions Continued on Page 2)</i></p> | | |

ADDITIONAL EXPECTATIONS

SPECIAL REQUIREMENTS

The California Correctional Training and Rehabilitation Authority (CALCTRA) operates within California Department of Corrections and Rehabilitation (CDCR) facilities. CDCR does not recognize hostages for bargaining purposes. CDCR has a "NO HOSTAGE" policy, and all incarcerated individuals, visitors, non-employees, and employees shall be made aware of this.

19. Supervisor Statement: *"I have discussed the duties of the position with the employee"*.

20. Date Supervisor Provided Employee with a Copy of this Duty Statement:

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|--------------------------------|-------------------------------|-------|
| PRINT EMPLOYEE NAME: | EMPLOYEE SIGNATURE: | DATE: |
| PRINT MANAGER/SUPERVISOR NAME: | MANAGER/SUPERVISOR SIGNATURE: | DATE: |
| HR APPROVAL: | | |