

Employee Name:

**DUTY STATEMENT  
DEPARTMENT OF STATE HOSPITALS - NAPA**

<b>JOB CLASSIFICATION: OFFICE TECHNICIAN (TYPING) (STANDARDS COMPLIANCE)</b>
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**1. MAJOR TASKS, DUTIES, AND RESPONSIBILITIES**

Perform a variety of general and difficult office work; exercise a high degree of initiative, independence and originality in performing assigned tasks.

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|------|---|
| 30 % | Provides secretarial support services including: <ul style="list-style-type: none"><li>• <b>Typing assignments such as correspondence, reports, forms;</b></li><li>• <b>Taking and preparing minutes of meetings;</b></li><li>• <b>Arranging meetings, and scheduling appointments;</b></li><li>• Opening and distributing mail; and,</li><li>• Answering telephones.</li></ul> |
| 20 % | <b>Provides and maintains various record keeping and filing systems, such as time keeping, classifying, sorting and filing of various documents, and necessary purging.</b>   |
| 10 % | Duplicates material using photocopying equipment.   |
| 10 % | Other related duties as assigned.   |
| 30 % | <b>SITE SPECIFIC DUTIES</b><br>Input of data, generation of graphic reports, tracking of routine reports, preparation of pre-formatted process monitors and preliminary data reports, development of presentation materials.  |
| 0 %  | <b>TECHNICAL PROFICIENCY</b><br>None.   |

**2. SUPERVISION RECEIVED**

The Office Technician (Typing) performs assigned duties under the general supervision of the Standards Compliance Director.

**3. SUPERVISION EXERCISED**

The Office Technician (Typing) does not exercise supervision.

Revised 07/14/2016

\* **Bolded duties have been identified as Essential Functions.**

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**4. KNOWLEDGE AND ABILITIES**

**KNOWLEDGE OF:**

Modern office methods, supplies and equipment; business English and correspondence; principles of effective training.

**ABILITY TO:**

Perform difficult clerical work, including ability to spell correctly; use good English; make arithmetical computations; operate various office machines; follow oral and written directions; evaluate situations accurately and take effective action; read and write English at a level required for successful job performance; make clear and comprehensive reports and keep difficult records; meet and deal tactfully with the public; apply specific laws, rules and office policies and procedures; prepare correspondence independently utilizing a wide knowledge of vocabulary, grammar and spelling; communicate effectively; provide functional guidance.

**5. REQUIRED COMPETENCIES**

**SAFETY**

Actively supports a safe and hazard free workplace through practice of personal safety and vigilance in the identification of safe or security hazards, including infection control.

**CULTURAL AWARENESS**

Demonstrates awareness to multicultural issues in the workplace which enable the employee to work effectively.

**SITE SPECIFIC COMPETENCIES**

The ability to utilize the fundamental processes in: Word, Excel, PLATO, and WaRMSS computer programs.

**TECHNICAL PROFICIENCY (SITE SPECIFIC)**

N/A

**6. LICENSE OR CERTIFICATION – NOT APPLICABLE.**

**7. TRAINING - Training Category = D**

The employee is required to keep current with the completion of all required training.

**8. WORKING CONDITIONS**

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**EMPLOYEE IS REQUIRED TO:**

- Report to work on time and follow procedures for reporting absences;
- Maintain a professional appearance;
- Appropriately maintain cooperative, professional, and effective interactions with employees, patients, and the public; and,
- Comply with hospital policies and procedures.

The employee is required to work any shift and schedule in a variety of settings throughout the hospital and may be required to work overtime and float to other work locations as determined by the operational needs of the hospital. All employees are required to have an annual health review and repeat health reviews whenever necessary to ascertain that they are free from symptoms indicating the presence of infection and are able to safely perform their essential job functions.

_____ Employee Signature	_____ Print Name	_____ Date
_____ Supervisor Signature	_____ Print Name	_____ Date
_____ Reviewing Supervisor Signature	_____ Print Name	_____ Date

Revised 07/14/2016

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