



DUTY STATEMENT

SCHEDULE TO BE WORKED/WORKING HOURS		EFFECTIVE DATE	
CIVIL SERVICE CLASSIFICATION		WORKING TITLE	
DEPARTMENT/DIVISION/DISTRICT/UNIT		SPECIFIC LOCATION ASSIGNED TO	
SEERA DESIGNATION	BARGAINING UNIT	WORK WEEK GROUP	CERTIFICATES REQUIRED
FINGERPRINTS/BACKGROUND CHECK REQUIRED Yes No	BILINGUAL POSITION Yes No	SUPERVISION EXERCISED	
INCUMBENT		POSITION NUMBER (<i>Agency-Unit-Class-Serial</i>)	

The mission of the State Board of Equalization is to serve Californians through fair and transparent administration of Property Tax, the Alcoholic Beverage Tax, and the Tax on Insurers to strengthen communities and support state and local services.

POSITION'S ORGANIZATIONAL SETTING AND MAJOR FUNCTIONS

Candidate must be able to perform the following essential job functions with or without reasonable accommodation.

PERCENTAGE OF TIME SPENT:	DUTIES:
	ESSENTIAL JOB FUNCTIONS

PERCENTAGE OF TIME SPENT:	DUTIES: ESSENTIAL JOB FUNCTIONS (<i>continued</i>)

PERCENTAGE OF TIME SPENT:	DUTIES:
	MARGINAL JOB FUNCTIONS

WORK ENVIRONMENT OR PHYSICAL ABILITIES REQUIRED FOR THE JOB *(if applicable)*:

Work Environment:

Physical Abilities:

Additional Requirements/Expectations:

I have read this duty statement and fully understand that I must perform the Essential Job Functions of my position with or without reasonable accommodation.

PRINT EMPLOYEE NAME	EMPLOYEE'S SIGNATURE	DATE
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I certify that the above accurately represents the duties of the position and that I have reviewed these duties with the above-named employee.

PRINT SUPERVISOR NAME	SUPERVISOR'S SIGNATURE	DATE
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HRB APPROVAL DATE	C&P ANALYST INITIALS
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