

DUTY STATEMENT

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.		
	<u>ESSENTIAL FUNCTIONS</u>		
	(Essential Functions Continued on Page 2)		

DUTY STATEMENT

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. <u>ESSENTIAL FUNCTIONS</u>
--	--

(Marginal Functions on Page 3)

DUTY STATEMENT

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. <u>MARGINAL FUNCTIONS</u>
---	--

(Expectations & Requirements on Page 4)

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:

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