

State of California - Department of Social Services

DUTY STATEMENT

EMPLOYEE NAME:

CLASSIFICATION:

POSITION NUMBER:

DIVISION/BRANCH/REGION: *(UNDERLINE ALL THAT APPLY)*BUREAU/SECTION/UNIT: *(UNDERLINE ALL THAT APPLY)*

SUPERVISOR'S NAME:

SUPERVISOR'S CLASS:

SPECIAL REQUIREMENTS OF POSITION *(CHECK ALL THAT APPLY):*

- ☐ Designated under Conflict of Interest Code.
- ☐ Duties require participation in the DMV Pull Notice Program.
- ☐ Requires repetitive movement of heavy objects.
- ☐ Performs other duties requiring high physical demand. *(Explain below)*
- ☐ None
- ☐ Other *(Explain below)*

I certify that this duty statement represents an accurate description of the essential functions of this position.

I have read this duty statement and agree that it represents the duties I am assigned.

SUPERVISOR'S SIGNATURE

DATE

EMPLOYEE'S SIGNATURE

DATE

SUPERVISION EXERCISED *(Check one):*

- ☐ None ☐ Supervisor ☐ Lead Person ☐ Team Leader

FOR SUPERVISORY POSITIONS ONLY: Indicate the number of positions by classification that this position DIRECTLY supervises.

Total number of positions for which this position is responsible:

FOR LEADPERSONS OR TEAM LEADERS ONLY: Indicate the number of positions by classification that this position LEADS.

MISSION OF ORGANIZATIONAL UNIT:

CONCEPT OF POSITION:

A. RESPONSIBILITIES OF POSITION:

B. SUPERVISION RECEIVED:

C. ADMINISTRATIVE RESPONSIBILITY:

D. PERSONAL CONTACTS:

E. ACTIONS AND CONSEQUENCES:

F. OTHER INFORMATION:

State of California - Department of Social Services

DUTY STATEMENT

EMPLOYEE NAME:

CLASSIFICATION:

POSITION NUMBER:

DIVISION/BRANCH/REGION: *(UNDERLINE ALL THAT APPLY)*BUREAU/SECTION/UNIT: *(UNDERLINE ALL THAT APPLY)*

SUPERVISOR'S NAME:

SUPERVISOR'S CLASS:

SPECIAL REQUIREMENTS OF POSITION *(CHECK ALL THAT APPLY):*

- ☐ Designated under Conflict of Interest Code.
- ☐ Duties require participation in the DMV Pull Notice Program.
- ☐ Requires repetitive movement of heavy objects.
- ☐ Performs other duties requiring high physical demand. *(Explain below)*
- ☐ None
- ☐ Other *(Explain below)*

I certify that this duty statement represents an accurate description of the essential functions of this position.

I have read this duty statement and agree that it represents the duties I am assigned.

SUPERVISOR'S SIGNATURE

DATE

EMPLOYEE'S SIGNATURE

DATE

SUPERVISION EXERCISED *(Check one):*

- ☐ None ☐ Supervisor ☐ Lead Person ☐ Team Leader

FOR SUPERVISORY POSITIONS ONLY: Indicate the number of positions by classification that this position DIRECTLY supervises.

Total number of positions for which this position is responsible:

FOR LEADPERSONS OR TEAM LEADERS ONLY: Indicate the number of positions by classification that this position LEADS.

MISSION OF ORGANIZATIONAL UNIT:

CONCEPT OF POSITION:

A. RESPONSIBILITIES OF POSITION:

B. SUPERVISION RECEIVED:

C. ADMINISTRATIVE RESPONSIBILITY:

D. PERSONAL CONTACTS:

E. ACTIONS AND CONSEQUENCES:

F. OTHER INFORMATION: