

DUTY STATEMENT

Classification:	
Working Title:	
Program:	
Division:	
Branch:	
Section:	
Unit:	
Office Location:	
COI Position: ☐ Yes ☐ No	Telework Eligible: ☐ Yes ☐ No
CBID:	Position Number:
Bilingual Position: ☐ Yes ☐ No	Specify Language:
This position requires the incumbent to perform their essential functions; maintain consistent and regular attendance in-person and/or virtually; to communicate effectively and professionally, both orally and in writing; to develop and maintain knowledge and skills related to specific tasks, methodologies, materials, tools, and equipment; to complete assignments in a timely manner; and to adhere to departmental policies and procedures regarding attendance and conduct including those outlined in the Health Administrative Manual and the DHCS Telework Program. To promote collaboration and connection, essential functions are generally in-person consistent with the DHCS Telework Program and pursuant to an approved Telework Agreement.	
Job Summary:	

Job Summary (cont):

The duties contained in this job description reflect general details as necessary to describe the principal functions of this job. It should not be considered an all-inclusive listing of work requirements. The incumbent of this position may perform other duties (commensurate with this classification) as assigned, including work in other functional areas to cover during absences, to equalize peak work periods or to otherwise balance the workload.

Description of Duties:	
% of Time	Essential Functions

Description of Duties:	
% of Time	Essential Functions

Description of Duties	
% Of Time	Essential Functions
% Of Time	Marginal Functions

Supervision Received: _____ by the (enter supervisor classification):

_____.

Supervision Exercised: (check all that apply)☐ Non-Supervisory Classification / None☐ Clerical Staff☐ Analytical Staff☐ Technical Staff☐ Professional Staff☐ Supervisory Staff☐ Managerial Staff**Special Requirements:**☐ Medical Evaluation /Clearance☐ Typing Certificate☐ Valid Driver's License☐ Background Check / Finger Printing Clearance☐ Valid Professional License (please specify): _____**Desirable Qualifications:****Working Conditions (Check all that apply):**

Prolonged Periods of:

☐ Standing ☐ Sitting ☐ Kneeling ☐ Bending

Travel May be Required:

☐ Occasional ☐ Over Night

Requires Lifting of Heavy Objects up to: _____

Acknowledgements:**Human Resources Acknowledgement:** The Human Resources Division has reviewed and approved this duty statement.

Analyst Name:

Analyst Signature:

Date:

Employee Acknowledgement: I have discussed with my supervisor the duties of the position and have received a copy of this duty statement.

Employee Name:

Employee Signature:

Date:

Supervisor Acknowledgement: I certify this duty statement represents an accurate description of the essential functions of this position. I have discussed the duties of this position with the employee and provided the employee a copy of this duty statement.

Supervisor Name:

Supervisor Signature:

Date: