DUTY STATEMENT
OFFICE TECHNICIAN (TYPING) – BOARD APPEALS
APPELLATE OPERATIONS

Under general direction, the Office Technician in the Document Processing & Reception Unit provides clerical support for appeal processing, which includes document management, general typing and other appeal work; and, handles inquiries from parties and provides customer service. The position requires the ability to follow board appeal protocols, to exercise initiative in performing assigned tasks involving a variety of responsibilities, and to demonstrate an understanding of first and second level appeals processes and Employment Development Department (EDD) procedures.

ESSENTIAL FUNCTIONS

Percentage	Function
40%	Appeal Documents/Correspondence: Scan incoming documents and case files; route documents electronically to appropriate location for processing. Process requests for documents/records from case files; copy and distribute or mail documents to appropriate parties or staff. Process correspondence and forms for mailing or distribution and assist with other document management tasks as needed. Perform these tasks in a timely manner, with a high degree of accuracy, and following board appeal protocols.
25%	Closing Cases and Distribution of Decisions: Utilize reports and queues to electronically process decisions; verify decisions are in order; ensure parties' information is accurate; identify Remands, Errata, Orders, Multi-claimants, and other special programs requiring special handling. Notify supervisor of any errors throughout the process. Distribute paper and electronic documents to parties, EDD, representatives and to CUIAB field offices per the established schedule(s), as appropriate. Close cases electronically with current date in the enhanced California Appeals Tracking System (eCATS).
20%	Reception/Customer Service: Answer telephone calls, respond to sensitive inquiries about the board appeal cases, use the computer to retrieve and verify information for members of the public and interested parties, and greet and direct visitors.
10%	Assist with other appeal typing and processing duties as needed, and make suggestions for improvement of processes.
5%	Perform other duties as assigned.

OFFICE TECHNICIAN (TYPING) – BOARD APPEAL ASSISTANT
DOCUMENT MANAGEMENT & RECEPTION UNIT

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

EMPLOYEE'S PRINTED NAME	***EMPLOYEE'S SIGNATURE***	***DATE***

I have discussed the duties of this position with the employee.

SUPERVISOR'S PRINTED NAME	***SUPERVISOR'S SIGNATURE***	***DATE***

OFFICE TECHNICIAN (TYPING) – BOARD APPEAL ASSISTANT
DOCUMENT MANAGEMENT & RECEPTION UNIT

ESSENTIAL FUNCTIONS

Activity	Not Required	Less than 25%	25% to 49%	50% to 74%	75% or More
VISION					X
HEARING					X
SPEAKING				X	
WALKING				X	
SITTING					X
STANDING		X			
BALANCING		X			
CONCENTRATION					X
COMPREHENSION					X
WORKING INDEPENDENTLY					X
LIFTING UP TO 10 LBS OCCASIONALLY		X			
LIFTING UP TO 25 LBS OCCASIONALLY AND/OR 10 LBS FREQUENTLY		X			
KEYBOARDING					X
REACHING				X	
CARRYING		X			
CLIMBING		X			
BENDING AT WAIST		X			
KNEELING		X			
PUSHING OR PULLING			X		
HANDLING					X
DRIVING		X			
OPERATING EQUIPMENT		X			
WORKING INDOORS					X
WORKING OUTDOORS	X				
WORKING IN CONFINED SPACE		X			
TRAVELING		X			

Are you able to perform the above-listed essential functions of the job, or are you prevented from doing so due to a physical or mental condition or limitations that may affect your ability to perform these functions?

☐ Yes. I am able to perform all of the above-listed essential functions of the job and have no physical or mental condition or limitation, which would prevent or otherwise impair me from doing so. (If checked, sign below. It is not necessary to read the following page.)

☐ Yes. I am able to perform all of the above-listed essential functions of the position, but will require reasonable accommodation (to be provided by the hiring authority as more specifically noted on the following page) in order to do so.

☐ No. I am unable to perform one or more of the above-listed essential functions of the job, even with reasonable accommodation.

☐ I am not sure if I am able to perform one or more of the above listed essential functions of the job. (On the following page, please identify the functional limitations you have which you believe may limit your ability to perform the essential functions of the job.)

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Applicant's Signature Date Signed

OFFICE TECHNICIAN (TYPING) – BOARD APPEAL ASSISTANT
DOCUMENT MANAGEMENT & RECEPTION UNIT

I AM REQUESTING THE FOLLOWING REASONABLE ACCOMMODATION(S) FOR THOSE ESSENTIAL FUNCTION(S) LISTED BELOW:

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_____

I certify that I have provided true and complete information concerning my health. (Any misrepresentation or material omission may be cause for dismissal.)

_____

Applicant's Signature Date Signed

☐ **Approved** ☐ **Reasonable Accommodation**

If reasonable accommodation requested, state job related rationale and have prospective employee complete the above portion of this form.

_____

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_____

Reviewing Authority Signature Date Signed Telephone Number

_____

Reasonable Accommodation Coordinator Date Signed