

**DEPARTMENT OF JUSTICE
DIVISION OF LAW ENFORCEMENT
BUREAU OF INVESTIGATION
Fentanyl Enforcement Program**

JOB TITLE: Special Agent

STATEMENT OF DUTIES: Conducts criminal, civil, and special investigations related to the Fentanyl Enforcement Program.

SUPERVISION RECEIVED: Reports directly to the Special Agent Supervisor.

SUPERVISION EXERCISED: None.

TYPICAL PHYSICAL DEMANDS: See attached.

TYPICAL WORKING CONDITIONS: The Special Agent will primarily work in a field environment that may include: remote crime scenes, harsh weather conditions, irregular work hours, statewide travel, confined quarters, and occasionally a general office environment or an enclosed non-windowed workspace in a smoke-free environment.

ESSENTIAL FUNCTIONS:

40% Conducts criminal, civil, and special investigations related to the Fentanyl Enforcement Program.

MARGINAL FUNCTIONS:

15% Prepares written investigative reports.

10% Gathers evidence including photographic evidence.

10% Coordinates investigations with other law enforcement agencies.

10% Uses and maintains investigative and protective equipment.

10% Testifies in court and grand jury proceedings; files complaints for prosecution with local district attorney; makes arrests as a result of investigations.

5% Conducts training for peace officers and other Special Agents; assumes the duties of a Special Agent Supervisor when delegated; and performs other duties as required.

I have read and understand the essential functions and typical physical demands required of this job (please check one of the boxes below regarding a Reasonable Accommodation):

- ☐ I am able to complete the essential functions and typical physical demands of the job without a need for a reasonable accommodation.
- ☐ I am able to complete the essential functions and typical physical demands of the job, but will require a reasonable accommodation. I will discuss my reasonable accommodation request with my supervisor.
- ☐ I am unable to perform one or more of the essential functions and typical physical demands of the job, even with a reasonable accommodation.
- ☐ I am not sure that I will be able to perform one or more of the essential functions and typical physical demands of the job, and will discuss the functional limitations I have with my supervisor.

Employee's Signature

Date

Supervisor's Signature

Date