Employment Development Department
State of California

☒ Current
☐ Proposed

POSITION STATEMENT

1. POSITION INFORMATION	
CIVIL SERVICE CLASSIFICATION:	WORKING TITLE:
Disability Insurance Program Representative	***DI Services Representative***
NAME OF INCUMBENT:	POSITION NUMBER:
Click here to enter text.	280-204-9233-XXX
OFFICE/SECTION/UNIT:	SUPERVISOR'S NAME:
ARU 204 Fresno	*Click here to enter text.*
DIVISION:	SUPERVISOR'S CLASSIFICATION:
Field Operations Division	Disability Insurance Program Manager I
BRANCH:	REVISION DATE:
Disability Insurance Branch	3/26/2021

Duties Based on: ☒ FT ☐ PT– Fraction _____ ☐ INT ☐ Temporary – _____ hours

2. REQUIREMENTS OF POSITION

Check all that apply:

☐ Conflict of Interest Filing (Form 700) Required
☐ May be Required to Work in Multiple Locations
☐ Requires DMV Pull Notice
☒ Travel May be Required
☒ Call Center/Counter Environment
☒ Requires Fingerprinting & Background Check
☐ Bilingual Fluency *(specify below in Description)*
☐ Other *(specify below in Description)*

Description of Position Requirements:
(e.g., qualified Veteran, Class C driver's license, bilingual, frequent travel, graveyard/swing shift, etc.)

On rare occasions, local travel required for training opportunities.

3. DUTIES AND RESPONSIBILITIES OF POSITION

Summary Statement:
(Briefly describe the position's organizational setting and major functions)

Under supervision, the Disability Insurance (DI) Services Representative will determine claimant eligibility for State Disability Insurance (SDI) Program benefits including Disability Insurance, Paid Family Leave, and Nonindustrial Disability; will conduct fact-finding interviews, respond to inquiries, and perform claim processing activities in accordance with laws, regulations, rules and policies; will provide prompt, accurate and courteous customer service; may develop and provide training that emphasizes the consistent application of law, regulation, policy and procedures, appropriate medical duration control techniques, program integrity practices and processes, will record and maintain overpayment (OP) documents in accordance with current over-payment policies and procedures, process OPs, conduct follow up collection actions for both claimant and third party overpayments with appropriate documentation. May act as an expert witness before the California Unemployment Insurance Appeals Board.

Must comply with office security requirements. Travel and/or overtime may be required.

EXPECTATION – MISSION, VISION, GOALS

The incumbent contributes toward the growth of the DI Branch into a customer-focused service organization by following and applying SDI Branch cultural principles. The incumbent is required to have knowledge of the principles of the SDI

Branch programs. Protect program integrity by identifying and reporting any suspected fraudulent claims and/or activities.

Percentage of Duties	Essential Functions
35%	Review, investigate, and determine claimant eligibility for SDI benefits, in person, via the internet, or over the telephone, in any SDI office, in accordance with applicable laws, rules, regulations, and policies outlined in the State Disability Insurance policies and procedures manuals. Issue notification to the claimant when applicable. Authorize and issue SDI benefit payments to eligible claimants. Process and maintain OP documents and records in accordance with current policies and procedures as established in the Procedures Manuals. Establish third party Workers' Compensation (WC) OP and take appropriate collection actions. Route claimant OPs to the Benefit Overpayment Collection Section within Tax Branch for processing. May process all remittances on WC overpayments and mail payment receipts to the appropriate parties when required; process all adjustments to established overpayments. Assist in planning and delivering on-the-job training, reinforcing concepts and skills introduced in training; provide guidance throughout the training and development period. Practice consistent application of law, regulation, policy, and procedures through use of appropriate manuals and reference materials.
30%	Conduct fact-finding interviews with claimants, medical providers, employers and other contacts; document and notate all facts, findings, actions, and decisions in accordance with established procedures.
25%	Provide SDI Program customer service in accordance to office standards. Respond to claimant, medical providers, employers, and third party inquiries through written, internet, telephone, or in-person contact; inform interested parties of their rights and responsibilities under the SDI Program.
Percentage of Duties	**Marginal Functions**
5%	Participate in meetings, work groups, special projects, or focus groups as needed. May act as facilitator for unit or field office meetings, or participate in public information activities.
5%	Perform other duties as assigned.

4. WORK ENVIRONMENT *(Choose all that apply)*

Standing: Occasionally - activity occurs < 33%	Sitting: Continuously - activity occurs > 66%
Walking: Occasionally - activity occurs < 33%	Temperature: Temperature Controlled Office Environment
Lighting: Artificial Lighting	Pushing/Pulling: Occasionally - activity occurs < 33%
Lifting: Occasionally - activity occurs < 33%	Bending/Stooping: Occasionally - activity occurs < 33%

Other: *Click here to enter text.*

Type of Environment:

☐ High Rise ☒ Cubicle ☐ Warehouse ☐ Outdoors ☐ Other:

Interaction with Customers:

☐ Required to work in the lobby
☒ Required to work at a public counter
☒ Required to assist customers on the phone
☒ Required to assist customers in person
☐ Other:

5. SUPERVISION EXERCISED:

(List total per each classification of staff)

Civil Service Classification
Disability Insurance Program Representative

Position Number
280-204-9233-XXX

N/A

6. SIGNATURES

Employee's Statement:
I have reviewed and discussed the duties and responsibilities of this position with my supervisor and have received a copy of the Position Statement.

Employee's Name:

Employee's Signature: Date:

Supervisor's Statement:
I have reviewed the duties and responsibilities of this position and have provided a copy of the Position Statement to the employee.

Supervisor's Name:

Supervisor's Signature: Date:

7. HRSD USE ONLY

Personnel Management Group (PMG) Approval

☒ Duties meet class specification and allocation guidelines. ☐ Exceptional allocation, STD-625 on file.	PMG Analyst Initials	Date Approved
	MM	11/5/2026

Reasonable Accommodation Unit use ONLY *(completed after appointment, if needed)*

If a Reasonable Accommodation is necessary, please complete a Request for Reasonable Accommodation (DE 8421) form and submit to Human Resource Services Division (HRSD), Reasonable Accommodation Coordinator.

List any Reasonable Accommodations made:

Supervisor: After signatures are obtained, make 2 copies:

- Send a copy to HRSD (via your Attendance Clerk) to file in the employee's Official Personnel File (OPF)
- Provide a copy to the employee
- File original in the supervisor's drop file