CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
POSITION DUTY STATEMENT

☐ PROPOSED

☒ CURRENT

CDCR INSTITUTION OR HEADQUARTERS PROGRAM	POSITION NUMBER (Agency-Unit-Class-Serial)			MCR / HCR
Office of Internal Affairs	065-163-1139-XXX			
DIVISION / UNIT	CLASSIFICATION TITLE			
	Office Technician (Typing)			
	WORKING TITLE			
	Office Technician (Typing)			
Allegation Investigation Unit (AIU)	TIME BASE / TENURE	CBID	WWG	COI
	P/FT	R04	2	Yes ☐ No ☒
LOCATION	INCUMBENT		EFFECTIVE DATE	
3110 E. Guasti Road, Ontario, CA 91761				

CDCR'S MISSION, VISION and COMMITMENT

Mission
To facilitate the successful reintegration of the individuals in our care back to their communities equipped with the tools to be drug-free, healthy, and employable members of society by providing education, treatment, rehabilitative, and restorative justice programs, all in a safe and humane environment.

Vision
We enhance public safety and promote successful community reintegration through education, treatment, and active participation in rehabilitative and restorative justice programs.

Commitment
The California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) are committed to transforming the correctional landscape to create safer, more professional, and more fulfilling environments for our employees, the incarcerated population, and those supervised in our communities. Through systemwide improvements grounded in proven and emerging practices, we aim to strengthen rehabilitation, enhance workplace satisfaction, and support successful reentry into the community through our institutions, parole, and community partnerships. Our shared mission is to promote safety, wellness, and human dignity while fostering positive change for all those who live and work within our institutions and communities.

CDCR and CCHCS are committed to building an inclusive respectful workplace. We are determined to attract and hire candidates from all communities and empower employees from a variety of backgrounds, perspectives, and personal experiences. We are proud to foster inclusion and drive collaborative efforts at all levels of the Department.

DIVISION OVERVIEW

The Office Technician (Typing) is under the direction of the Office of Internal Affairs (OIA) Allegation Investigation Unit (AIU) Captain, AI. The OT (T) will indirectly report to the Regional Administrator as their second line supervisor.

GENERAL STATEMENT

The Office Technician (OT) (Typing) provides administrative, clerical, and typing support to the Allegation Investigation Unit (AIU) Southern Region. Some travel may be required.

% of time performing duties	Indicate the duties and responsibilities assigned to the position and the percentage of time spent on each. Group related tasks under the same percentage with the highest percentage first.
40%	Provide general receptionist duties and clerical support for the AIU, to include use of a personal computer and database applications to: log staff complaint inquiries, screen complaints against staff, develop, process, maintain, track, and prepare reports, statistics, and logs. Perform data entry and process travel claims, case files, timesheets, and mileage logs. When directed; prepare reports, memorandums, correspondence and documents for staff/supervisor review and/or signature. Work independently to determine the appropriate data entry and tracking logs/reports are accurately maintained and produced.
30%	Answer incoming telephone calls and direct calls appropriately; using good judgement and discretion in answering questions and giving information. Take messages which may include confidential and/or sensitive information. Assist with preparation of training, travel requests, and other forms. Track and log completed training.
25%	

5%	Process all incoming/outgoing mail, and distribute accordingly. Inventory and order general office supplies for the unit. Perform timekeeping duties and act as a liaison for personnel and timekeeping related issued. Performs other job related duties as required including, but not limited to; participate on project workgroups and teams, adhere to Department policies, rules and procedures, submit administrative requests including leave, travel, and training in a timely and appropriate manner, accurately report time, and submit timesheets by the due date, and other related duties as directed by management. Attend mandatory annual non-custody training and other required training.

SPECIAL PERSONAL CHARACTERISTICS

- Influence, change, and strengthen the community. Set an example each day through positive and pro-social role modeling, utilizing dynamic security concepts through observation and building rapport.
- Willingness to play a significant role in the collaborative efforts toward rehabilitation and public safety enhancement.
- Ability to facilitate conversations as a coach and mentor, engaging in a respectful and understanding manner.
- Ability to build trust, improve communication, and assist with the transformation of correctional culture.

SPECIAL REQUIREMENTS

- CDCR does not recognize hostages for bargaining purposes. CDCR has a "NO HOSTAGE" policy, and all incarcerated people, visitors, non-employees, and employees shall be made aware of this. .

CONSEQUENCE OF ERROR

- Consequences of error may result in loss of time and could cause significant delays in program production. Such delays can result in inefficient use or misdirection of department resources resulting in the inability to meet efficiency and timeline goals, and varying degrees of negative financial impacts to the department.

To be reviewed and signed by the supervisor and employee:

EMPLOYEE'S STATEMENT:

- *I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH MY SUPERVISOR AND RECEIVED A COPY OF THIS DUTY STATEMENT.*

EMPLOYEE'S NAME (Print)	EMPLOYEE'S SIGNATURE	DATE

SUPERVISOR'S STATEMENT:

- *I CERTIFY THIS DUTY STATEMENT REFLECTS CURRENT AND AN ACCURATE DESCRIPTION OF THE ESSENTIAL FUNCTIONS OF THIS POSITION*
- *I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH THE EMPLOYEE AND PROVIDED THE EMPLOYEE A COPY OF THIS DUTY STATEMENT.*

SUPERVISOR'S NAME (Print)	SUPERVISOR'S SIGNATURE	DATE