

### DUTY STATEMENT

PR LOG #:

CIVIL SERVICE CLASSIFICATION <input type="text"/>	WORKING TITLE <input type="text"/>
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BRANCH <input type="text"/>	DIVISION <input type="text"/>	OFFICE <input type="text"/>
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CBID <input type="text"/>	WWG <input type="text"/>	PCN <input type="text"/>	POSITION NUMBER <input type="text"/>	SPECIFIC LOCATION (CITY) <input type="text"/>
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PROBATIONARY PERIOD <input type="text"/>	TENURE <input type="text"/>	TIME BASE <input type="text"/>	BILINGUAL POSITION <input type="text"/>
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TELEWORK OPTION <input type="text"/>	SAFETY SENSITIVE POSITION <input type="text"/>	CONFLICT OF INTEREST CLASSIFICATION <input type="text"/>
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DIRECTION STATEMENT AND GENERAL DESCRIPTION OF DUTIES

CONDUCT, ATTENDANCE, AND PERFORMANCE EXPECTATIONS

SUPERVISION BY

SUPERVISORY RESPONSIBILITIES

WORKING CONDITIONS AND PHYSICAL REQUIREMENTS

**ESSENTIAL/NON-ESSENTIAL FUNCTIONS**

Relative % of Time Required:	<input type="text"/>	<input type="checkbox"/> Essential Function	<input type="checkbox"/> Non-Essential Function
Duties Performed			

Relative % of Time Required:	<input type="text"/>	<input type="checkbox"/> Essential Function	<input type="checkbox"/> Non-Essential Function
Duties Performed			

Relative % of Time Required:	<input type="text"/>	<input type="checkbox"/> Essential Function	<input type="checkbox"/> Non-Essential Function
Duties Performed			



**SPECIAL/ADDITIONAL REQUIREMENTS AND DESIRABLE QUALIFICATIONS**

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**PERSONAL CONTACTS**

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**EMPLOYEE ACKNOWLEDGEMENT**

*I have read and understand the duties and requirements listed above, and I am able to perform these duties with or without an accommodation. (If you believe an accommodation may be necessary, or if unsure of a need for an accommodation, inform the hiring supervisor or the Accommodations Coordinator at Accommodations@cde.ca.gov.)*

EMPLOYEE NAME	EMPLOYEE SIGNATURE	DATE

**MANAGER/SUPERVISOR ACKNOWLEDGEMENT**

*I certify this duty statement represents a current and accurate description of the essential functions of the position. I have discussed the duties of this position with the employee and provided the employee a copy of this duty statement.*

MANAGER/SUPERVISOR NAME	MANAGER/SUPERVISOR SIGNATURE	DATE

HRD C&P ANALYST	HRD APPROVAL DATE	EFFECTIVE DATE	DATE UPLOADED

**This form will be kept in the employee's Official Personnel File.**

Original - Classifications & Pay Office

Copies - Employee and Supervisor