

State of California
AIR RESOURCES BOARD
DUTY STATEMENT

EMPLOYEE NAME:

CURRENT DATE:

CLASSIFICATION:

POSITION #:

DIVISION/OFFICE:

CBID:

SECTION:

SUPERVISOR'S NAME:

SUPERVISOR'S CLASS:

I certify that this duty statement represents an accurate description of the essential functions of this position.

I have read this duty statement and agree that it represents the duties I am assigned.

Supervisor's Signature

Date

Employee's Signature

Date

SPECIAL REQUIREMENTS OF POSITION (IF ANY):

- Designated under Conflict of Interest Code.
- Duties performed may require annual physical.
- Duties performed may require drug testing.
- Duties require participation in the DMV Pull Notice Program.
- Requires the utilization of a 32-pound self-contained breathing apparatus.
- Operates heavy motorized vehicles.
- Requires repetitive movement of heavy objects.
- Works at elevated heights or near fast moving machinery or traffic.
- Performs other duties requiring high physical demand. (Explain below)

SUPERVISION EXERCISED (check one):

- None
- Supervisor

- Lead Person
- Team Leader

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FOR SUPERVISORY POSITIONS ONLY: Indicate the number of positions by classification that this position DIRECTLY supervises:

Total number of positions in Section/Branch/Office for which this position is responsible:

FOR LEADPERSONS OR TEAM LEADERS ONLY: Indicate the number of positions by classification that this position LEADS:

MISSION OF SECTION:

CONCEPT OF POSITION:

% Of Time RESPONSIBILITIES OF POSITION