**California Department of Food and Agriculture**

**Program Name**

**Classification Name**

**Duty Statement**

**I. Program/Position Identification**

This should consist of two paragraphs.

**Paragraph #1** – Describes the Division/Branch/District Agricultural Association (DAA).

**Paragraph #2** Describes how the position fits in the Division/Branch/DAA. Don’t forget to identify the supervisory reporting relationship for the employee.

(Remove the verbiage below if the classification is not managerial, supervisory, or in a leadership role.)

As a leader in State government, the incumbent is responsible to develop and inspire their workforce and deliver great results for Californians and CDFA. The incumbent must set a clear vision to achieve productive results by developing plans to meet goals, leverage staff skills, and solve problems; build collaborative relationships and foster an inclusive environment for consensus-building and decision-making; coach, guide, train, instruct, and develop team members; empower staff through a sense of shared ownership and decision-making; create an open and transparent environment for the exchange of information; foster a team environment through the support and recognition of team members; promote customer service and accountability; motivate loyalty to the Department’s/Branch’s mission and commitment to drive continuous improvement for better results. The incumbent must inspire personal credibility through authenticity, confidence, consistency, courage, decisiveness, generosity, honesty, integrity, and judgment.

**Classification:**

**Working Title:**

**License or Other Requirement:**

**Position Number:**

**Division/Branch/DAA:**

**Location:**

**Date Prepared:**

**Work Hours/Shift:**

#### II. Essential and Non-Essential Job Functions

1. **Essential Functions:**

**Function #1: Name of function**

**The total functions should equal 100%.**

**Each function may not be more than 50%.**

**Function #2: Name of function**

# Non-Essential Functions:

**Function #1 - Miscellaneous duties – 5% (Use the verbiage listed below in red)**

* **“Perform other job-related duties as requested by supervisor”**

### Work Environment

Identify the work environment here – i.e. location, indoor/outdoor, cubicle environment or office or field and standard equipment used.

1. **Employee’s Statement**

**(Initial applicable statement)**

**\_\_\_\_** I have read and understand the duties and essential functions of the position. I understand Reasonable Accommodation[[1]](#footnote-1) and how it applies to essential functions. I can perform the duties of this job without Reasonable Accommodation.

**OR**

**\_\_\_\_**  I have read and understand the duties and essential functions of the position. I understand Reasonable Accommodation1 and how it applies to essential functions. I will need Reasonable Accommodation to perform one or more of the essential functions described in this duty statement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature[[2]](#footnote-2) Date Supervisor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Print Name

**V. Essential Versus Non-Essential Job Function Documentation**

1. **To determine if a function is essential or non-essential, answer the following questions for *each task* identified:**

Function:

1. Does the incumbent presently perform this function? ❑ Yes ❑ No

2. Did the prior incumbent perform this function? ❑ Yes ❑ No

3. Are there a limited number of employees available to perform this function?

❑ Yes ❑ No

4. Does performance of this function require highly specialized knowledge, skill or expertise?

❑ Yes ❑ No

5. If the answer to #4 is yes, was the incumbent hired for his/her specialized knowledge, skill or expertise? ❑ Yes ❑ No

6. Does the position exist to perform this function? ❑ Yes ❑ No

7. Does the prior job description list this function? ❑ Yes ❑ No

8. What percentage of the incumbent’s time is spent performing this function?

9. Consider the consequences if the incumbent failed to perform this function.

* Who would perform this function?
* Can the function be easily re-assigned? ❑Yes ❑ No
* How would this function get done? Reassign to other staff, but would overburden them due to small number of staff at this level.
* What operational difficulties, if any, would result if this function were not done?
* Are there any “legal” consequences for the Program if this function does not get done?
* Is this function documented somewhere other than the duty statement, e.g., classification study, project, job analysis, etc.?

10. After answering the above questions, how would you designate this function?

❑ Essential ❑ Non-Essential

Function:

1. Does the incumbent presently perform this function? ❑ Yes ❑ No

2. Did the prior incumbent perform this function? ❑ Yes ❑ No

3. Are there a limited number of employees available to perform this function?

❑ Yes ❑ No

4. Does performance of this function require highly specialized knowledge, skill or expertise? ❑ Yes ❑ No

5. If the answer to #4 is yes, was the incumbent hired for his/her specialized knowledge, skill or expertise? ❑ Yes ❑ No

6. Does the position exist to perform this function? ❑ Yes ❑ No

7. Does the prior job description list this function? ❑Yes ❑ No

8. What percentage of the incumbent’s time is spent performing this function?

9. Consider the consequences if the incumbent failed to perform this function.

* Who would perform this function?
* Can the function be easily re-assigned? ❑ Yes ❑ No
* How would this function get done? What operational difficulties, if any, would result if this function were not done? Are there any “legal” consequences for the Program if this function does not get done?
* Is this function documented somewhere other than the duty statement, e.g., classification study, project, job analysis, etc.?

10. After answering the above questions, how would you designate this function?

❑ Essential ❑ Non-Essential

Function:

1. Does the incumbent presently perform this function? ❑ Yes ❑ No

2. Did the prior incumbent perform this function? ❑ Yes ❑ No

3. Are there a limited number of employees available to perform this function?

❑ Yes ❑ No

4. Does performance of this function require highly specialized knowledge, skill or expertise? ❑ Yes ❑ No

5. If the answer to #4 is yes, was the incumbent hired for his/her specialized knowledge, skill or expertise? ❑ Yes ❑ No

6. Does the position exist to perform this function? ❑ Yes ❑ No

7. Does the prior job description list this function? ❑ Yes ❑ No

8. What percentage of the incumbent’s time is spent performing this function?

9. Consider the consequences if the incumbent failed to perform this function.

* Who would perform this function?
* Can the function be easily re-assigned? ❑ Yes ❑ No
* How would this function get done?
* What operational difficulties, if any, would result if this function were not done?
* Are there any “legal” consequences for the Program if this function does not get done?
* Is this function documented somewhere other than the duty statement, e.g., classification study, project, job analysis, etc.?

10. After answering the above questions, how would you designate this function?

❑ Essential ❑ Non-Essential

Function:

1. Does the incumbent presently perform this function? ❑ Yes ❑ No

2. Did the prior incumbent perform this function? ❑ Yes ❑ No

3. Are there a limited number of employees available to perform this function?

❑ Yes ❑ No

4. Does performance of this function require highly specialized knowledge, skill or expertise? ❑ Yes ❑ No

5. If the answer to #4 is yes, was the incumbent hired for his/her specialized knowledge, skill or expertise? ❑ Yes ❑ No

6. Does the position exist to perform this function? ❑ Yes ❑ No

7. Does the prior job description list this function? ❑ Yes ❑ No

8. What percentage of the incumbent’s time is spent performing this function?

9. Consider the consequences if the incumbent failed to perform this function.

* Who would perform this function?
* Can the function be easily re-assigned? ❑ Yes ❑ No
* How would this function get done?
* What operational difficulties, if any, would result if this function were not done?
* Are there any “legal” consequences for the Program if this function does not get done?
* Is this function documented somewhere other than the duty statement, e.g., classification study, project, job analysis, etc.?

10. After answering the above questions, how would you designate this function?

❑ Essential ❑ Non-Essential

Function:

1. Does the incumbent presently perform this function? ❑ Yes ❑ No

2. Did the prior incumbent perform this function? ❑ Yes ❑ No

3. Are there a limited number of employees available to perform this function?

❑ Yes ❑ No

4. Does performance of this function require highly specialized knowledge,

skill or expertise? ❑ Yes ❑ No

5. If the answer to #4 is yes, was the incumbent hired for his/her specialized knowledge, skill or expertise? ❑ Yes ❑ No

6. Does the position exist to perform this function? ❑ Yes ❑ No

7. Does the prior job description list this function? ❑ Yes ❑ No

8. What percentage of the incumbent’s time is spent performing this function?

9. Consider the consequences if the incumbent failed to perform this function.

* Who would perform this function?
* Can the function be easily re-assigned? ❑ Yes ❑ No
* How would this function get done?
* What operational difficulties, if any, would result if this function were not done?
* Are there any “legal” consequences for the Program if this function does not get done?
* Is this function documented somewhere other than the duty statement, e.g., classification study, project, job analysis, etc.?

10. After answering the above questions, how would you designate this function?

❑ Essential ❑ Non-Essential

**VI. Identification of Physical, Communication & Environmental Demands**

USE THE FOLLOWING TERMS TO ADDRESS FREQUENCY:

“Never” (N) – not performed

“Infrequently” (I) – happens less than once a day

“Occasionally” (O) – happens 1% to 33% of the day (1 minute to 2.4 hours)

“Frequently” (F) – happens 34% to 66% of the day (2.5 hours to 5.4 hours)

“Continuously” (C) – happens 67% to 100% of the day (5.5 hours to 8.0 hours)

### PHYSICAL DEMANDS – BODY POSITION OR MOVEMENTS

|  |  |  |
| --- | --- | --- |
| ESSENTIAL  JOB FUNCTIONS |  | **NON-ESSENTIAL**  **JOB FUNCTIONS** |
| **Frequency** | **Physical Activity** | **Frequency** |
|  | Walking |  |
|  | Stationary Standing |  |
|  | Sitting |  |
|  | Bending |  |
|  | Stooping |  |
|  | Squatting |  |
|  | Crawling |  |
|  | Climbing (stairs/ladders) |  |
|  | Reach Above Shoulder Height |  |
|  | Reach at Shoulder Height |  |
|  | Reach Below Shoulder Height |  |
|  | Kneeling |  |
|  | Balance Above Ground |  |
|  | Push/Pull |  |
|  | Twist at Waist |  |
|  | Upward Flexion of Neck |  |
|  | Downward Flexion of Neck |  |
|  | Side-to-Side Turning of Neck |  |
|  | Other |  |

1. **LIFTING:**

USE THE FOLLOWING TERMS TO ADDRESS FREQUENCY:

“Never” (N) – not performed

“Infrequently” (I) – happens less than once a day

“Occasionally” (O) – happens 1% to 33% of the day (1 minute to 2.4 hours)

“Frequently” (F) – happens 34% to 66% of the day (2.5 hours to 5.4 hours)

“Continuously” (C) – happens 67% to 100% of the day (5.5 hours to 8.0 hours)

**ESSENTIAL FUNCTIONS: Indicate frequency in the appropriate box.**

**If only lifted with assistance, place \* in appropriate box.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 oz. – 15 lbs. | 16 – 25 lbs. | 26 – 50 lbs. | 51- 75 lbs. | 76 – 100 lbs. | Over 100 lbs. |
| Below waist level |  |  |  |  |  |  |
| At waist level |  |  |  |  |  |  |
| At chest level |  |  |  |  |  |  |
| At shoulder level |  |  |  |  |  |  |
| Above shoulder level |  |  |  |  |  |  |

**NON-ESSENTIAL FUNCTIONS: Indicate frequency in the appropriate box.**

**If only lifted with assistance, place \* in appropriate box.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 1 oz. – 10 lbs. | 11 – 30 lbs. | 31 – 50 lbs. | 51- 75 lbs. | 76 – 100 lbs. | Over 100 lbs. |
| Below waist level |  |  |  |  |  |  |
| At waist level |  |  |  |  |  |  |
| At chest level |  |  |  |  |  |  |
| At shoulder level |  |  |  |  |  |  |
| Above shoulder level |  |  |  |  |  |  |

**C. CARRYING:**

USE THE FOLLOWING TERMS TO ADDRESS FREQUENCY:

“Never”(N) – not performed

“Infrequently” (I) – happens less than once a day

“Occasionally” (O) – happens 1% to 33% of the day (1 minute to 2.4 hours)

“Frequently” (F) – happens 34% to 66% of the day (2.5 hours to 5.4 hours)

“Continuously” (C) – happens 67% to 100% of the day (5.5 hours to 8.0 hours)

**ESSENTIAL FUNCTIONS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Weight | **Frequency** | **Distance (range)** | **Carried with assistance**  **( or N/A or Sometimes)** | **Object** |
| 1 oz. – 15 lbs. |  |  |  |  |
| 16 – 25 lbs. |  |  |  |  |
| 26 – 50 lbs. |  |  |  |  |
| 51 – 75 lbs. |  |  |  |  |
| 76 – 100 lbs. |  |  |  |  |
| Over 100 lbs. |  |  |  |  |

**NON-ESSENTIAL FUNCTIONS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Weight** | **Frequency** | **Distance (range)** | Carried with assistance  **( or N/A or Sometimes)** | **Object** |
| 1 oz. – 10 lbs. |  |  |  |  |
| 11 – 30 lbs. |  |  |  |  |
| 31 – 50 lbs. |  |  |  |  |
| 51 – 75 lbs. |  |  |  |  |
| 76 – 100 lbs. |  |  |  |  |
| Over 100 lbs. |  |  |  |  |

1. **ENVIRONMENTAL DEMANDS:**

USE THE FOLLOWING TERMS TO ADDRESS FREQUENCY:

“Never”(N) – not performed

“Infrequently” (I) – happens less than once a day

“Occasionally” (O) – happens 1% to 33% of the day (1 minute to 2.4 hours)

“Frequently” (F) – happens 34% to 66% of the day (2.5 hours to 5.4 hours)

“Continuously” (C) – happens 67% to 100% of the day (5.5 hours to 8.0 hours)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Exposure To:** | **Frequency** | Essential  **( or N/A or Sometimes)** | Non-Essential  **( or N/A or Sometimes)** | **Description** | **Required Safety Precautions** |
| Extreme cold |  |  |  |  |  |
| Extreme heat |  |  |  |  |  |
| Temperature swings |  |  |  |  |  |
| Extreme noise |  |  |  |  |  |
| Working outdoors |  |  |  |  |  |
| Working indoors |  |  |  |  |  |
| Extreme humidity |  |  |  |  |  |
| Mechanical/ Equipment hazards |  |  |  |  |  |
| Electrical hazards |  |  |  |  |  |
| Explosive hazards |  |  |  |  |  |
| Radiation hazards |  |  |  |  |  |
| Fumes and odors |  |  |  |  |  |
| Dust |  |  |  |  |  |
| Toxic substances |  |  |  |  |  |

1. **OBJECT MANIPULATION: Briefly describe the physical motion required.**

USE THE FOLLOWING TERMS TO ADDRESS FREQUENCY:

“Never” (N) – not performed

“Infrequently” (I) – happens less than once a day

“Occasionally” (O) – happens 1% to 33% of the day (1 minute to 2.4 hours)

“Frequently” (F) – happens 34% to 66% of the day (2.5 hours to 5.4 hours)

“Continuously” (C) – happens 67% to 100% of the day (5.5 hours to 8.0 hours)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Object/**  **Description** | **How Manipulated** | Frequency | Essential  **( or N/A or Sometimes)** | **Non-Essential** |
| Telephone/answering machine |  |  |  |  |
| General office supplies |  |  |  |  |
| Keyboard |  |  |  |  |
| Fax/copy machines |  |  |  |  |
| Bin |  |  |  |  |
| Carts |  |  |  |  |
| Calculator |  |  |  |  |
| Radio scanner |  |  |  |  |
| Manuals, binders |  |  |  |  |
| Pen/pencil |  |  |  |  |
| Agricultural contraband |  |  |  |  |
| Paint buckets |  |  |  |  |

1. **COMMUNICATION REQUIREMENTS: Identify the methods of communication that are essential in performing the job duties.**

USE THE FOLLOWING TERMS TO ADDRESS FREQUENCY:

“Never” (N) – not performed

“Infrequently” (I) – happens less than once a day

“Occasionally” (O) – happens 1% to 33% of the day (1 minute to 2.4 hours)

“Frequently” (F) – happens 34% to 66% of the day (2.5 hours to 5.4 hours)

“Continuously” (C) - happens 67% to 100% of the day (5.5 hours to 8.0 hours)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Method** | **Frequency** | Essential  **( or N/A or Sometimes)** | **Non-Essential** | **List job functions, which involve this communication demand.** |
| Seeing |  |  |  |  |
| Hearing |  |  |  |  |
| Speaking |  |  |  |  |
| Writing |  |  |  |  |
| Reading |  |  |  |  |
| Math |  |  |  |  |
| Hand Signals |  |  |  |  |
| Other |  |  |  |  |

**G. OPERATION OF MACHINERY, EQUIPMENT, VEHICLES OR TOOLS: During the work shift, does the job involve the operation of any vehicle, machinery, equipment or tools?**

USE THE FOLLOWING TERMS TO ADDRESS FREQUENCY:

“Never” (N) – not performed

“Infrequently” (I) – happens less than once a day

“Occasionally” (O) – happens 1% to 33% of the day (1 minute to 2.4 hours)

“Frequently” (F) – happens 34% to 66% of the day (2.5 hours to 5.4 hours)

“Continuously” (C) – happens 67% to 100% of the day (5.5 hours to 8.0 hours)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Vehicles, tools, equipment, machinery** | **Frequency** | Essential  **( or N/A or Sometimes)** | **Non-Essential** | **License or certificate required** |
| Automobile |  |  |  | **DRIVER’S LICENSE** |
| Wheel barrow |  |  |  |  |
| Knife |  |  |  |  |
| Hammer |  |  |  |  |
| Screwdriver |  |  |  |  |
| Wrenches |  |  |  |  |
| Pliers |  |  |  |  |
| Tape measure |  |  |  |  |
| Ladder |  |  |  |  |
| Plunger |  |  |  |  |
| Paint brushes |  |  |  |  |

**H. GENERAL INFORMATION:**

1. Breaks/Lunch/Overtime:

2. Must the work be performed at the job site? ❑ Yes ❑ No

If yes, why?

3. The work setting of this job can be characterized as: (Check all that apply)

❑ Informal ❑ Formal

❑ Team-oriented ❑ Autonomy-oriented

❑ Having routine tasks ❑ Having variable tasks

❑ Frequently fast-paced ❑ Typically slower-paced

❑ High pressure ❑ Low pressure

4. Number of employees in/at worksite?

5. Number of employees in same classification?

6. Public Contact? ❑ Yes ❑ No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name and Classification

(Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Completion Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revision Date

1. A reasonable accommodation is an adjustment or modification to a job or workplace that allows qualified employees or prospective employees to perform the essential functions of the job successfully. [↑](#footnote-ref-1)
2. Duties of this position are subject to change and may be revised as needed or required. If/when duties change you will be provided a revised duty statement to sign. [↑](#footnote-ref-2)