**Department Statement:**

*California is one of the most biodiverse places on the planet. As such, the Department of Fish and Wildlife (CDFW) values diverse employees working together to protect nature for all Californians. CDFW is committed to fostering an inclusive work environment where all backgrounds, cultures, and personal experiences can thrive and connect others to our critical mission.*

| **INSTRUCTIONS:** A duty statement and organizational chart must be submitted with each Request for Personnel Action, Form 242 | EFFECTIVE DATE |
| --- | --- |
|  |  |
| DFW DIVISION/BRANCH/REGION/OFFICE | POSITION NUMBER (Agency-Unit-Class-Serial) |
| UNIT NAME AND LOCATION | CLASS TITLE |
| INCUMBENT  | CURRENT POSITION NUMBER (Agency-Unit-Class-Serial) |
| BRIEFLY DESCRIBE THE POSITION’S ORGANIZATION SETTING AND MAJOR FUNCTIONSUnder the  |

| **PERCENTAGE 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. (USE THE REVERSE SIDE IF NECESSARY.) |
| --- | --- |
| % | **ESSENTIAL FUNCTIONS**:**NON-ESSENTIAL FUNCTIONS:****Every position needs to have non-essential functions. They can be no more than 10% of all functions. Non-Essential functions are functions that are transferrable that anybody in any classification can perform.*****For Example:* Perform administrative tasks, including tracking of time worked; attend career development and training programs, seminars as appropriate to contribute to the achievement of (Program/Region/Branch)’s goals and objectives.****Special Personal Characteristics:** .**Interpersonal Skills**: **WORKING CONDITIONS**:  |
| **SUPERVISOR’S STATEMENT**: **I HAVE DISCUSSED THE DUTIES OF THE POSITION WITH THE EMPLOYEE.** |
| **PRINT SUPERVISOR’S NAME** | **SUPERVISOR’S SIGNATURE** | **DATE** |
| **EMPLOYEE’S STATEMENT**: **I HAVE DISCUSSED WITH MY SUPERVISOR THE DUTIES OF THE POSITION AND HAVE RECEIVED A COPY OF THE DUTY STATEMENT.****I HAVE READ AND UNDERSTAND THE DUTIES AND ESSENTIAL FUNCTIONS OF THE POSITION AND CAN PERFORM THESE DUTIES WITH OR WITHOUT REASONABLE ACCOMMODATION.**  |
| **PRINT EMPLOYEE’S NAME** | **EMPLOYEE’S SIGNATURE** | **DATE** |