



**DEPARTMENT OF MENTAL HEALTH  
POLICY/PROCEDURE**

SUBJECT <b>STATEMENT OF DUTIES</b>	POLICY NO. <b>803.03</b>	EFFECTIVE DATE <b>10/01/1989</b>	PAGE <b>1 of 2</b>
APPROVED BY: <b>Original signed by: ROBERTO QUIROZ</b>  Director	SUPERSEDES <b>403.4 10/01/1989</b>	ORIGINAL ISSUE DATE <b>10/01/1989</b>	DISTRIBUTION LEVEL(S)  <b>1</b>

**PURPOSE**

- 1.1 To provide format guidelines for the preparation of a position Duty Statement.

**POLICY**

- 2.1 Format guidelines provided in this policy are to be followed whenever a Duty Statement is required.
- 2.2 Duty Statements are required when:
  - 2.1.1 A new position is being requested.
  - 2.1.2 A position is transferred from one budget unit to another.
  - 2.1.3 The duties and responsibilities of an existing position or classification significantly change.

**PROCEDURE**

- 3.1 Complete Form #PW19 (Attachment I) as follows:
  - 3.1.1 Indicate by means of a check or “x” whether the position is new, transferred, or a reclassification.
  - 3.1.2 Indicate the number of positions covered by the Statement of Duties. Only one classification title may be included on a statement.
  - 3.1.3 “Title Requested:” Indicate County classification title.
  - 3.1.4 “Division Name:” Indicate the division where the position will be budgeted.



SUBJECT	POLICY NO.	EFFECTIVE DATE	PAGE
<b>STATEMENT OF DUTIES</b>	<b>803.03</b>	<b>10/01/1989</b>	<b>2 of 2</b>

- 3.1.5 “DMH Cost Center:” Indicate the five digit cost center to which the position will be budgeted/assigned.
- 3.1.6 “Duties Station Assignment:” Provide general description of proposed duties.
- 3.1.7 “Title of Immediate Supervisor:” Indicate the budgeted title of the requested position’s immediate supervisor.
- 3.1.8 “Proposed Duties:” Narrative of specific job duties performed.
- 3.1.9 “Justification:” Provide a succinct rationale for the position.
- 3.1.10 Provide name, signature, title, and telephone number of requestor.
- 3.1.11 Provide date of request.

**AUTHORITY**

Department of Mental Health Policy

**ATTACHMENT (HYPERLINKED)**

- 1. [Form #PW19](#)

REQUEST NO. \_\_\_\_\_

STATEMENT OF DUTIES

NEW       TRANSFERRED       RECLASSIFICATION       POSITION

DEPARTMENT OF MENTAL HEALTH

No. of Positions: \_\_\_\_\_  
Classification Title Requested: \_\_\_\_\_

Organization Assignment (Complete through the applicable level):

- 1. Division Name: \_\_\_\_\_
- 2. DMH Cost Center: \_\_\_\_\_
- 3. Duties Station Assignment: \_\_\_\_\_
- 4. Title of Immediate Supervisor: \_\_\_\_\_

Proposed Duties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Justification:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requestor's Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date \_\_\_\_\_