

LOS ANGELES COUNTY – DEPARTMENT OF HEALTH SERVICES

HEALTH SERVICES ADMINISTRATION  
HUMAN RESOURCES

Position Title

Employee Name:  
Employee Number:  
Payroll Title:  
Functional Title:  
Item Number:  
FLSA Status/Bargaining Unit:  
Department/Service Area/Facility:  
Reports To:  
FLSA Status:  
Prepared By:  
Date Prepared:  
Date Approved:  
Date of Revision:

**POSITION SUMMARY**

**ESSENTIAL DUTIES AND RESPONSIBILITIES** include the following. Other duties may be assigned.

**SUPERVISORY RESPONSIBILITIES**

**QUALIFICATIONS** to perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**MINIMUM EDUCATION and/or EXPERIENCE REQUIREMENTS** [as defined by L.A. County classification specification]

**LANGUAGE SKILLS**

**MATHEMATICAL SKILLS**

**REASONING ABILITY**

**CERTIFICATES, LICENSES, REGISTRATIONS, PERMITS** [as defined by L. A. county classification specification and/or the California Business and Professions Code]

**PHYSICAL DEMANDS** The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**WORK ENVIRONMENT** The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**EMPLOYEE ACKNOWLEDGEMENT**

**My signature below acknowledges receipt of this position description, a copy of which will be placed in my official personnel file.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_