

PROPOSED

CURRENT

DUTY STATEMENT

Note: Shaded area is for Personnel Office use only.

		PERSONNEL REQUEST NO.	EFFECTIVE DATE
DIVISION California School for the Blind		POSITION NUMBER (Agency – Unit – Class – Serial) 184-530-9712-009	
UNIT Residential Services		POSITION CONTROL NO.	
INCUMBENT		CLASS TITLE Night Attendant	
Briefly (1 or 2 sentences) describe the position's organizational setting and major functions.			
Under the general supervision of the Night Supervising Counselor at the California School for the Blind, Night Attendants are responsible for providing support and the safety and welfare to students under their direct care, which include but not limited to: Student daily living skills, parent communication and safety drills. (In addition to the below duties, Night Attendants are responsible for the accountability of students 100% of the time.)			
% 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 additional sheet if necessary)		
55%	Regularly checks sleeping students every 30 minutes to ensure their safety and well-being.		
20%	Provides direct care to students including supervising individual students and implementation of their programs. Maintains a safe and healthful dormitory environment Demonstrates satisfactory attendance records for assigned shifts.		
15%	Completes within established timelines all written reports such as log entries, incident, and accident reports. Accurately sort, tally, and prepare all outgoing Dormitory Laundry on a weekly basis		
5%	Participates in staff training and demonstrates acquisition of skills presented in training.		
5%	Performs other duties as assigned Note: This position works Sunday - Thursday 10:00pm to 6:30am		

To be reviewed and signed by the supervisor and employee:

Supervisor's statement:

- *I have discussed the duties and responsibilities of the position with the employee*
- *I have signed and received a copy of the duty statement.*

SUPERVISOR'S NAME (Print)

SUPERVISOR'S SIGNATURE

DATE



Employee's statement:

- *I have discussed the duties and responsibilities of the position with my supervisor*
- *I have signed and received a copy of the duty statement*

EMPLOYEE'S NAME (Print)

EMPLOYEE'S SIGNATURE

DATE



Distribution:

Original: Official Personnel File

Copy: Supervisor

Copy: Employee

Copy: Program File