

CHICAGO DEPARTMENT OF FAMILY & SUPPORT SERVICES  
DIVISION ON DOMESTIC VIOLENCE  
2019 delegate Job Description form

**JOB DESCRIPTION**

AGENCY NAME	
PROJECT NAME	

**INSTRUCTIONS: TO BE COMPLETED FOR EACH STAFF PERSON:**

- a. Listed on program budget (regardless of funding source)
- b. Providing services listed on program Scope of Services

EMPLOYEE NAME:

JOB TITLE:

DESCRIPTION OF DUTIES:

EDUCATIONAL REQUIREMENTS FOR JOB  
TITLE:

WORK EXPERIENCE / TRAINING REQUIREMENTS  
FOR JOB TITLE

SPECIAL CERTIFICATES OR LICENSES  
REQUIRED

Illinois Certified Domestic Violence Certificate  
or 40 hours of Domestic Violence Training Certificate

WORK SCHEDULE ON THIS PROGRAM

DAY	HOURS
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	