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DUTY STATEMENT

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| --- | --- | --- |
|  | | CURRENT |
|  | PROPOSED |

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| SCHEDULE TO BE WORKED/WORKING HOURS | | | EFFECTIVE DATE | |
| CIVIL SERVICE CLASSIFICATION  **Information Officer II**  **Information Officer II**  **Information Officer II** | | | WORKING TITLE  **Information Officer**  **Information Officer** | |
| DEPARTMENT/DIVISION/DISTRICT/UNIT  **Board Member Office - Second District** | | | SPECIFIC LOCATION ASSIGNED TO  **San Francisco** | |
| SEERA DESIGNATION  **Supervisory** | | BARGAINING UNIT  **1** | WORK WEEK GROUP  **E** | CERTIFICATES REQUIRED  **None** |
| FINGERPRINTS/BACKGROUND CHECK REQUIRED  Yes No | | BILINGUAL POSITION  Yes  No | SUPERVISION EXERCISED  **None** | |
| INCUMBENT | | | POSITION NUMBER *(Agency-Unit-Class-Serial)*  **290-012-5595-001** | |
| *The mission of the State Board of Equalization is to serve the public through fair, effective and efficient tax administration.* | | | | |
| POSITION’S ORGANIZATIONAL SETTING AND MAJOR FUNCTIONS  Under the administrative direction of the Chief Deputy, the Information Officer II performs a variety of tasks, which require strong communication skills, analytical skills, organizational skills, problem-solving skills, and tact. The incumbent is responsible for and oversees the development, organization, and evaluation of information disseminated to the public regarding the activities and objectives of the Board Member. Travel required up to 25% of the time. | | | | |
| **Candidate must be able to perform the following essential job functions with or without reasonable accommodation.** | | | | |
| **PERCENTAGE**  **OF TIME SPENT** | **DUTIES** | | | |
|  | **ESSENTIAL JOB FUNCTIONS** | | | |
| 40% | Lead and oversee all the writing, design and production of the Board Member's quarterly newsletter, other external communications, and written material disseminated to the public. Research topics and prepare articles, talking points and speeches, and other communications for the Board Member. Interpret technical information to produce articles, notices, brochures, pamphlets, and other materials for constituents. Research and verify the accuracy of information and if necessary, work with appropriate staff members to resolve discrepancies. | | | |
| 20% | Develop the Board Member's Communications and Outreach Plan to identify and address the needs of the Second District including, but not limited to, assist in the planning and organizing taxpayer forums in the community. Research issues and concerns and prepare materials to be used by constituents. | | | |
| 20% | Provide overall staff support to the Board Member at various events in the Second District. This may include but may not be limited to attending events with the Member, preparing background information and/or talking points, and follow-up communication; staff Board Member at speaking engagements and community events. | | | |
| 10% | Serve as liaison between the Board Member and various constituencies, including but not limited to, community groups, trade associations, and business organizations. | | | |
| 5% | Oversee media outreach to the community for the Second District. | | | |
|  | **MARGINAL JOB FUNCTIONS** | | | |
| 5% | Perform other job-related duties as required. | | | |
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| **WORK ENVIRONMENT OR PHYSICAL ABILITIES REQUIRED FOR THE JOB** *(if applicable)***:** | | | | |
| Work Environment: | | | | |
| * Position may be located in a high-rise building. | | | | |
| Physical Abilities: | | | | |
| * Daily use of a personal computer, office equipment, and/or telephone. | | | | |
| Additional Requirements/Expectations: | | | | |
| * Willingness to work irregular hours with limited notice. * Travel required up to 25% of the time at the request of the Board Member. | | | | |
| *I have read this duty statement and fully understand that I must perform the Essential Job Functions of my position with or without reasonable accommodation.* | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | PRINT EMPLOYEE NAME | EMPLOYEE’S SIGNATURE | | DATE | | | ***I certify that the above accurately represents the duties of the position and that I have reviewed these duties with the above named employee.*** | | | | | | PRINT SUPERVISOR NAME | | SUPERVISOR’S SIGNATURE | | DATE | | | | | |
| |  |  | | --- | --- | | HRD Approval Date: 9/15/2020 | C&P Analyst Initials: JPL | | | | | |
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