|  |
| --- |
| **PART A** |
| **Position No: 324-001-1139-002** | **Date:**   |
| **Classification:** Office Technician (Typing) | **Name:**   |
| Under the general direction of the Executive Director, Deputy Executive Director, and the Staff Services Manager IIs, functions as the office support personnel exercising a high degree of initiative, independence and judgment to handle clerical responsibilities for the California Health Facilities Financing Authority (CHFFA) and for the California Educational Facilities Authority (CEFA), (collectively the “Authorities”). |
| **Percentage of time performing duties** | **ESSENTIAL FUNCTIONS** |
| 50% | Independently composes, types and reviews correspondence for the Executive Director, Deputy Executive Director and for the Staff Services Manager II’s signature; logs incoming and processes outgoing correspondence for the Authorities and routes all documents for approval and signature as required; logs incoming payments made payable to either Authority, makes copies and then routes to relevant staff for processing; initiates and tracks Cal-Card procurement and reconciles statements and invoices; orders equipment purchases and repairs as well as telephone installations; maintains inventory control reports. Mails correspondence of a sensitive nature for the Executive Director. |
| 35% | Answers and screens all incoming telephone calls to the Authorities; responds to inquiries regarding the Authorities’ financing programs and directs calls to appropriate staff as necessary; and arranges conference calls for staff. |
| 10% | Assists with the assembly, mailing and distribution of the monthly CHFFA and CEFA board meeting agenda packets to board members, executive staff, and other interested parties; serves as the backup board secretary for the Authorities board meetings; serves as backup for the Authorities’ Executive Assistant on an as-needed basis; copies a variety of documents necessary for the operation of the Authorities; establishes and maintains the filing of the records for the Authorities; assists with the monitoring of the records management guidelines; prepares training request forms; schedules travel arrangements for staff; prepares and submits travel advances, excess lodging forms and travel expense claims for reimbursement to STO accounting for staff; maintains and tracks the daily staff leave activity for staff; analyzes and verifies for accuracy the tracked time against the monthly timesheets submitted by staff, and gathers appropriate approval signatures for forwarding to STO personnel; and takes notes at all staff meetings as directed by the Executive or Deputy Executive Directors. |
| **Percentage of time performing duties** | **NON-ESSENTIAL FUNCTIONS** |
| **5%** | Performs other duties and assignments as requested. |

|  |
| --- |
| **PHYSICAL AND MENTAL REQUIREMENTS OF ESSENTIAL FUNCTIONS** |
| **Activity** | **Not Required** | **Less than 25%** | **25% - 49%** | **50% - 74%** | **75% or more** |
| **Vision** Reviewing invoices; preparing agendas, various forms; proofreading documents. |[ ] [ ] [ ] [ ] [x]
| **Hearing:** Answering requests on the telephone; answering inquiries and providing verbal information. |[ ] [ ] [ ] [ ] [x]
| **Speaking:** Speaking on the telephone; responding to inquiries and providing verbal information. |[ ] [ ] [ ] [ ] [x]
| **Walking:** Distributing information; walking to copier, fax. |[ ] [x] [ ] [ ] [ ]
| **Sitting:** Sitting at desk preparing documents; working at personal computer. |[ ] [ ] [ ] [ ] [x]
| **Standing:** Xeroxing or faxing. |[ ] [x] [ ] [ ] [ ]
| **Balancing:**   |[x] [ ] [ ] [ ] [ ]
| **Concentrating:** : Analyzing and interpreting information for invoices; determining needs of callers and providing information; preparing and reviewing various documents. |[ ] [ ] [ ] [ ] [x]
| **Comprehension:** Understanding arithmetic calculations for financial reports and other documentation; understanding and following procedures necessary to complete requests. |[x] [ ] [ ] [ ] [x]
| **Working Independently:** Occasionally must work alone and independently without much guidance. |[ ] [ ] [ ] [x] [ ]
| **Lifting up to 10 LBS occasionally:** Lifting files |[ ] [x] [ ] [ ] [ ]
| **Lifting up to 20 LBS occasionally and/or 10 LBS frequently:**   |[x] [ ] [ ] [ ] [ ]
| **Lifting up 20-50 LBS occasionally and/or 25-50 frequently:**   |[x] [ ] [ ] [ ] [ ]
| **Fingering:** Typing on computer keyboard, pushing buttons on telephone. |[ ] [ ] [ ] [x] [ ]
| **Reaching:** Answering telephone. |[ ] [x] [ ] [ ] [ ]
| **Carrying:** Retrieving or returning files or other documents. |[ ] [x] [ ] [ ] [ ]
| **Climbing:**   |[x] [ ] [ ] [ ] [ ]
| **Bending at waist:** Click or tap here to enter text. |[x] [ ] [ ] [ ] [ ]
| **Kneeling:** Filing, pulling out information. |[x] [ ] [ ] [ ] [ ]
| **Pushing or pulling:**   |[x] [ ] [ ] [ ] [ ]
| **Handling:** Typing and handling documents |[ ] [ ] [ ] [x] [ ]
| **Driving:**   |[x] [ ] [ ] [ ] [ ]
| **Operating equipment:** Computer, telephone, xerox machine; fax. |[ ] [ ] [ ] [x] [ ]
| **Working indoors:** Enclosed office environment. |[ ] [ ] [ ] [ ] [x]
| **Working outdoors:**   |[x] [ ] [ ] [ ] [ ]
| **Working in confined space:** Enclosed office environment. |[ ] [ ] [ ] [ ] [x]

|  |
| --- |
| **PART B****PROSPECTIVE EMPLOYEE RESPONSE** |
| **Position No: 324-001-1139-002** | **Date:**   |
| **Classification: Office Technician** | **Name:**   |
| Do you have any physical or mental condition or limitation that will prevent you from performing the essential functions of the position as described above? |
|  | No. I have no physical or mental condition or impairment that would prevent or otherwise impair me from performing the essential functions of the job, as set forth in the job description above. |
|  | No. I do have a physical or mental condition or limitation that will require reasonable accommodation in order for me to be able to perform one or more of the essential functions of the job, as set forth in the job description above. |
|  | Yes. I have a mental or physical condition or limitation that will prevent me from performing one or more of the essential functions of the job, as set forth in the above job description even with reasonable accommodation. |
|  | I am not sure if I have any physical or mental condition or impairment that might prevent or otherwise impair me from performing one or more of the essential functions of the job, as set forth in the above job description.  |
| **Note:** If you have checked this box, please indicate in the space below the following information:1. the essential function in question, and2. the specific functional limitations you have that you believe may prevent or otherwise impair you from performing that essential function. |
| You may attach additional pages if necessary. A Personnel Office representative will contact you in order to discuss the matter with you in greater detail. If during this conversation it is determined that a reasonable accommodation may be necessary in order for you to perform the essential function(s) of the job, the representative will discuss that option with you. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **CERTIFICATION:** I certify that I have provided true and complete information concerning my ability to perform the essential functions as it pertains to above job description. (Any misrepresentation or material omission may be cause for dismissal.) |
|  |
| Applicant’s Signature | Date Signed |