

**DUTY STATEMENT
STATE TREASURER'S OFFICE
CA ABLE ACT BOARD**

PART A	
Position No: 822-001-5157-XXX	Date:
Classification: Staff Services Analyst	Name:
Under the direction of the Executive Director, the Staff Services Analyst (SSA) performs less complex analytical tasks for the California ABLE Act Program, its policies and provides technical assistance to the ABLE Act Board.	
Percentage of time performing duties	ESSENTIAL FUNCTIONS
45%	Assist with identifying and researching disability partners to promote CalABLE to the community, and maintain a database for historical reference. Engage with CalABLE current and potential account holders through a variety of channels, including but not limited to, written and electronic communications, online and social media platforms, and in-person and virtual events. Coordinate, organize, and present at meetings and events (in person or virtually); prepare and facilitate the execution of educational workshops, online webinars, and the dissemination of information regarding CalABLE for the community (especially those with disabilities). Prepare emails, articles, blogs, and letters for management review. Analyze data and prepare reports from outreach activities and weekly enrollment reports for management review. Ensure all written and digital materials meet the ADA requirements.
35%	Assist with contracts and service orders with public and corporate partners for various marketing and outreach services; monitor progress and compliance to contracts. Prepare request for proposals (RFPs) for consulting and management services and assist in vendor selection. Provide technical and consultative assistance to inquiries that require knowledge of the CalABLE 529A program, policies and procedures. Research, develop and consult with management on appropriate outreach and marketing materials to encourage participation in CalABLE program and promoting the message of saving for financial independence. Research and prepare recommendations on ABLE savings programs and education topics, for management review. Assistance with customer telephone calls, email communication and scheduling meetings.
15%	Provide analytical administrative support, which may include budget and expenditure planning, systems development and audit support. Prepare a variety of detailed Board materials and reports. Occasional travel.
Percentage of time performing duties	NON-ESSENTIAL FUNCTIONS
%	Other duties as required.

PHYSICAL AND MENTAL REQUIREMENTS OF ESSENTIAL FUNCTIONS

Activity	Not Required	Less than 25%	25% - 49%	50% - 74%	75% or more
Vision: Read reports, documents. View written material and computer screens to gather information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hearing: Attend meetings, answer telephones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaking: Communicate with staff, stakeholders, and the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Walking: Walk to meeting locations and within the office.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting: Sit at a workstation/desk to access information, answer phones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Standing: Stand at printer, fax, and copier to conduct business.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balancing:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentrating: Read, understand, and critically analyze information provided to come to a recommended action or position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comprehension: Read, understand, and critically analyze information provided to come to a recommended action or position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Working Independently:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lifting up to 10 LBS occasionally:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting up to 20 LBS occasionally and/or 10 LBS frequently:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting up 20-50 LBS occasionally and/or 25-50 frequently:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fingering: Uses a computer keyboard and mouse to gather information and provide data.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reaching: Answer phones, use computer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Carrying: Carries work material, files, laptop.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending at waist:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing or pulling:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling: Handles administrative work.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating equipment:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working indoors: Enclosed office environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Working outdoors:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in confined space: Enclosed office environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**PART B
PROSPECTIVE EMPLOYEE RESPONSE**

Position No: 822-001-5157-XXX

Date:

Classification: Staff Services Analyst

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

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

Note: If you have checked this box, please indicate in the space below the following information:

1. the essential function in question, and
2. 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