

**DUTY STATEMENT
STATE TREASURER'S OFFICE
EXECUTIVE OFFICE**

PART A	
Position No: 820-100-5361-XXX	Date:
Classification: Administrative Assistant I – Los Angeles Office	Name:
Under the general direction of the Deputy State Treasurer, performs especially difficult and responsible analytical and high level administrative work; and researches facts on which decisions or recommendations may be based.	
Percentage of time performing duties	ESSENTIAL FUNCTIONS
30%	Assists with the office management of the Los Angeles Office; attends staff meetings to stay abreast of the latest issues and policies; works with the Sacramento office and state agency staff to coordinate office operations for the Los Angeles Office; responds to phone inquiries and correspondence for the Los Angeles Treasurer's Office; oversees the operations of office equipment, ordering of supplies and the receipt and disbursement of mail, courier packages and other material. Assists with IT issues.
30%	Represents the Los Angeles State Treasurer's Office within the STO and with constituents and stakeholders. Performs scheduling functions for the Treasurer, Deputy Treasurer and Los Angeles based staff; which includes cooperatively working with all levels of the public and private industry and elected officials; coordinates schedules; and makes all arrangements for events including travel and hotel accommodations, when necessary.
20%	Researches legislative and program specific issues related to the State Treasurer's Office and the Authority and Committee Directors in the Los Angeles Office; advises and briefs the Deputy Treasurer, Executive Directors, department staff, and other interested parties on important issues; prepares written information for presentations. Assists the Deputy Treasurer with the content and preparation of material for board members of their respective Authorities.
15%	Performs extensive background research on meetings, conferences, events, etc. which the State Treasurer, Deputy Treasurer, and/or the Executive Directors may attend; reviews agendas and prepares briefings for various meetings or presentations; and assists with addressing sensitive or confidential matters.
Percentage of time performing duties	NON-ESSENTIAL FUNCTIONS
5%	Performs special projects and other related duties.

PHYSICAL AND MENTAL REQUIREMENTS OF ESSENTIAL FUNCTIONS

Activity	Not Required	Less than 25%	25% - 49%	50% - 74%	75% or more
Vision: Research legislation and program specific issues; prepare correspondence, schedules, and agendas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hearing: Answering telephone; answering inquiries and providing verbal information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaking: Speaking on telephone; responding to inquiries; participating in staff meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Walking: Distributing information, attending meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting: Sitting at desk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Standing: Standing at copier machine.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: Analyzing documents for legislation, briefings, agenda items;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comprehension: Understanding and following policies and procedures; reviewing documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Working Independently: Must be able to work independently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lifting up to 10 LBS occasionally: Retrieving files.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: Answering telephone; typing on computer keyboard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reaching: Reaching for telephone; documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying: Carrying files or documents.	<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: Processing documents.	<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: Telephone; computer; copier; fax.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: 820-100-5361-XXX	Date:
Classification: Administrative Assistant I	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?

<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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, 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
-----------------------	-------------