

**DUTY STATEMENT
STATE TREASURER'S OFFICE
CENTRALIZED TREASURY AND SECURITIES MANAGEMENT**

PART A

Position No: 820-340-4221-004	Date:
Classification: Treasury Program Manager I (Sup)	Name:

Under the general direction of the Treasury Program Manager III, Banking Operations, this Treasury Program Manager I (Sup) position supervise the activities of the Bank Reconciliation Section (BRS) within the Centralized Treasury and Securities Management Division (CTSMD) and personally perform the most difficult or sensitive work. As supervisor of BRS, the incumbent works with the Centralized Treasury System (CTS) banks (and sub-contractor where applicable)/approximately 150-200 state agencies and manages the expansion of the Electronic Funds Transfer (EFT) Program; develop, coordinate, and manage the implementation of operational procedures and on-going activities related to the new electronic payment methods such as the Remote Site Deposit (RSD) process and Image Cash Letter process; explore, develop, and manage other electronic payment methods such as E-Check (EC) and Electronic Check Conversion (ECC). This position also serves as the STO liaison to the CTS banks/sub-contractor and various state agencies. This position requires the understanding of the State Controller's Office (SCO) accounting process, CTS process, CTS banks electronic payment systems, and the changing technologies affecting the banking industry as well as the related electronic methods that impact the collection of state revenues totaling approximately \$100-200 billion.

Percentage of time performing duties	ESSENTIAL FUNCTIONS
50%	As supervisor of CTSMD's BRS, the position is responsible for all aspects of the varying and complex banking industry electronic payment processes/methods for EFT, ICL, RSD, EC, and ECC within the state system which will process \$100-200 billion. Using the knowledge and expertise of the CTS and complicated state requirements, analyze, research, and apply state standards in the development, testing, implementation, and on-going management of the various electronic payment programs including contract administration. Perform outreach program to 150-200 state agencies of various processes/methods, and continually works with state agencies and monitors their progress of implementing new processes/methods (including paperwork process, setup, testing, and implementation) and post implementation activities. Resolve varied and unique issues/problems associated with these electronic payment programs which include negotiating with CTS banks/sub-contractors and state agencies. Provide expertise and assistance to state agencies. Supervisory responsibilities also include hiring, training, oversight and evaluation of professional and technical staff.
20%	Participate in the development, implementation, and administration of the STO's Electronic Funds Transfer (EFT) services agreement. Working with Banking Operations' TPM I (Specialist), the TPM I (Supervisor) will assist in addressing and troubleshooting issues arising from this EFT agreement. Additionally, as necessary, the incumbent will assist in developing the EFT services Invitation for Bid (IFB), and when required, ensure that all future IFBs issued for these services are complete and include the requirements necessary to ensure success of the program.

10%	Represent the STO as liaison to and work with CTS banks and sub-contractors to become subject-expert and knowledgeable on various electronic payment methods for EFT, ICL, RSD, EC, and ECC processes. Develop program materials/operational procedures for outreach program and implementation activities.
10%	Represent the STO in working with the Department of Finance (DOF) and SCO to document and communicate with state agencies the electronic payment operational procedures involving the capture and accountability of electronic payment deposits totaling \$100-200 billion. Serve as consultant to DOF regarding electronic payment processes/methods.
Percentage of time performing duties	NON-ESSENTIAL FUNCTIONS
5%	Develops monthly, quarterly, and annual reports relative to the efforts and growth associated with the various electronic payment methods and makes presentations to the STO Executive Office, Director of Cash Management, and Pooled Money Investment Board (STO, SCO and DOF) as they pertain to statewide fees being considered by the board for statewide compensation.
5%	Performs other job-related duties as required.

PHYSICAL AND MENTAL REQUIREMENTS OF ESSENTIAL FUNCTIONS

Activity	Not Required	Less than 25%	25% - 49%	50% - 74%	75% or more
Vision: Performs complex analytical assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hearing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Walking:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting: Sits at desk to perform analytical work, and make telephone calls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Standing:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balancing:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentrating: Performs complex analytical assignments and prepares reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comprehension: Same as Concentrating	<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: Works with documents and/or files.	<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 computer keyboard and mouse to prepare or review documents; answers the phone; works with documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reaching: Retrieves documents; answers phone.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying: Carries documents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing: Climbs stairs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending at waist: Retrieves documents from shelves.	<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 documents, mail, phones.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving: Attends meetings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating equipment: Computers, printers, copiers, phones.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Working indoors:	<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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**PART B
PROSPECTIVE EMPLOYEE RESPONSE**

Position No: 820-340-4221-004	Date:
Classification: Treasury Program Manager I (Sup)	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
-----------------------	-------------