Form **DS E-3**State of California
Secretary of State

Duty Statement Exempt and Career Executive Assignment

(Submit to HR for Review)
☐ Final

	Α.	Current Position Number	B.	New Position Number (Ass	igned by HR) (C. Probati	ionary Period /JEP Period		
	78	5-250-7500-001		k here to enter text	. (e to enter text.		
	D.	Incumbent Name	E. Clas	ssification/Job Title	F	Date of	f Hire		
	Cli	ck here to enter text.	Chief, Division	Information Techr	ology	Click her	e to enter a date.		
	G.					H. Location			
e 2.		Information Technology Division							
pag							Los Angeles		
on	I.	. Name of Immediate Supervisor/Manager J. Classification/Title of Immediate Supervisor/Manager							
type. ctions		Deputy Secretary of State, Operations							
Print or type. Specific Instructions on page	K.	Designation	L.	Time Base		M. Tenu	ire		
		CEA A		Full Time			Permanent		
ecific		CEA B		Part Time			Permanent Intermittent		
Sp		CEA C		Other			Limited Term		
See		Exempt C Entitlement					Intermittent		
0,		Exempt F Entitlement					Other		
		Exempt G Entitlement							
	N.	Work Schedule	О.	Work Hours					
	Cli	ck here to enter text.	Clic	k here to enter text					
	CII	ck field to chief text.	Circ	K Here to effer text	•				
	P.	Background Check Required		Q. Job Requires Driv	ring Automobile	R. P.O.	S.T. Certification Required		
		Yes *Governor's Application Proce	ess	Yes		Yes			
		No		☐ No		☐ No			
Sect	ion	II JOB DESCRIP	TION						

Indicate the major functions and associated duties, and the percentage of time spent on each (list higher percentages first). Essential functions assigned less than 5% should be combined with other task statements. The total percentage of all functions, including marginal, must equal 100%.

DESCRIBE THE ORIGINAL SETTING AND MAJOR FUNCTIONS

Under the direction of the Deputy Secretary of State, Operations (CEA B), the incumbent performs the duties of Chief, Information Technology Division (ITD) directing a medium sized staff with most complex multi-functional responsibilities, specifically, program development technical and production support and administrative functions. Responsible for the planning and implementation of a broad information system effort in support of all SOS programs. This includes planning, acquiring and operating the computer systems in ITD, developing applications programs in support of regulatory efforts to meet planning and legislative mandates, provide training and direction for operating and users of multiple databases, supporting analysis and procurement of computer-based data management systems, coordinating and directing the movement of data to meet client needs and coordination efforts, participating in the development of technical data acquisition systems, coordinating with federal, state and local agencies on the movement of information . Performs the duties of the Chief Information

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Officer as a member of the Secretary's advisory and policy development staff.

ESSENTIAL FUNCTIONS 40% **Strategic Affairs** Oversees and provides technical guidance of all functional areas of the Information Technology Division, including Business Filing and General Government Applications and Infrastructure Services Section. Establishes priorities, allocates staff and other resources and monitors the overall progress of the Division's development and support activities. Interviews, selects and recommends new staff hires. Evaluates and reports to SOS management on the progress of activities against established timeframes and cost estimates 30% **Policy Administrator** Serves as key policy administrator for automation issues and participates in the development of overall departmental policies. Influence policies by current innovations and technology trends in automated systems development and maintenance. Responsible for monitoring, evaluation and modification of these programs. Advise program managers in program planning by providing specific expertise on automation options and their impact. Develops and implements departmental automated technology to provide superior client services and contain costs through operating efficiencies. 15% **Project Development** Prepares and updates, as needed the Department's Information Management Annual Plan to define all proposed automation projects, their priorities, resource requirements and need for approval. Prepares and maintains an annual work plan of all planned new projects, enhancements, maintenance, and operations of automated systems conducted by staff. Oversees the preparation of ITD Feasibility Study Reports, Post-Implementation Evaluation Reports, Quarterly Project Reports, and Operational Risk Analysis. MARGINAL FUNCTIONS 15% **Interdepartmental Representation** Represents the agency in presenting technology issues to control agencies (e.g., Office of Information Technology) and organizations (e.g., California Forum on Information Technology). Serves as liaison for the department in obtaining necessary services from the Department of Technology Services and other state agencies. Acts as liaison with governmental officials on the collection and distribution of state election data, political

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statewide constitutional functions.

reform, business programs and other information systems related to the department's

Section III EMPLOYEE/SUPERVISOR STATEMENT

You are a valued member of the Secretary of State's office. You are expected to conduct yourself professionally and work cooperatively with team members and others during the course of your duties to enable the department to provide the highest level of service possible. You are to adhere to all applicable state and federal laws, rules and department policies; and exercise good judgment in assisting team members and the public. Your efforts to treat others fairly, honestly and with respect are critical to the organization's mission and values.

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EMPLOYEE'S STATEMENT: I HAVE READ AND UNDERSTAND THE DUTIES, RESPONSIBILITIES, AND PERFORMANCE EXPECTATIONS OF THE POSITION AND DISCUSSED WITH MY SUPERVISOR. I HAVE RECEIVED A COPY OF THE DUTY STATEMENT.								
I CAN PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION WITH OR WITHOUT REASONABLE ACCOMMODATION:								
□ YES								
NO (Notice HR to discuss possible reasonable accommodation)								
EMPLOYEE NAME (PRINT FULL NAME)	EMPLOYEE SIGNATURE	DATE SIGNED						
→	•	→						
SUPERVISOR'S STATEMENT: I HAVE DISCUSSED THE DUTIES OF THIS POSITION WITH THE EMPLOYEE.								
SUPERVISOR NAME (PRINT FULL NAME)	SUPERVISOR SIGNATURE	DATE SIGNED						
•	•	•						

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