

**DUTY STATEMENT
STATE TREASURER'S OFFICE
Division: Information Technology**

PART A	
Position No: 820-700-7500-001	Date:
Classification: C.E.A. B – Director, ITD	Name:
<p>As a direct report to the Chief Deputy Treasurer, and with broad authority and a high degree of independence, the position provides leadership and policy direction for all information technology (IT) and related activities for the State Treasurer's Office (STO). This includes providing guidance and advice to the State Treasurer, State Treasurer's Executive Staff, and Executive Staff of the boards, commissions and financing authorities that organizationally report to the State Treasurer. The position is responsible for IT strategic planning, policy development, goal setting, and the development, operation, enhancement and ongoing support of the IT systems that support the operation and management of the STO and the boards, commissions and financing authorities. In addition, the position is responsible for the planning and oversight of STO IT strategies and initiatives. This includes long-range and short-range planning for IT, development of necessary feasibility studies, budget preparation and management, procurement management, product development and implementation, project management and implementation oversight, and overall management of any contractors retained in support of these activities. The position also serves as the key IT policy strategist, developer and advisor to the STO and the boards, commissions and financing authorities and represents the STO and the boards, commissions and financing authorities with State control/oversight agencies for IT-related matters.</p>	
Percentage of time performing duties	ESSENTIAL FUNCTIONS
30%	Provides leadership and policy direction for all IT and related activities for the STO and the boards, commissions and financing authorities; directs the development of policy, standards and procedures that govern the use, acquisition, development, maintenance and support of IT systems for the STO and the boards, commissions and financing authorities.
30%	Plans, organizes, and directs the activities of the IT Division; provides leadership and guidance to subordinate supervisors and staff in the development, maintenance, operation, enhancement and ongoing support of IT systems and services that support the operation and management of the STO and the boards, commissions and financing authorities.
15%	Administers and manages the IT budget; provides consultation and advice to the STO and the boards, commissions and financing authorities regarding IT investments; oversees technology purchases, implementations and various related services to ensure consistency with the STO's overall strategic direction for IT as well as all applicable State and STO policies and standards.
10%	Monitors and evaluates the Division's capability to develop, implement and maintain technology solutions to support the ongoing business needs of the STO and the board, commissions and financing authorities; develops plans to facilitate ongoing technical support and staff development.
10%	Represents the State Treasurer and Executive Staff on IT matters with State control/oversight agencies and at executive IT forums and events; acts as the authoritative IT resource for all matters of Executive Office concern.

Percentage of time performing duties	NON-ESSENTIAL FUNCTIONS
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:	<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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standing:	<input checked="" type="checkbox"/>	<input 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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comprehension:	<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 checked="" type="checkbox"/>	<input 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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reaching:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: Working on computer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Kneeling:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing or pulling:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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: Computer.	<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: 820-700-7500-001	Date:
Classification: C.E.A. B – Director, ITD	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
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