

	ATE/DIVISION	CLASSIFICATION	POSITION NUMBER (Agency-Unit-Class-Serial)
Administr	ative Services Division	Information Technology Manager I	681-600-1405-001
BRANCH (i	if applicable)	WORKING TITLE	CBID
N/A		Chief Information Officer	M01
SECTION/I	JNIT (if applicable)	REPORTING LOCATION	INCUMBENT
	on Technology Section	715 P Street, 20 th Floor, Sacramento, CA 95814	N/A
IMMEDIA	TE SUPERVISOR		1
Chief of A	dministrative Services (CE	A A)	
	STATEMENT	,	
collaborat and innov	tion with local, state, and	e mitigation evaluation and compliance, ex federal agencies, and in support of improv	-
	information technology pr	oject management, software engineering	s technology management, client , and system engineering.
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TYPICAL WORKING CONDITIONS

equity, and inclusion.



Duty Statement

Office environment

TELEWORK DESIGNATION:

This position is designated as telework eligible-remote centered .

SPECIAL REQUIREMENTS:

Conflict of Interest

This position is designated under the Conflict of Interest Code. The position is responsible for making or participating in the making of governmental decisions that may potentially have a material effect on personal financial interests. The appointee is required to complete Form 700 within 30 days of appointment.

The statements contained in this job description reflect general details as necessary to describe the principal functions of this job. It should not be considered an all-inclusive listing of work requirements. The incumbent of this position may perform other duties (commensurate with the classification) as assigned, including work in other functional areas to cover during absences, to equalize peak work periods, or to otherwise balance the workload.

SUPERVISOR STATEMENT:

I CERTIFY THIS DUTY STATEMENT REPRESENTS AN ACCURATE DESCRIPTION OF THE ESSENTIAL FUCNTIONS OF THIS POSITION. I HAVE DISCUSSED THE DUTIES OF THIS POSITION WITH THE EMPLOYEE AND PROVIDED THE EMPLOYEE WITH A COPY OF THIS DUTY STATEMENT.

SUPERVISOR NAME (TYPE)	SUPERVISOR SIGNATURE	DATE			
EMPLOYEE STATEMENT:					
I CERTIFY I HAVE READ, UNDERSTAND, AND CAN PERFORM THE DUTIES OF THIS POSITION EITHER WITH OR WITHOUT					
REASONABLE ACCOMMODATION. I HAVE DISCUSSED THESE DUTIES WITH MY SUPERVISOR AND HAVE BEEN PROVIDED A COPY					
OF THIS DUTY STATEMENT.					
EMPLOYEE NAME (TYPE)	EMPLOYEE SIGNATURE	DATE			