

| | 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 | | | |
|--|----------------------|------|--|--|--|
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| 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 | | | |
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