STATE OF CALIFORNIA
Department of Motor Vehicles

DEPARTMENT OF MOTOR VEHICLES

POSITION DUTY STATEMENT

067-4800-002

Division: Operations Division	**Classification Title**: 4800 Supervisor I
Branch: Operations Modernization Branch	**Working Title**: Supervisor I
Unit: Operations Modernization Branch	**Tenure/Timebase**: Permanent Fulltime
Position City: Sacramento	**Position County**: Sacramento County
Position Number: 067-4800-002	**CBID/Bargaining Unit**: S01
Conflict of Interest Classification: No This position is designated under the Conflict of Interest Code. This 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. Failure to comply with the Conflict of Interest Code requirements may void the appointment.	
Medical Evaluation: No	**Bilingual Language**: Unknown
Sensitive Position: No	**DMV Employee Pull Notice**: No
Fingerprint/Live Scan: Yes	**Professional License**: No
Work Week Group: E	**Date Approved**: 02/26/2026

Direction Statement and General Description of Duties: Under the general direction of the Supervisor II (SUP II), the Supervisor I (SUP I) is responsible for leading a team of analysts within the Technology Section. This position plays a key role in identifying and implementing process improvements to enhance operational efficiency and customer service. The SUP I oversees the full lifecycle of technology projects from a business operations perspective-including planning, coordination, implementation, evaluation, and documentation-to ensure solutions align with organizational goals and drive improved outcomes. The SUP I also coordinates the transition to new transaction processes and ensures effective collaboration with internal and external stakeholders to support high-quality service delivery.

Percentage and Essential/Marginal Functions:

40%	**Technology Solutions and Supervision (E)** Directly supervises staff responsible for providing technology project support in the Operations Modernization Branch (OMB); serves as the team manager by providing supervision, training, and oversight to the work team, ensuring success of the projects and programs; reviews and modifies work programs to ensure consistency with departmental objectives; oversees the development and implementation of policies and procedures designed to streamline and upgrade the level of service provided by the Division; monitors the accuracy and timeliness of work products, maximizes workflow, and reports on project progress; defines program requirements securing appropriate resources to ensure Division objectives are implemented in a cost effective and timely manner.
30%	**Communication (E)** Communicates with internal and external stakeholders relative to equipment, resources, priorities, project scheduling, and problem resolution, etc., and coordinates efforts to ensure consistency and compliance with customer service and performance measures; oversees, directs, and determines priorities for staff; makes recommendations to SUP II and OMB management on process improvements and priorities; apprises upper management on highly sensitive and complex issues and recommends appropriate courses of action.
20%	**Quality Control and Training (E)** Reviews data, statistics, and other pertinent information and coordinates efforts to ensure consistency and quality control; oversees the development and training of all team members with the goal of providing exceptional service; evaluates staff performance, including preparation of probation reports and identifying training needs to meet objectives; guides and supports team members in achieving upward mobility goals; monitors compliance with EEO objectives; investigates and resolves personnel issues, identifies and resolves potential personnel problems, and advises management of problem areas; meets with union representatives as required.
10%	**Miscellaneous (M)** Actively engages in meetings and project involvement on behalf of SUP II and the division as required; maintains up-to-date knowledge of all division projects and serves as backup support for OMB management when necessary; monitors the unit for unsafe working conditions; handles emergency situations and hazardous material incidents; performs other job-related duties as assigned.

Supervision Received: The SUP I reports directly to and receives assignments from the SUP II.
Supervision Exercised and Staff Numbers: Provides direct supervision to a team of five analysts.
Physical Requirements: Sits and types for long periods of time. Works under artificial lighting, with exposure to computer screens and other basic office equipment. Works in an environment with potentially time-sensitive demands and shifting priorities. Travel to attend meetings and presentations may be required.
Special Requirements: Fingerprint/Criminal Record Clearance required. Working overtime (including weekends) and carrying a cell phone for important communication when out of the office or off-site may be required. Ability to maintain confidential information.
Personal Contacts: The Supervisor I will interact daily with departmental managers and staff, vendors, as well as the public by phone, email, in person, and mail as needed. Interactions may be general, confidential, sensitive, or informative.

EMPLOYEE ACKNOWLEDGMENT

I have read and understand the duties listed above and I certify that I possess essential personal qualifications including integrity, initiative, dependability, good judgment, and the ability to work cooperatively with others; and a state of health consistent with the ability to perform the assigned duties as described above with or without reasonable accommodation. (If you believe you may need to request reasonable accommodation to perform the duties of this position, discuss your request with your manager/supervisor who will engage with you in the interactive process.)

EMPLOYEE NAME	EMPLOYEE SIGNATURE	DATE

MANAGER/SUPERVISOR ACKNOWLEDGMENT

I certify this duty statement represents a current and accurate description of the essential functions of the position. I have discussed the duties of this position with the employee and provided the employee a copy of this duty statement

MANAGER/SUPERVISOR NAME	MANAGER/SUPERVISOR SIGNATURE	DATE

STATE OF CALIFORNIA
Department of Motor Vehicles

DEPARTMENT OF MOTOR VEHICLES

POSITION DUTY STATEMENT

067-4800-002

Division: Operations Division	**Classification Title**: 4800 Supervisor I
Branch: Operations Modernization Branch	**Working Title**: Supervisor I
Unit: Operations Modernization Branch	**Tenure/Timebase**: Permanent Fulltime
Position City: Sacramento	**Position County**: Sacramento County
Position Number: 067-4800-002	**CBID/Bargaining Unit**: S01
Conflict of Interest Classification: This position is designated under the Conflict of Interest Code. This 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. Failure to comply with the Conflict of Interest Code requirements may void the appointment.	
Medical Evaluation:	**Bilingual Language**: Unknown
Sensitive Position:	**DMV Employee Pull Notice**: No
Fingerprint/Live Scan: Yes	**Professional License**:
Work Week Group:	**Date Approved**: 02-26-2026

Direction Statement and General Description of Duties:	
Percentage and Essential/Marginal Functions:	
%	

Supervision Received:

Supervision Exercised and Staff Numbers:
Physical Requirements:
Special Requirements:
Personal Contacts:

EMPLOYEE ACKNOWLEDGMENT

I have read and understand the duties listed above and I certify that I possess essential personal qualifications including integrity, initiative, dependability, good judgment, and the ability to work cooperatively with others; and a state of health consistent with the ability to perform the assigned duties as described above with or without reasonable accommodation. (If you believe you may need to request reasonable accommodation to perform the duties of this position, discuss your request with your manager/supervisor who will engage with you in the interactive process.)

EMPLOYEE NAME	EMPLOYEE SIGNATURE	DATE

MANAGER/SUPERVISOR ACKNOWLEDGMENT

I certify this duty statement represents a current and accurate description of the essential functions of the position. I have discussed the duties of this position with the employee and provided the employee a copy of this duty statement

MANAGER/SUPERVISOR NAME	MANAGER/SUPERVISOR SIGNATURE	DATE