

**DUTY STATEMENT**



1. Institution/Division/Office: CALPIA / Operations Support, Services, and Statewide Initiatives		2. Unit/Industry/Enterprise: Executive Office	
3. Classification Title: CEA B		4. Proposed Incumbent (if known): TBD	
5. Current Position Number (Agency-Unit-Class-Serial): 063-760-7500-XXX		6. Effective Date: TBD	
7. Briefly (1 or 2 sentences) describe the position's organization setting and major functions:  Under the administrative direction of the Chief Assistant General Manager (AGM), the Operations Support, Services, and Statewide Initiatives AGM is responsible for the overall policy development and management of the Operations Support, Services, and Statewide Initiatives Division. The position and its responsibilities have direct impact on the formulation of departmental policies, executive decisions, program effectiveness, and the quality of services provided to all employees.			
8. Work Schedule:			
9. Percentage (%) of time performing duties:		10. Indicate the duties and responsibilities assigned to the position and the percentage (%) of time spent for each. Group related tasks under the same percentage (%) with the highest percentage (%) listed first.	
50%		<p style="text-align: center;"><b>ESSENTIAL FUNCTIONS</b></p> <p>As a member of the department's Executive Management Team, the Operations Support, Services, and Statewide Initiatives AGM actively participates in the policy and decision-making processes in developing and recommending policies and procedures which promote the department's mission, goals, objectives, and strategic planning. The policy and decisions made not only impact the division's staff, but all departmental programs including but not limited to performance objectives, enterprise development and enhancement, budgetary objectives, and public security as well as monitoring risks.</p>	
30%		<p>As the industry expert on Statewide Healthcare Facilities Maintenance (HFM), Distribution and Transportation, and Construction Services, the Operations Support, Services, and Statewide Initiatives AGM serves as an advisor to the General Manager and the Chief AGM, members of the Prison Board, and departmental management on chemical distribution, infrastructure impacts, and health and safety of staff, incarcerated workers, and the public associated with the statewide HFM, Distribution Services, and Construction Services programs. Oversees all efforts associated with changing business policies and regulations to ensure the safety and security of the HFM, Distribution Services, and Construction Services operations throughout the state. Reviews and makes policy recommendations to complex, sensitive, and emerging administrative and program issues and recommends appropriate courses of action.</p>	
15%		<p>Provide executive leadership over the day-to-day operations of the Operations Support, Services, and Statewide Initiatives Division and its subordinate leadership by ensuring staff development is attained through various methods including performance management, coaching, and mentoring.</p>	
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<p><b>9. Percentage (%) of time performing duties:</b></p> <p style="text-align: center; margin-top: 20px;">5%</p>	<p><b>10. Indicate the duties and responsibilities assigned to the position and the percentage (%) of time spent for each. Group related tasks under the same percentage (%) with the highest percentage (%) listed first.</b></p> <p style="text-align: center; margin-top: 10px;"><b>MARGINAL FUNCTIONS</b></p> <p>Serves as the department’s primary liaison with other state agencies including the Agency, Prison Board, CDCR, CCHCS, and other stakeholders regarding institutional issues, cleaning products, logistics, and construction services. Provides input on issues as requested by the General Manager and/or the Chief AGM.</p> <p style="text-align: center; margin-top: 100px;"><b>ADDITIONAL EXPECTATIONS</b></p>
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**11. SUPERVISOR’S STATEMENT: I HAVE DISCUSSED THE DUTIES OF THE POSITION WITH THE EMPLOYEE.**

**12. DATE SUPERVISOR PROVIDED EMPLOYEE WITH A COPY OF THE DUTY STATEMENT:**

PRINT EMPLOYEE NAME:	EMPLOYEE SIGNATURE:	DATE:
PRINT MANAGER/SUPERVISOR NAME:	MANAGER/SUPERVISOR SIGNATURE:	DATE:

HR APPROVAL: