



## MANAGER TECHNOLOGY CLASSIFICATION DESCRIPTION

|  |                            |                |
|--|----------------------------|----------------|
| Job Classification Title:  | <b>Manager, Technology</b> |                |
| Working Title(s):  | Manager I, Technology      |                |
| FLSA Status:   | Non-Exempt                 | Pay Grade: C45 |
| <i>This job classification description is intended to be generic in nature and not an exhaustive list of all duties and responsibilities. The specific tasks/duties may vary based on position assignment and as determined by the District.</i> |                            |                |

### **JOB CLASSIFICATION SUMMARY**

Responsible for functioning as professional manager over a major District enterprise function (not site-based), reporting to a Director or higher-level supervisor.

### **DISTINGUISHING CHARACTERISTICS**

This is a senior management level classification responsible for developing and managing budgets, supervising staff, and ensuring District compliance with related rules, regulations and requirements.

### **ESSENTIAL DUTIES**

*The following are intended to describe core work functions of this classification. While the level and broad nature of essential duties may not change, specific work tasks will vary over time depending on the District's needs.*

*\* In-person attendance is an essential function of this classification.*

- Supervises staff including prioritizing and assigning work, conducting performance evaluations, ensuring staff is trained, ensuring that employees follow policies and procedures, maintaining a healthy and safe working environment, and making hiring, termination, and disciplinary recommendations;
- Responsible for monitoring and supporting daily operational continuity of the District's computer operations and services;
- Manages and participates in the configuration, implementation, and administration of technology solutions, including infrastructure, software, user hardware, and processes;
- Manages technical relationships with vendors and third-party service providers for support to ensure functional service integration; serve as the initial point of contact for vendor support services;
- Acts as the primary point of escalation for technical support issues;
- Coordinates with leadership across departments to understand and meet technology needs;
- Manages team in system design and engineering, project management, process development and documentation, overall development of technology, and in identifying priorities and ensuring continuity of operations;
- Supports training and technical support, processes, and district technology services;
- Assists in preparation and management of disaster recovery plans and,
- Performs related work as assigned.



**KNOWLEDGE**

- Common operating systems and application services
- Technology infrastructure and systems protocols
- Industry standard best-practices as they pertain to network operations and security
- Advanced principles, methods, and techniques of assigned discipline
- Applicable federal, state, and local laws, codes, regulations, and/or ordinances
- Budget administration principles and methods
- Contract administration principles and practices
- Financial management principles and practices
- Management and leadership principles and practices
- Modern office technology
- Occupational hazards and safety-related principles
- Program development principles and techniques
- Public administration principles
- Public relations principles
- Strategic planning principles

**SKILLS**

- Understanding of network perimeter security, firewall configurations, and common indicators of compromise
- Analyzing and developing policies, procedures, contracts and/or technical documents of assigned area
- Thinking critically
- Developing and implementing strategic business and operating plans
- Ensuring compliance with applicable federal, state, and local regulations
- Establishing and executing long-term goals and objectives
- Fostering an organizational climate that attracts, retains, and develops talent at all levels
- Generating creative solutions
- Interpreting, applying, and ensuring compliance with applicable laws, codes, regulations, and standards
- Listening to, facilitating, and synthesizing multiple points of view
- Making decisions in time-sensitive situations
- Managing and administering contracts
- Managing division operations
- Managing, mentoring, and evaluating staff
- Negotiating and mediating
- Planning, analyzing, and evaluating programs, services, operational needs, and fiscal constraints
- Preparing and administering division budget
- Shaping and implementing policy direction
- Solving complex problems and using reason even when dealing with complex, confidential and sensitive topics
- Synthesizing complex and diverse information
- Utilizing a computer and relevant software applications



## MANAGER TECHNOLOGY CLASSIFICATION DESCRIPTION

- Utilizing communication and interpersonal skills as applied to interactions with coworkers, supervisors, the general public, and others to sufficiently exchange or convey information and to receive work direction

### **MINIMUM QUALIFICATIONS** (at job entry)

#### Education and Experience:

Bachelor's degree in field related to assignment and four years of progressively responsible professional experience that includes prior lead or supervisory experience; or an equivalent combination of directly related education and experience.

#### Required Certifications/Licenses:

- Fingerprint Clearance Card (FPCC) may be required for some assignments.

### **CLASS HISTORY INFORMATION**

Created: 3/2022

Amendments:



## MANAGER TECHNOLOGY PHYSICAL & ENVIRONMENTAL FACTORS

### OVERALL PHYSICAL STRENGTH DEMANDS:

| Physical Strength for this classification is indicated below with an "X" |   |
|--|---|
| <input checked="" type="checkbox"/>                                      | Sedentary: Exerting up to 10 lbs. occasionally or negligible weights frequently; sitting most of the time.  |
| <input type="checkbox"/>   | Light: Exerting up to 20 lbs. occasionally, 10 lbs. frequently, or negligible amounts constantly OR requires walking or standing to a significant degree. |
| <input type="checkbox"/>   | Medium: Exerting 20-50 lbs. occasionally, 10-25 lbs. frequently, or up to 10 lbs. constantly.   |
| <input type="checkbox"/>   | Heavy: Exerting 50-100 lbs. occasionally, 10-25 lbs. frequently, or up to 10-20 lbs. constantly.  |
| <input type="checkbox"/>   | Very Heavy: Exerting over 100 lbs. occasionally, 50-100 lbs. frequently, or up to 20-50 lbs. constantly.  |

### PHYSICAL DEMANDS:

| C<br>Continuously<br>2/3 or more time | F<br>Frequently<br>1/3 to 2/3 of time | O<br>Occasionally<br>Up to 1/3 time | R<br>Rarely<br>< 1 hour per week | N<br>Never<br>Never occurs |
|---------------------------------------|---------------------------------------|-------------------------------------|----------------------------------|----------------------------|
|---------------------------------------|---------------------------------------|-------------------------------------|----------------------------------|----------------------------|

Note: This is intended as a description of the way the job is currently performed. It does not address the potential for accommodation.

| Physical Demand | Brief Description   | C                                   | F                                   | O                                   | R                                   | N                                   |
|-----------------|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Standing        | Communicating with co-workers, observing work site, observing work duties         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Sitting         | Desk work   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Walking         | To other departments/offices/office equipment                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Lifting         | Supplies, files   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Carrying        | Supplies, files   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Pushing/Pulling | File draws, tables and chairs   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Reaching        | For supplies, for files   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Handling        | Paperwork   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Fine Dexterity  | Computer keyboard, telephone pad, calculator, calibrating equipment               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Kneeling        | Filing in lower drawers, retrieving items from lower shelves/ground               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Crouching       | Filing in lower drawers, retrieving items from lower shelves/ground               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Crawling        | Under equipment   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Bending         | Filing in lower drawers, retrieving items from lower shelves/ground               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Twisting        | From computer to telephone, getting inside vehicles                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Climbing        | Stairs, step stool  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Balancing       | On step stool   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Vision          | Reading, computer screen, driving   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Hearing         | Communicating with co-workers and public and on telephone, listening to equipment | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Talking         | Communicating with co-workers and public and on telephone                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Foot Controls   | Driving   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Other (Specify) |   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |



## MANAGER TECHNOLOGY PHYSICAL & ENVIRONMENTAL FACTORS

### **MACHINES, TOOLS, EQUIPMENT, SOFTWARE AND HARDWARE:**

Basic office tools and equipment. More specific machines and equipment may be required based on position assignment.

### **ENVIRONMENTAL FACTORS:**

| <b>D</b><br>Daily | <b>W</b><br>Several Times Per Week | <b>M</b><br>Several Times Per Month | <b>S</b><br>Seasonally | <b>N</b><br>Never |
|-------------------|------------------------------------|-------------------------------------|------------------------|-------------------|
|-------------------|------------------------------------|-------------------------------------|------------------------|-------------------|

| <b>Health &amp; Safety Factors</b> | <b>D</b>                            | <b>W</b>                 | <b>M</b>                 | <b>S</b>                            | <b>N</b>                 | <b>Health &amp; Safety Factors</b> | <b>D</b>                 | <b>W</b>                 | <b>M</b>                 | <b>S</b>                            | <b>N</b>                 |
|------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| Mechanical Hazards                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Respiratory Hazards                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Chemical Hazards                   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Extreme Temperatures               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Electrical Hazards                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Noise and Vibration                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Fire Hazards                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wetness/Humidity                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Explosives                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical Hazards                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Communicable Diseases              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    |                          |                          |                          |                                     |                          |
| Physical Danger or Abuse           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                    |                          |                          |                          |                                     |                          |
| Other (Specify Below)              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    |                          |                          |                          |                                     |                          |
|                                    |                                     |                          |                          |                                     |                          |                                    |                          |                          |                          |                                     |                          |

### **PROTECTIVE EQUIPMENT REQUIRED:**

None.

### **NON-PHYSICAL DEMANDS:**

| <b>C</b><br>Continuously<br>2/3 or more time | <b>F</b><br>Frequently<br>1/3 to 2/3 of time | <b>O</b><br>Occasionally<br>Up to 1/3 time | <b>R</b><br>Rarely<br>< 1 hour per week | <b>N</b><br>Never<br>Never occurs |
|--|--|--|---|-----------------------------------|
|--|--|--|---|-----------------------------------|

| <b>Description of Non-Physical Demands</b>    | <b>C</b>                 | <b>F</b>                            | <b>O</b>                            | <b>R</b>                 | <b>N</b>                            |
|---|--------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| Time Pressure                                 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Emergency Situation                           | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Frequent Change of Tasks                      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Irregular Work Schedule/Overtime              | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Performing Multiple Tasks Simultaneously      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Working Closely with Others as Part of a Team | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
| Tedious or Exacting Work                      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Noisy/Distracting Environment                 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| Other (Specify Below)                         | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |
|   |                          |                                     |                                     |                          |                                     |



## MANAGER TECHNOLOGY PHYSICAL & ENVIRONMENTAL FACTORS

### **PRIMARY WORK LOCATION**

|                                     |                                |
|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> | Office Environment             |
| <input type="checkbox"/>            | Warehouse                      |
| <input type="checkbox"/>            | Shop                           |
| <input type="checkbox"/>            | Recreation/Neighborhood Center |
| <input type="checkbox"/>            | Vehicle                        |
| <input type="checkbox"/>            | Outdoors                       |
| <input type="checkbox"/>            | Other (Specify Below)          |
|                                     |                                |



## MANAGER TECHNOLOGY ACKNOWLEDGEMENT

### SIGNATURE – REVIEW AND COMMENTS:

I have reviewed this description and find it to be an accurate representation of the demands of the position.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Title of Supervisor

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Title of Department Head

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

\_\_\_\_\_  
The above statements are intended to describe the general nature and level of work being performed by individuals assigned to this position. They are not intended to be an exhaustive list of all responsibilities, duties, and skills required. This description is subject to modification as the needs and requirements of the position change.