

**DUTY STATEMENT
STATE TREASURER'S OFFICE
ADMINISTRATION**

PART A	
Position No: 820-200-4179-003	Date:
Classification: Accountant Trainee	Name:
Under the close supervision of the Accounting Administrator II, the incumbent shall perform the professional accounting work in the Accounts Payable Unit.	
Percentage of time performing duties	ESSENTIAL FUNCTIONS
35%	Audit, review, analyze in-state and out-of-state TEC and travel advance requests through CalATERS for accuracy, compliance and appropriateness with Government Codes, State Administrative Manual (SAM), CalHR Rules, and Department Administrative Manual (DAM). Maintain CalATERS table. Provide customer services to help travelers with various travel related issues. Review CalATERS Fi\$Cal vouchers and take necessary corrective actions for proper funding source and Chart of Accounts. Prepare Fi\$cal replenishment voucher for the Office Revolving Fund. Assign codes in accordance with the Uniform Codes Manual. Prepare Fi\$Cal vouchers in accordance with the SAM and State Controller's Office (SCO) requirements.
25%	Process accounts payable invoices which includes phone invoices, internet invoices and Connect Card invoices utilizing Fi\$Cal. Review for accuracy, proper approvals and correct coding in accordance with SAM, State regulations and DAM.
10%	Responsible for calculating year-end expenditure accruals. Prepare accrual transactions worksheet to be uploaded to Fi\$Cal.
10%	Prepare agency checks for travel, expense and salary advances; monitor revolving fund balance; responsible for helping to download SCO's reports.
5%	Participate in the quarterly Travel Program Coordinators meetings with DGS and stay up to date on various travel rules and regulations. Help update departmental travel policy.
5%	Assist with manual and remote site deposits.
5%	Provide clerical support to the accounting staff.
Percentage of time performing duties	NON-ESSENTIAL FUNCTIONS
5%	Perform other job-related duties as required.

PHYSICAL AND MENTAL REQUIREMENTS OF ESSENTIAL FUNCTIONS

Activity	Not Required	Less than 25%	25% - 49%	50% - 74%	75% or more
Vision: Auditing Travel Expense Claims; reviewing CALSTARS reports; entering information into PC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hearing: Answering telephones; providing verbal information to management; interacting with co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Speaking: Answering telephones; providing verbal information to management; interacting with co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Walking: Distributing checks; going to printer.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting: Sitting at desk and personal computer while performing accounting functions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Standing: Xeroxing documents; printing claim schedules; retrieving documents from the printer.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balancing:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentrating: Analyzing Travel Expense Claims; reviewing accounting reports; auditing invoices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comprehension: Understanding DPA Travel rules, accounting procedures, questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Working Independently: Must be able to work fairly independently with minimal assistance from supervisor/ co-workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lifting up to 10 LBS occasionally: Sorting and filing accounting documents and reports; boxing records for storage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lifting up to 20 LBS occasionally and/or 10 LBS frequently: Sorting and filing accounting documents and reports; boxing records for storage.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting up 20-50 LBS occasionally and/or 25-50 frequently:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fingering: Pushing buttons on telephone; using a PC keyboard; using an adding machine; assembling claim schedules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reaching: Answering phones; retrieving files; distributing checks; printing claim schedules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Carrying: Retrieving accounting documents; distributing checks and accounting documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Climbing:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending at waist: Retrieving accounting documents; printing claim schedules; filing claim schedules.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing or pulling: Retrieving accounting documents; distributing accounting documents and reports.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling: Processing accounting documents; assembling claim schedules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Driving:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating equipment: Personal computer; adding machine; copy machine; telephone; fax.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Working indoors: Enclosed office environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Working outdoors:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in confined space: Enclosed office environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**PART B
PROSPECTIVE EMPLOYEE RESPONSE**

Position No: 820-200-4179-003	Date:
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Classification: Accountant Trainee	Name:
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Do you have any physical or mental condition or limitation that will prevent you from performing the essential functions of the position as described above?

- | | |
|--------------------------|---|
| <input type="checkbox"/> | No. I have no physical or mental condition or impairment that would prevent or otherwise impair me from performing the essential functions of the job, as set forth in the job description above. |
| <input type="checkbox"/> | No. I do have a physical or mental condition or limitation that will require reasonable accommodation in order for me to be able to perform one or more of the essential functions of the job, as set forth in the job description above. |
| <input type="checkbox"/> | Yes. I have a mental or physical condition or limitation that will prevent me from performing one or more of the essential functions of the job, as set forth in the above job description even with |
| <input type="checkbox"/> | I am not sure if I have any physical or mental condition or impairment that might prevent or otherwise impair me from performing one or more of the essential functions of the job, as set |

Note: If you have checked this box, please indicate in the space below the following information:

1. the essential function in question, and
2. the specific functional limitations you have that you believe may prevent or otherwise impair you from performing that essential function.

You may attach additional pages if necessary. A Personnel Office representative will contact you in order to discuss the matter with you in greater detail. If during this conversation it is determined that a reasonable accommodation may be necessary in order for you to perform the essential function(s) of the job, the representative will discuss that option with you.

CERTIFICATION: I certify that I have provided true and complete information concerning my ability to perform the essential functions as it pertains to above job description. (Any misrepresentation or material omission may be cause for dismissal.)

Applicant's Signature	Date Signed
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