

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

<b>PART A</b>	
<b>Position No: 820-200-4549-001</b>	<b>Date:</b>
<b>Classification: Accounting Administrator I (Sup)</b>	<b>Name:</b>
Under the direction of the Accounting Administrator II, supervises the day-to-day operations of the fiscal accounting office, providing direction and training to staff and reviewing staff work.	
<b>Percentage of time performing duties</b>	<b>ESSENTIAL FUNCTIONS</b>
<b>35%</b>	Plans, organizes, directs and supervises the staff in the day-to-day functions of accounting and reporting. Provides training and technical assistance to staff as necessary. Assists the Accounting Administrator II in the interviewing and hiring of staff. Communicates with the Administrator II on a regular basis regarding staff performance and possible accounting issues. Must have ability to share job knowledge, skills and ideas and to develop cooperative working relationships with staff of the State Treasurer's Office (STO) and Boards/Commissions /Authorities (BCAs), State Controller's Office (SCO), Department of Finance (DOF), outside suppliers, auditors, other State agencies and the public.
<b>20%</b>	Record financial activity related to Agencies assigned including, but not limited to: journal entries; cash receipts; remittance advices; controller's receipts; accounts receivables; direct transfers; projects; and loans. Review and approve purchasing documents for availability of budgeted funds for the period, expenditures stated, and for correct coding. Monitor the cash and appropriation balances and communicate possible problems to management.
<b>15%</b>	Manages, trains and assists staff in the more difficult and complex areas regarding the recording of financial activity, especially that related to the BCAs with various programs and multiple funding sources that include General Fund, Special Funds, Non-Governmental Cost Funds, and Federal Fund. This includes, but is not limited to Plans of Financial Adjustments, loans, grants, monthly reconciliations, and timely completion of year- end financial statements.
<b>10%</b>	Responsible for researching and answering inquiries from management with regard to BCAs fiscal positions. Correspond and interact with Budget Office, BCA management and staff, as well as various control agencies and the public.
<b>5%</b>	Complete monthly reconciliations between Fi\$Cal and SCO's monthly fund and appropriation reconciliation reports.
<b>5%</b>	Responsible for year-end financial statements for the assigned BCAs. Prepare manual financial statements from Fi\$Cal accounting system.
<b>5%</b>	Reconcile Agency Centralized Treasury System (CTS) Bank Account.
<b>5%</b>	Other job related duties.

**Percentage  
of time  
performing  
duties**

**NON-ESSENTIAL FUNCTIONS**

## PHYSICAL AND MENTAL REQUIREMENTS OF ESSENTIAL FUNCTIONS

Activity	Not Required	Less than 25%	25% - 49%	50% - 74%	75% or more
<b>Vision:</b> Reviewing reports; entering information into PC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Hearing:</b> Answering telephones; interacting with and providing information to management and co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Speaking:</b> Answering telephones; interacting with and providing information to management and co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Walking:</b> Distributing accounting documents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sitting:</b> 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"/>
<b>Standing:</b> Xeroxing documents; printing reports; retrieving documents from the printers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Balancing:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Concentrating:</b> Analyzing documents; reconciling encumbrances; reviewing accounting reports; auditing invoices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Comprehension:</b> Understanding procedures; questions, and governmental accounting regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Working Independently:</b> Must be able to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Lifting up to 10 LBS occasionally:</b> 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"/>
<b>Lifting up to 20 LBS occasionally and/or 10 LBS frequently:</b> 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"/>
<b>Lifting up 20-50 LBS occasionally and/or 25-50 frequently:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fingering:</b> 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"/>
<b>Reaching:</b> Answering phones; retrieving files; distributing accounting documents and reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Carrying:</b> Retrieving accounting documents, distributing accounting documents and reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Climbing:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bending at waist:</b> Retrieving accounting documents; printing reports; filing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Kneeling:</b> Retrieving accounting documents, filing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pushing or pulling:</b> Retrieving accounting documents, opening and closing file drawers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Handling:</b> Processing accounting documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Driving:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Operating equipment:</b> Personal computer; adding machine; copy machine; telephone; fax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Working indoors:</b> Enclosed office environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Working outdoors:</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Working in confined space:</b> Enclosed office environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**PART B  
PROSPECTIVE EMPLOYEE RESPONSE**

<b>Position No: 820-200-4549-001</b>	<b>Date:</b>
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<b>Classification: Accounting Administrator I (Sup)</b>	<b>Name:</b>
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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 reasonable accommodation.            |
| <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 forth in the above job description.            |

**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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