

DUTY STATEMENT

CHP 129 (Rev. 5-19) OPI 097

CURRENT

| | | | | |
|---|---|---|---------------------|------------------------|
| COMMAND/ORGANIZATIONAL UNIT Fiscal Management Section, Travel Services Unit | | DIVISION Administrative Services Division | | |
| CIVIL SERVICE CLASSIFICATION TITLE Accountant I (Specialist) | | BARGAINING UNIT R01 | TENURE Permanent | TIME BASE Full-Time |
| POSITION NUMBER 388-071-4177-045 | | CURRENT DATE 05/27/2025 | | |
| DESIGNATED POSITION FOR CONFLICT OF INTEREST <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | CONFIDENTIAL DESIGNATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | FOR SELECTION STANDARDS AND EXAMINATIONS SECTION USE ONLY | | |
| | | APPROVED BY | | DATE |

FUNCTION OF POSITION
Under the direct supervision of the Accounting Administrator I (Supervisor), the Accountant I (Specialist) is responsible for auditing travel expense claims; calculating and recording tax withholding information, scheduling payments for employee survivor benefits and authorizing payments to employees eligible for boot allowances for the Travel Services Unit.

SUPERVISION RECEIVED
The Accountant I (Specialist) reports directly to and receives the majority of their assignments from the Accounting Administrator I (Supervisor). However, direction and assignments may also come from the Staff Services Manager II (Supervisory).

SUPERVISION EXERCISED
N/A

WORKING CONDITIONS

SPECIAL PERSONAL CHARACTERISTICS

| PERCENTAGE OF TIME PERFORMING DUTIES | Essential Functions |
|--------------------------------------|---|
| 45% | Uses the California Automated Travel Expense Reimbursement System (CalATERS) to audit the semi-difficult to difficult travel claims; approves, rejects, or alters claims based on criteria established by departmental policy, State regulations, and applicable Memorandums of Understanding; verifies or alters accounting codes to record each approved claim; monitors expenses paid to and on behalf of employees to avoid duplicate payments; identifies expenditures subject to tax withholding and record details in a database used to consolidate and report deductions to the State Controller's Office. Uses the automated travel reimbursement system to audit requests for a travel advance; approves or rejects requests based on criteria established by departmental policy, State regulations, and applicable Memorandums of Understanding. |
| 20% | Uses the telephone, departmental email, and Microsoft Remote Viewer to assist employees with issues involving their claims or booking travel using the on-line reservation system. |
| 15% | Adds, deletes and modifies authorized users of CalATERS; updates the table maintenance files of CalATERS by transmitting an Excel spreadsheet to the State Controller's Office. Establishes employees as vendors in the accounting system to facilitate tracking of transactions. Approves employee profiles in the on-line travel reservation system - Concur. |
| 10% | Audits and creates vouchers for payments to vendors and replenish employee survivor benefit payments, audits and creates vouchers for payments to non state employee travel claims in Financial Information System for California (FISCal). Compiles, calculates, and schedules payments to employees for entitled boot allowances. |
| 5% | Serves as back up to any vacant or absent position of an equal or lesser classification level. |
| | Non-Essential Functions |

DUTY STATEMENT

Accountant I (Specialist)

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388-071-4177-045

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|-------------------|---|
| 5% | Performs other duties, within the scope of the classification, as assigned. |
| TOTAL 100% | |

The duties of this position are subject to change and may be revised as necessary. I have read and understood the duties listed above and I can perform these duties with or without reasonable accommodation. I have discussed the duties of this position with my supervisor and have received a copy of the duty statement.

| PRINT EMPLOYEE'S NAME | EMPLOYEE'S SIGNATURE | DATE |
|-----------------------|----------------------|------|
|-----------------------|----------------------|------|

I have discussed the duties of this position with and have provided a copy of this duty statement to the employee named above.

| PRINT SUPERVISOR'S NAME | SUPERVISOR'S SIGNATURE | DATE |
|-------------------------|------------------------|------|
|-------------------------|------------------------|------|