

**DUTY STATEMENT
CALIFORNIA DEPARTMENT OF VETERANS AFFAIRS**

PART A	
Position No: 574-250-4546-001	Date:
Class: Accounting Officer (Specialist)	Name:
Under supervision from the Manager I, the Accounting Officer (Specialist) will be responsible for the daily operation of the accounting office. Will maintain accounting records and perform monthly bank reconciliation for the Morale Welfare and Recreation Fund, Donations Fund, Enterprise Fund and Resident's Trust Fund. Will assist with special assignments.	
Percentage of time performing duties:	ESSENTIAL FUNCTIONS
30%	Prepares yearly budget and maintains accounting records for the Moral, Welfare and Recreation Fund. Prepares and distributes monthly reports for the Morale, Welfare & Recreation Fund, Donations Fund, Enterprise Fund and Resident's Trust Fund. Prepares and monitors MW&RF expenditure data and informs the Home Administrator of potential funding deficits.
25%	Performs bank reconciliation for the Veterans Home fund accounts. Ensures any discrepancies on bank statements are corrected in a timely manner by contacting the bank. Verifies accuracy of the daily deposits of receipts in the bank. Maintains trust investment account balances to maximize interest earning on investments.
20%	Provides technical guidance and analytical support to the Accounting Technician in the maintenance of reporting of accounting and fiscal activities maintained at the Home. Provides back-up support to the accounting staff when necessary, including the resident bank services and support services to employees of the Home. Performs special duties, investigation and special assignments as directed by the Staff Services Manager II.
10%	Is responsible for the preparation of the Homes Financial Information, which includes the preparation of the Homes Fiscal Year-End Financial Statements. Will work with various auditors to provide requested information.
10%	Directs the distribution of payroll checks at the Home. In certain cases, and upon approval of the Headquarters VHC- Accounting Office may issue revolving fund checks at the Home in accordance with the State Administration Manual (SAM) and departmental policy.
NON-ESSENTIAL FUNCTIONS	
5%	Other related duties as assigned

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PART B - PHYSICAL AND MENTAL REQUIREMENTS OF ESSENTIAL FUNCTIONS					
Activity	Not Required	Less than 25%	25% to 49%	50% to 74%	75% or More
VISION: View computer screen; prepare various forms, memos, reports, letters, and proofread documents.					X
HEARING: Answer telephone; communicate with Administration, department managers, department staff; provide verbal information.					X
SPEAKING: Communicate with staff, residents and the public in person and via telephone; interact in meetings.					X
WALKING: Within the home and various units.		X			
SITTING: Workstation, meetings and training.				X	
STANDING: Copy documents; reviewing records.			X		
BALANCING:		X			
CONCENTRATING: Prepare various spreadsheets and documentation using computer, fax and calculator.					X
COMPREHENSION: Understand laws, rules, regulations, policies and procedures. Understand content of meetings, trainings and work discussions.					X
WORKING INDEPENDENTLY: Works with minimal direction and supervision.					X
LIFTING UP TO 10 LBS:					X
LIFTING 10-25 LBS:				X	
LIFTING 25-50 LBS:		X			
FINGERING: Push telephone buttons, calculator keys, computer keyboard and paperwork.					X
REACHING: Answer telephone; use a mouse; retrieve documents on desk printer.				X	
CARRYING: Receipt, document boxes to storage.				X	
CLIMBING: Stairs.		X			
BENDING AT WAIST: Retrieve documents from files. Placing storage boxes on floor or low shelf.			X		
KNEELING: Retrieve/place documents on low shelf or file drawers.			X		
PUSHING OR PULLING: Open/close file drawers and large bank safe door.			X		
HANDLING: Accounting binders and documents.				X	
DRIVING: Special events.		X			
OPERATING EQUIPMENT: Computer, calculator, telephone, printer, fax and copier.				X	
WORKING INDOORS: Enclosed office environment.					X
WORKING OUTDOORS: Special events.		X			
WORKING IN CONFINED SPACE: File, supply, storage rooms, etc.					X

I have read and understand the duties listed on this Duty Statement and I can perform these duties with or without reasonable accommodation. (If reasonable accommodation may be necessary, discuss any concerns with the Equal Employment Opportunity Office.

Employee signature _____ Date _____
Supervisor signature _____ Date _____
Human Resources signature _____ Date _____