STATE OF CALIFORNIA
Franchise Tax Board

Current or Proposed
Proposed
Date Approved
11/02/2026
HR Initials
TM

DUTY STATEMENT

Request for Personnel Action (RPA) Number ERPA-2627-00175	**Effective Date**
Classification Title Accountant Trainee	**Position Number** 564-553-4179-012
Working Title Accountant Trainee	**Bureau and Section** Financial Management Bureau Accounting Services Section

Our mission is to help taxpayers file timely and accurate tax returns and pay the correct amount to fund services important to Californians. To support this mission, FTB employees strive to develop in CalHR's Core Competencies: Collaboration, Communication, Customer Engagement, Digital Fluency, Diversity and Inclusion, Innovative Mindset, Interpersonal Skills, and Resilience. Core competencies are the knowledge, skills, and behaviors which are foundational to all state employees regardless of classification.

General Statement

Under close supervision of the Administrator I, in a training and learning capacity, the incumbent collects outstanding salary advances for temporary and separating employees, prepares coding for documents for issuing various Revolving Fund checks and cash State warrants. The incumbent in a training and learning capacity, performs accounting duties in the establishment and maintenance of financial records for agency activities and maintains working relationships with department personnel, other state departments, vendors and US Bank.

Essential Functions

Percentage	Description
25%	In a training and learning capacity, responsible for payment of separated and/or temporary employees within 72 hours as required by law. Review all controller issued warrants against subsidiary receivable ledgers prior to distribution. Deduct amounts due the department from applicable warrants, determine balance due to employee, and post the salary advance and accounts receivable ledgers accordingly. Work closely with the State Controller's Office (SCO) and Franchise Tax Board's (FTB) Personnel Specialists to research and resolve payment issues for FTB employees.

25%	In a training and Learning capacity, handle distribution/mailing of all Intermittent, Late Dock, over-time payroll, Revolving Fund checks, and monthly/daily agency payroll warrants from the State Controller's Office. Receive payroll warrants daily from the State Controller's Office for all Franchise Tax Board employees; sort and distribute the payroll warrants to the designated destinations. Prepare, distribute/mail all salary advances, travel advances and invoice payments, etc.
15%	In a training and learning capacity, audit, analyze and process claims for the California Automated Travel Expense Reimbursement System (CalATERS) for their assigned Payroll Unit Codes (PUCs). Audit for accuracy and compliance with the State Administrative Manual (SAM), California Department of Human Resources (CalHR), and Labor Contracts. Contact claimants for supporting documentation or substantiations. Analyze travel expenditure information to ensure proper posting to the General Ledger via the automated accounting system, correct any resulting errors as required. Assist FTB staff with questions regarding CalATERS claims via the helpdesk phones or email.
15%	In a training and learning capacity, analyze and prepare coding to initiate various payments/checks daily. Post various Revolving Fund check vouchers and accounting transactions into the automated accounting system. Prepare manual checks and coinciding posting documents, take copies of source documents and checks as needed. Process Escheat checks as needed.
15%	In a training and learning capacity, prepare and process Residential Lien Fee Payments and replenishments for review and submission. Work closely with the State Controller's Office (SCO) regarding claim processing and payments.

Marginal Functions

Percentage	Description
5%	In a training and learning capacity, process Sherriff Fees and Survivor Benefits, completing replenishments as needed. Post Transactions into the automated accounting system, correcting any issuing errors and post claim corrections as needed. Other duties as needed.

Employee:

I confirm that I have read and understand the described duties and functions of this position.

Name (Print)	Signature	Date

Supervisor:

I certify that the above information accurately represents the described duties and functions of this position.

Name (Print)	Signature	Date