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| **CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION** | | | | | |  | PROPOSED | | |
| POSITION DUTY STATEMENT | | |  | | | | | | |
|  | | |  | | |  | CURRENT | | |
|  | | |  | | | | | | |
| **CDCR INSTITUTION OR HEADQUARTERS PROGRAM** | | | **POSITION NUMBER (Agency-Unit-Class-Serial)** | | | | | | **MCR / HCR** |
| ACCOUNTING SERVICES BRANCH - SACRAMENTO | | | 062-500-4870-902 | | | | | |  |
| **DIVISION / UNIT** | | | **CLASSIFICATION TITLE** | | | | | | |
| INMATE ACCOUNTING-ACCOUNT PAYABLE UNIT | | | Student Assistant | | | | | | |
| **WORKING TITLE** | | | | | | |
| Student Assistant | | | | | | |
| **TIME BASE / TENURE** | **CBID** | **WWG** | | | **COI** | |
| Intermittent / TAU | E | 2 | | | Yes  No | |
| **LOCATION** | | | **INCUMBENT** | | | **EFFECTIVE DATE** | | | |
| Goethe Road, Sacramento, CA | | |  | | |  | | | |
| **CDCR’S MISSION and VISION** | | | | | | | | | |
| **Mission**  To facilitate the successful reintegration of the individuals in our care back to their communities equipped with the tools to be drug-free, healthy, and employable members of society by providing education, treatment, rehabilitative, and restorative justice programs, all in a safe and humane environment.  **Vision**  We enhance public safety and promote successful community reintegration through education, treatment, and active participation in rehabilitative and restorative justice programs. | | | | | | | | | |
| **COMMITMENT TO DIVERSITY, EQUITY, AND INCLUSION** | | | | | | | | | |
| The California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) are committed to building and fostering a diverse workplace. We believe cultural diversity, backgrounds, experiences, perspectives, and unique identities should be honored, valued, and supported. We believe all staff should be empowered. CDCR/CCHCS are proud to foster inclusion and representation at all levels of both Departments. | | | | | | | | | |
| **DIVISION OVERVIEW** | | | | | | | | | |
| **BRIEFLY DESCRIBE THE DIVISION/UNIT FUNCTIONS** | | | | | | | | | |
| You are a valued member of the Department’s team. You are expected to work cooperatively with team members and others to enable the Department to provide the highest level of service possible. Your creativity and ingenuity are encouraged. Your efforts to treat others fairly, honestly and with respect are critical to the success of the Department’s mission. | | | | | | | | | |
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| **BRIEFLY (1 OR 2 sentences) DESCRIBE THE POSITION’S ORGANIZATIONAL SETTING AND MAJOR FUNCTIONS** | | | | | | | | | |
| Effective on the date indicated, in accordance with state and departmental policies and procedures, and under the direct supervision from the Accounting Administrator I (Supervisor), the student Assistant is assigned the following duties and responsibilities described below. This position has no supervisory responsibility. | | | | | | | | | |
| **% of time performing duties** | **Indicate the duties and responsibilities assigned to the position and the percentage of time spent on each. Group related tasks under the same percentage with the highest percentage first.** | | | | | | | | |
|  |  | | | | | | | | |
| 35%  35%  15%  10% | Under close supervision in a learner capacity, the student will assist in performing miscellaneous duties in the IWF AP unit. Duties may include, but are not limited to logging and filing purchase orders, invoices, claim schedule etc. Perform 3-way match of invoice, purchase order and stock receive report (SRR). Perform data input for SAP, upload templates. Assist IWF AP with research related to vendors payment in SAP, responds to vendor calls/emails regarding payment inquiries.  Assist IWF AP staff with posting paid claim schedule information to the Stock Received Reconciliation. Post SRR’s to the Stock Receive Reports. Performing Scanning, copying, archiving for the unit’s correspondence, and accounting records.  Assist IWF team with organizing TRACS/SAP error logs, presentation or training, conference calls. Assist with the production of material for events.  Assist IWF administrator staff with technical support to provide fulfillment of the business needs within the Accounting Service Branch-Inmate Accounting. Effectively communicate progress of assigned tasks while in a team environment. Cross trains on multiple desks within IWF to serve as back up when necessary. Assist in special Admistrative project as needed. | | | | | | | | |
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| 5% | Perform administrative duties including, but not limited to adhere to Department policies, rules, and procedures; submit administrative requests including leave, travel, and training in a timely and appropriate manner; accurately report time and submit timesheets by the due date. | | | | | | | | |
| **SPECIAL REQUIREMENTS** | | | | | | | | | |
| * CDCR does not recognize hostages for bargaining purposes. CDCR has a "NO HOSTAGE" policy and all prison inmates, visitors, nonemployees and employees shall be made aware of this. | | | | | | | | | |
| **CONSEQUENCE OF ERROR** | | | | | | | | | |
| * Consequences of error may result in loss of time and could cause significant delays in program production. Such delays can result in (a) inefficient use or misdirection of department resources resulting in the inability to meet efficiency and time line goals, (b) varying degrees of negative financial impacts to the department, (c) decline in customer services, (d) diminished stakeholder confidence, (e) increased audits, and (f) possible reduction of funding or resources. | | | | | | | | | |
| **To be reviewed and signed by the supervisor and employee:**  **EMPLOYEE’S STATEMENT:**   * *I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH MY SUPERVISOR AND RECEIVED A COPY OF THIS DUTY STATEMENT.* | | | | | | | | | |
| **EMPLOYEE’S NAME (Print)** | | **EMPLOYEE’S SIGNATURE** | | | | **DATE** | | | |
|  | |  | | | |  | | | |
| **SUPERVISOR’S STATEMENT:**   * *I CERTIFY THIS DUTY STATEMENT REFLECTS CURRENT AND AN ACCURATE DESCRIPTION OF THE ESSENTIAL FUNCTIONS OF THIS POSITION* * *I HAVE DISCUSSED THE DUTIES AND RESPONSIBILITIES OF THE POSITION WITH THE EMPLOYEE AND PROVIDED THE EMPLOYEE A COPY OF THIS DUTY STATEMENT.* | | | | | | | | | |
| **SUPERVISOR’S NAME (Print)** | | **SUPERVISOR’S SIGNATURE** | | | | **DATE** | | | |
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