DEPARTMENT OF CORRECTIONS AND REHABILITATION

DIVISION OF FISCAL SERVICES

ACCOUNTING SERVICES BRANCH

|  |  |  |
| --- | --- | --- |
| **DUTY STATEMENT** | | EFFECTIVE DATE: |
| CDCR INSTITUTION OR DEPARTMENT  Sacramento Accounting Office | | POSITION NUMBER (Agency – Unit – Class – Serial)  065-752-4546-002 |
| UNIT NAME AND CITY LOCATED  Trust Headquarters - Sacramento | | CLASS TITLE  Accounting Officer – Specialist |
| WORKING DAYS AND WORKING HOURS  Monday thru Friday: 7:00 a.m. to 5:0.0 p.m. | | SPECIFIC LOCATION ASSIGNED TO  Goethe Road, Sacramento |
| CURRENT OR PROPOSED INCUMBENT (If known) | |  |
| 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. | | |
| Effective on the date indicated, in accordance with state and departmental policies and procedures, and under general supervision from the Senior Accounting Officer Supervisor and Accounting Administrator I Supervisor, the Accounting Officer Specialist is assigned the following duties and responsibilities described below. This position has no supervisory responsibility. | | |
|  | **DUTIES AND RESPONSIBILITIES** | |
| 40% | Process requests for certified inmate statements. Enter Federal & State Filing fees (including PLRA Court Order Cases) into TRACS for collection. These may come in by mail, email and electronically from the Courts. Post Filing Fee Outside payments and adjustments. Reconcile accounts. Respond to emails with questions regarding PLRA’s. Make adjustments when necessary. Enter Cost Bills into TRACS for collection. Perform adjustments for Cost Bills and provide institutions copy of Cost Bills upon request. | |
| 30% | Review EFT Upload Exception Report to verify if any payments should have been posted as restitution only. Make manual adjustments if not posted correctly. | |
| 20% | Analyze the more complex COPS010A and COPS010B Transaction Requests for Restitution fines and Direct Orders. Post entries in TRACS to adjust, delete and add Restitution Fines and Direct Orders in accordance with regulations and formal written requests. Once completed send reply back to requester along with a statement showing that the task has been completed. Research and respond to 602’s and Form 22’s (Inmate Appeals and informal questions) received from inmates housed at a COCF, MCCF and Re-Entry Facilities. Assist CDCR institutions with information and research for 602’s and CDCR 22’s. | |
| 10% | Provide restitution collection training for state contract facilities. Monitor spreadsheet calculations for errors and compliance with restitution procedures and deadlines. Identify in SOMS, CDCR numbers that need linking. Provide restitution statements to CCTRP and MCRP. Monitor and answer questions on Trust Helpdesk. Some travel may be required. | |

|  |  |  |
| --- | --- | --- |
|  | **KNOWLEDGE AND ABILITIES**  Knowledge of: Accounting principles and procedures; governmental accounting and budgeting; the uniform accounting system and financial organization and procedures of the State of California and related laws, rules, and regulations; principles of business management, including office methods and procedures; principles of public finance; business law.  Ability to: Apply accounting principles and procedures; analyze data and draw sound conclusions; analyze situations accurately and adopt an effective course of action; prepare clear, complete, and concise reports; make sound decisions and recommendations in regard to the professional accounting problems in maintaining control of a departmental budget; establish and maintain cooperative relations with those contacted in the work; and speak and write effectively. Ability to qualify for a fidelity bond. | |
| SUPERVISOR’S STATEMENT: ***I HAVE DISCUSSED THE DUTIES OF THE POSITION WITH THE EMPLOYEE*** | | |
| SUPERVISOR’S NAME (Print) | | SUPERVISOR’S SIGNATURE DATE |
| EMPLOYEE’S STATEMENT: ***I HAVE DISCUSSED WITH MY SUPERVISOR THE DUTIES OF THE POSITION AND HAVE RECEIVED A COPY OF THE DUTY STATEMENT. I understand I am required to have at least 40 hours training annually, a minimum eight hours of which must be formal classroom training.*** | | |
|  | | |
| EMPLOYEE’S NAME (Print) | | EMPLOYEE’S SIGNATURE DATE |

**The statements contained in this duty statement reflect general details as necessary to describe the principal functions of this job. It should not be considered an all-inclusive listing of work requirements. Individuals may perform other duties as assigned, including work in other functional areas to cover absence or relief, to equalize peak work periods or otherwise balance the workload.**

“This position may be subject to current departmental hiring freeze restrictions.”