DUTY STATE DGS OHR 907 (Rev.			✓ Proposed	
RPA NUMBER 26568		DGS OFFICE or CLIENT AGENCY Office of Fiscal Services		
UNIT NAME Program Support Accounting Section (PSAS)		REPORTING LOCATION 707 Third St, 9th floor, West Sacramento, CA 95605		
SCHEDULE (DAYS / HOURS)		POSITION NUMBER	CBID	
Monday through Friday, 8:00 a.m. and 5:00 p.m. (flexible)		306-248-4179-011 WORKING TITLE	R01	
Accountant 7	Frainee	WOMANG TITLE		
PROPOSED INCUMBENT (IF KNOWN)		EFFECTIVE DATE		
Department' that support	/ MISSION	by providing timely, cost-eff re to the Core Values and Er	re key to the success of the ective services and products mployee Expectations, and to	
POSITION CON	ICEPT			
capacity, pro internal cont Governor's B California Pro	supervision of an Accounting Administrator I fessional accounting and payment activities rols. The accounting tasks are performed in a udget, Department Of Finance (DOF) rules a ompt Payment Act, State Administrative Man System of California (FI\$Cal) People Soft and	of assigned programs while accordance with Office of Find and regulations, State Contro anual (SAM), and government	e maintaining the proper scal Services (OFS) guidelines, oller's Office (SCO) policies,	
ESSENTIAL FU	NCTIONS			
PERCENTAGE		DESCRIPTION		
35%	invoices and goods received reports, deter	s, reconciles, and prepares invoices for payment by reviewing purchase documents against the ses and goods received reports, determining the payment distribution and method to generate ners; and by responding to inquires and billing issues in order to provide timely and accurate ents to vendors.		
25%	statements, creates correction documents	uracy of transactions, accounts, records, and vendor's ats and assists in communicating with DGS programs and discrepancies found based on the analysis in order to and fiscal reporting.		
20%	Outstanding Advance report, Unposted Vo applicable reports) pertaining to payments	ce issues by generating reports (Hold report, ORF Voucher report and Missing Payment report, and other nts to suppliers, reimbursements to revolving fund, and prrective action to resolve issues and notify management of		
10%	Assists with any accounting related project updating tracking spreadsheets, desk many adhering to all State quidelines, laws, rules	uals, and work status report		

Current

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STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES Current **DUTY STATEMENT** ✓ Proposed DGS OHR 907 (Rev. 09/2022) PERCENTAGE **DESCRIPTION** Assists on year-end required Accounts Payable assignments by reconciling encumbrance balances 5% in order to correct any discrepancies found and ensure accuracy. MARGINAL FUNCTIONS PERCENTAGE **DESCRIPTION** 5% Assists in providing back-up support to staff in their absence in order to assist with workload needs to ensure DGS programs receive assistance in accordance with office guidelines. **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS** Daily use of a personal computer, environment related application software, peripherals, and calculator at a workstation. Ability to remain at workstation for an extended period of time. • This position is eligible for telework up to three (3) days a week, in accordance with DGS's Telework Policy, and will be required to report to the office a minimum of (2) days a week. The successful candidate must reside in California upon appointment. 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 productivity are encouraged. Your efforts to treat others fairly, honestly and with respect are important to everyone who works with you.

EMPLOYEE SIGNATURE

SUPERVISOR SIGNATURE

I have discussed the duties of the position with the employee and certify the duty statement is an accurate description of the essential functions of the position.

I have discussed with my supervisor and understand the duties of the position and have received a copy of the duty statement.

EMPLOYEE NAME

SUPERVISOR NAME

DATE SIGNED

DATE SIGNED