



Josephine County, Oregon

Human Resources Office

Josephine County Courthouse
500 NW 6th Street Dept 11 / Grants Pass OR 97526
(541) 474-5217 / FAX (541) 474-5218 / TTY (800) 735-2900

POSITION DESCRIPTION

Job Title: Accounting Specialist
Department: Multi
FLSA Status: Non-Exempt
Job Code: **10
WC Code: 8810
Effective Date: January 1, 1991
Last Revised:
Pay Grade: A10
Union: AFSCME

SUMMARY

Performs a variety of bookkeeping and accounting work to maintain general and subsidiary fiscal records; does related work as required. An employee in this classification is responsible for the maintenance of accounts payable, accounts receivable, cost, departmental payroll and other fiscal records which require the use of independent judgment to properly record and document transactions and may require the handling of large sums of money. Work is performed under general supervision with assistance and/or direction being provided on unusual or difficult accounting/bookkeeping problems. Work is reviewed for accuracy, as well as for compliance with applicable policies, procedures and/or regulations. Supervision is not normally a responsibility of positions in this classification.

ESSENTIAL DUTIES AND RESPONSIBILITIES

(Illustrative Only. Any single position in this classification will not necessarily involve all of the listed duties below and other positions will involve duties which are not listed. These duties represent the essential functions needed of persons in this classification.)

1. Maintains cost, departmental payroll, budget and activity control and other fiscal records.
2. Compiles data and prepares summaries, statements, statistical information and other reports.
3. Prepares and reconciles accounts.
4. Maintains various internal accounting processes.
5. Prepares bank deposits and reconciles bank statements.
6. Maintains accounts payable which includes preparing/reviewing purchase orders and invoices, coding and compiling support data and preparing/reviewing payment.
7. Maintains accounts receivable which includes billing preparing receipts, posting to proper accounts, monitoring incoming funds, preparing balances and periodic statements.
8. Operates computer/CRT to enter transactions and to generate cumulative information.
9. Reconciles report discrepancies and problems; makes necessary corrections.

SUPERVISORY RESPONSIBILITIES

This job has no supervisory responsibilities.

QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed are representative of the knowledge, skill, and/or ability required. Considerable knowledge of recordkeeping practices used in the maintenance of fiscal accounts; general office principles and practices. Perform detailed work involving numerical data; use independent judgment to properly record fiscal transactions; make accurate mathematical computations using decimals, fractions and percentages; prepare detailed fiscal reports; establish priorities and organize own workload; maintain effective working relationships with other departments, employees and the general public.

EDUCATION AND EXPERIENCE

High school graduation or equivalency, preferably supplemented by additional coursework in bookkeeping or accounting; and three years of progressively responsible experience in accounting and/or bookkeeping work; or any satisfactory combination of experience and training which demonstrates the knowledge, skills and ability to perform the above described duties.

TYPICAL PROBLEMS ENCOUNTERED

Problems encountered generally revolve around locating sources of error when reports and/or account balances do not reconcile, resolving discrepancies and providing for appropriate and/or sufficient backup to support fiscal records.

JOB IMPACT

The most common consequence of error would involve financial loss due to improper accounting of funds and/or maintenance of records; possible litigation; and/or public embarrassment.

JOB CONTACTS

The position generally has contact with the general public, other County departments, subcontractors and vendors.

LANGUAGE SKILLS

Ability to communicate effectively both verbally and in writing; establish and maintain effective working relationships with other employees and the public; read and interpret documents such as operating and maintenance instructions, and procedure manuals; write routine reports and correspondence; and communicate effectively.

MATHEMATICAL SKILLS

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs.

REASONING ABILITIES

Ability to exercise initiative and judgment in completing tasks and responsibilities; solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists; and interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

OTHER SKILLS AND ABILITIES

Utilizing computer software to access/update files and to generate reports; the operation of standard office equipment, including ten-key calculator by touch.

CERTIFICATES, LICENSES, REGISTRATIONS

None

BACKGROUND INVESTIGATION

Those employed in this position are subject to a background investigation including criminal background investigation. Conviction of a crime will not necessarily disqualify an individual for this classification.

WORK ENVIRONMENT

Work is normally performed in an office environment. The position is impacted by the need to meet established deadlines; repetitiveness of tasks; attention to detail/accuracy; uncontrollable work flow; and uncontrollable interruptions and distractions.

PHYSICAL REQUIREMENTS

The physical requirements outlined are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

PHYSICAL REQUIREMENTS

| Check if required for essential job function | Activity | Never 0% | Occasionally 1-33% | Frequently 34-66% | Continuous 67-100% |
|--|--------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | Standing | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Sitting - 1/2 hour plus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | Moving about work area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | Bending forward | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Stoop position - 1 minute plus | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Climbing stairs - 1 floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Crawling - hands & knees | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Reaching overhead | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Lifting strength | # of pounds = 25lbs | | | |
| <input checked="" type="checkbox"/> | Lifting | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Patient Lifting | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Lifting Overhead | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Moving carts, etc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Carry items | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Dexterity/Coordination | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | Keyboard Operation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | Rapid-mental/hand/eye coord. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | Operation of motor vehicle | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Speech, Vision & Hearing

| | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | Distinguish colors | Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | Distinguish shades | Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> | Depth perception | Describe: Operate computer for data entry, correctable vision/ Near Vision for details /Close vision & ability to adjust focus |
| <input checked="" type="checkbox"/> | Ability to hear | Normal Speech Level: Telephone/Office |
| <input type="checkbox"/> | Other Spec. Hearing Req. | Describe: |

Exposure - Environmental Factors

| | | | | | |
|-------------------------------------|--------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | Heat | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Cold | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Humidity | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Wet Area/Slippery | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Noise | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Dust | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Smoke | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Vibration | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Chemical Solutions | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Uneven Area | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Ladder/Scaffold | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Ionization | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Radiation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Body Fluids | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |