**ACCOUNTING AND PAYROLL DIRECTOR**

**REPORTS TO:** Director of Financial Services and Board Treasurer

**SUPERVISES:** Bookkeeper, Receipts; Bookkeeper, Budgetary Control

**JOB FUNCTION:** Administers and develops financial services for the (School District) allowing us to account for the receipt and expenditure of funds in conformance with state and federal regulations and laws.

**PERFORMANCE RESPONSIBILITIES:**

1. Administers the records and control of receipts and expenditures, under the limitations set forth in the Board's approved budget, as the principal user of the financial application software.
2. Creates and maintains a Financial Services Procedures manual.
3. Implements automated solutions to accounting tasks and functions.
4. Supervises the production of periodic reports to Board, the Superintendent, and external authorities.
5. Assists other administrators in the interpretation of policy, procedures, and practices as it relates to the accounting system.
6. Coordinates with the Supervisor of Payroll in the production of paycheck insert information.
7. Assists in the preparation of financial reports in support of budgeting, bond issuance, and project analysis, as requested.
8. Assists the Director of Financial Services in coordinating the function of the division with other divisions of Central office, and with the schools, as requested.
9. Performs other duties as assigned by the Superintendent of Schools and the Director for Financial Services.

**KNOWLEDGE AND ABILITIES:**

1. Knowledge of:
2. Ability To:

**EDUCATION AND EXPERIENCE:** Bachelor's Degree in Accounting. At least five years of experience in accounting supervision. Ability to implement and use microcomputer-based solutions to business problems.

**LICENSES AND OTHER REQUIMMENTS:** None

I have read and fully understand the foregoing job description and am aware of nothing that would prohibit my performing those duties in a competent, efficient manner.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature