

**NAME:**

**TITLE:** Accounts Payable Bookkeeper

- QUALIFICATIONS:**
1. High School Diploma
  2. Knowledge of accounting systems and procedures.
  3. Skill in using spreadsheet, database and other software.
  4. Ability to accurately input data into a computer.
  5. Ability to communicate clearly and accurately.
  6. Ability concerning confidentiality of information and professionalism regarding sensitive matters.
  7. Certificate of good health.
  8. Such alternatives to the above qualifications as the Board may find appropriate and acceptable.

**REPORTS TO:** Business Manager, Superintendent

**JOB GOAL:** To assist in the administration of the district's business affairs so as to provide the maximum services for the financial resources available.

**TERMS OF EMPLOYMENT:** Twelve-month year. Salary and work year to be established by the Board.

**EVALUATION:** Performance of this job will be evaluated in accordance with provisions of the Board's policy on Evaluation of Support Personnel.

**PERFORMANCE RESPONSIBILITIES:**

<i>Meets</i>	<i>Needs</i>
<u>Expectations</u>	<u>Emphasis</u>

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1. Assists and maintains a complete and systematic set of records of the financial transactions of the district.              |
| _____ | _____ | 2. Assists in the execution of the annual budget, expenditure side.   |
| _____ | _____ | 3. Records district financial transactions in appropriate journals, i.e. invoices and encumbrances.                           |
| _____ | _____ | 4. Summarizes and balances entries recorded in individual journals and posts to general journals.                             |
| _____ | _____ | 5. Prepares financial statements, income statements, and cost reports to reflect financial condition of the district's funds. |
| _____ | _____ | 6. Monitors all purchase orders to determine correctness of information, price extensions, coding information, and so on.     |
| _____ | _____ | 7. Traces errors and records adjustment to correct charges or credits posted to incorrect amounts.                            |
| _____ | _____ | 8. Prepares monthly vendor checks and corresponding report for Board approval.  |
| _____ | _____ | 9. Writes manual checks as needed.  |
| _____ | _____ | 10. Prepares monthly notices of bills approved for publication.   |

*Meets  
Expectations*

*Needs  
Emphasis*

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 11. Coordinates, processes, and controls transfers of budgeted funds as requested by administration.                                |
| _____ | _____ | 12. Enters fixed asset inventory purchases in computer and issues tag numbers.  |
| _____ | _____ | 13. Backs up of Fund Accounts regularly.  |
| _____ | _____ | 14. Assists with preparation of Certified Annual Report.  |
| _____ | _____ | 15. Reports to the superintendent on the accounting affairs of the district and recommends changes and improvements as needed.      |
| _____ | _____ | 16. Performs such other tasks and assumes such other responsibilities that may from time to time be assigned by the superintendent. |
| _____ | _____ | 17. Fulfills Director of Business/Finance duties by maintaining and operating the financial accounting software, during absences.   |
| _____ | _____ | 18. Signs (machine) and sends out payroll checks.   |
| _____ | _____ | 19. Prepares annuity checks monthly and sends them to the various companies   |
| _____ | _____ | Attendance  |
| _____ | _____ | Punctuality   |
| _____ | _____ | Dependability   |
| _____ | _____ | Relationship with Other Personnel   |
| _____ | _____ | Relationship with Students/Public   |
| _____ | _____ | Quality of Work   |
| _____ | _____ | Cooperation   |
| _____ | _____ | Work Habits (Neatness, Speed, Etc.)   |
| _____ | _____ | School Ethics (Confidentiality, Loyalty)  |
| _____ | _____ | Other _____   |
|       |       | _____   |

**EVALUATION SUMMARY**

I believe that this employee's major strong points are:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

I believe that the following areas need improvement:

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

I have read this evaluation and have had a conference with the evaluator.  Yes  No

I agree with the evaluator.  Yes  No

If no, with what specific statement(s) do you disagree?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Evaluator \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_