

ACCOUNT CLERK II

DEFINITION:

This is non-supervisory accounting clerical work in the maintenance and recording of accounts for accuracy and correctness. Work is reviewed by a higher level employee for conformance to established rules, guidelines and procedures. Duties and responsibilities may vary depending upon the agency or department to which the employee is assigned.

DUTIES (NOT ALL INCLUSIVE):

Runs a cost estimate of all accounts for budgetary purposes.

Maintains accounts to keep them current and determine correct daily balances.

Enters payroll into the FMS (Financial Management System) so that employees within the department can be paid.

Files documents for vendors for future reference.

Prepares monthly and other periodic financial reports as directed.

Performs other related work as required.

KNOWLEDGE, SKILLS AND ABILITIES:

Knowledge of the Government Accounting Manual.

Knowledge of departmental rules, regulations, policies and procedures.

Knowledge of basic computer operations.

Knowledge of basic mathematics.

Ability to prepare financial reports and statements.

SUPERVISORY CONTROL:

Supervisor gives general work assignment. Work is reviewed upon completion.

GUIDELINES:

Guidelines consist of the V. I. Government Accounting Manual, departmental rules, regulations, policies and procedures.

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COMPLEXITY:

Work is recurring in nature. If a complex situation arises, work is referred to a higher level supervisor for appropriate action.

SCOPE AND EFFECT:

To maintain an accurate running balance of all accounts.

PERSONAL CONTACTS:

Contacts are with employees, vendors and companies.

PURPOSE OF CONTACTS:

To obtain or exchange information relative to pertinent data.

PHYSICAL DEMANDS:

Work requires frequent light physical effort. Walking to and from the main complex is required daily.

WORK ENVIRONMENT:

Work is performed in an air conditioned office setting. Some disagreeable conditions exist.

MINIMUM QUALIFICATIONS:

High School Diploma or its equivalent, and two (2) years clerical experience.

DATE: _____

APPROVED: _____
DIRECTOR

SA/DOF