EMPLOYEE NAME: _______________________

Revised: 01/04; 6/04; 9/10; 10/12; 6/18; 8/18

JOB DESCRIPTION

<table>
<thead>
<tr>
<th>POSITION TITLE:</th>
<th>JOBCODE: 465A</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIVISION:</td>
<td>SALARY SCHEDULE: Prof/Supervisory Support Annual</td>
</tr>
<tr>
<td>DEPARTMENT:</td>
<td>WORKDAYS: 238</td>
</tr>
<tr>
<td>REPORTS TO:</td>
<td>PAYGRADE: Rank A (NK01)</td>
</tr>
<tr>
<td>FLSA:</td>
<td>PAY FREQUENCY: Monthly</td>
</tr>
<tr>
<td>PRIMARY FUNCTION:</td>
<td>Directs all payroll functions for the Cobb County School District.</td>
</tr>
</tbody>
</table>

REQUIREMENTS:

1. Educational Level: Bachelor’s Degree in Business Administration, Management or Accounting required; Master’s Degree preferred

2. Certification/License Required: None

3. Experience: 5 years of accounting and payroll experience; Supervisory experience required

4. Physical Activities: Routine physical activities that are required to fulfill job responsibilities

5. Knowledge, Skills, & Abilities: Written and oral communication; accounting, financial management, strong leadership and interpersonal skills; planning and organizational abilities

The Board of Education and the Superintendent may accept alternatives to some of the above requirements.

ESSENTIAL DUTIES:

1. Demonstrates prompt and regular attendance.

2. Manages Payroll staff.

3. Responsible for timely payment of employees for services rendered via monthly and biweekly payroll cycles.

4. Responsible for preparation and timely issuance of W-2 forms.

5. Responsible for preparation of monthly, quarterly and annual payroll reports to include federal and state tax reports, retirement reports, labor reports, and other miscellaneous payroll reports.

6. Responsible for technology changes to include application, enhancements, upgrades, installments and training.

7. Responsible for data analysis used to respond to audit requests, open records requests, Board requests and management requests for use in budgeting, planning and compliance.

8. Performs other duties as assigned by appropriate administrator.

Signature of Employee ___________________________ Date ____________

Signature of Supervisor ___________________________ Date ____________