## JOB DESCRIPTION

**POSITION TITLE:** Manager, Accounts Payable  
**JOB CODE:** 465C  
**DIVISION:** Financial Services  
**SALARY SCHEDULE:** Professional/Supervisory Support  
**DEPARTMENT:** Capital Project Accounting and Accounts Payable  
**WORK DAYS:** 238  
**REPORTS TO:** Director, Capital Project Accounting and Accounts Payable  
**PAY GRADE:** Rank D (NK04)  
**FLSA:** Exempt  
**PAY FREQUENCY:** Monthly

**PRIMARY FUNCTION:** Assists the Director of Capital Project Accounting and Accounts Payable; assumes primary responsibility for the Accounts Payable staff and operations.

### REQUIREMENTS:

1. **Educational Level:** Bachelor Degree required  
2. **Certification/License Required:** None  
3. **Experience:** 3 years of experience in accounting; supervisory experience preferred  
4. **Physical Activities:** Routine physical activities that are required to fulfill job responsibilities  
5. **Knowledge, Skills, & Abilities:** Written and oral communication; computer technology; analytical skills; math aptitude

*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. Supervises and evaluates the Accounts Payable staff.  
3. Coordinates the payment of all payables insuring accurate payment and distribution.  
4. Coordinates technology changes to include application, enhancements, upgrades, installments, and training.  
5. Acts as a liaison between Accounts Payable and vendors, schools, and other district personnel.  
6. Coordinates the preparation and timely issuance of IRS 1099 forms.  
7. Coordinates the payment of vendors through ePay to include recruitment of vendors for the ePay program.  
8. Performs data analysis to respond to audit requests, open records requests, Board requests and management requests for use in budgeting, planning, and compliance.  
9. Performs other duties as assigned by appropriate administrator.

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Signature of Employee __________________________________________ Date ______________________

Signature of Supervisor _________________________________________ Date ___________________