EMPLOYEE NAME: __________________________ Created: 3/23; Revised: 5/23

JOB DESCRIPTION

POSITION TITLE: Payroll Representative, Travel  JOB CODE: 474A
DIVISION: Financial Services  SALARY SCHEDULE: Office Clerical/Technician Annual
DEPARTMENT: Payroll Services  WORKDAYS: Annual Administrative Employee
REPORTS TO: Payroll Accountant  PAY GRADE: Rank VIII (CT8)
FLSA: Non-Exempt  PAY FREQUENCY: Monthly

PRIMARY FUNCTION: Assists with the processing of monthly payroll; reviews, reconciles and processes employee travel requests, posts employee travel reimbursements; assists with annual travel state reporting

REQUIREMENTS:

1. Educational Level: High School Diploma or GED required
2. Certification/License Required: None
3. Experience: 1-3 years payroll/bookkeeping experience
4. Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5. Knowledge, Skills, & Abilities: Written and oral communication; advanced Excel and 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. Shares responsibility with monthly payroll representatives for accurate and timely processing of the monthly payroll.
3. Reconciles and processes county travel documentation; communicates with internal and external departments.
4. Processes travel reimbursement for all employees in accordance with School District travel regulations.
5. Assists with all activities related to travel agency partners.
6. Reconciles and posts travel transactions in Munis ERP system.
7. Assists with travel reporting, file maintenance and retention schedules.
8. Answers questions regarding gross pay, payroll deductions, leave, etc., for employees paid monthly.
9. Serves as Backup to Payroll Representative, Travel and FMLA
10. Assists Payroll Rep desk with general payroll phone calls and emails
11. Performs other duties as assigned by appropriate administrator.

Signature of Employee __________________________ Date ________________

Signature of Supervisor __________________________ Date ________________