

**ACCOUNTANT ASSISTANT
Summative Appraisal Form**

Name _____ Location _____

Appraisal Period: From _____ to _____ Date of Review _____

Directions

The following statements describe the employee who achieves success. Based on cumulative performance information, the evaluator estimates the employee's effectiveness in meeting each criterion. Rate each criterion using the scale below that most closely describes the employee's attainment of that criterion. For each domain, a comment area is provided for general statements and/or recommendations.

Rating Scale

- 5 Clearly Outstanding:** Performance is consistently far superior to what is normally expected
- 4 Exceeds Expectations:** Performance Demonstrated increased proficiency and is consistently above expectations.
- 3 Meets Expectations:** Performance meets expectations and presents no significant problems.
- 2 Below Expectations:** Performance is consistently below expectations and significant problems exist.
- 1 Unsatisfactory:** Performance is consistently unacceptable.
- 0 Not Applicable**

JOB PERFORMANCE STATEMENTS

- ____1. Responsible for the reconciliation of bank accounts with the detail general ledgers. Prepare the interest earned for all investment's journal vouchers. Monitor daily bank cash levels to maintain compliance with depository bank agreement. Communicate ACH deposits to appropriate personnel. Coordinate with Bank Depository Data Processing personnel to make inquiries and resolve discrepancies in account records. Maintain record of daily Petty Cash schedule.
- ____2. Prepare all monthly, quarterly, semi-annual and annual financial reports required by state and federal agencies for any Special Revenue Fund except for the Food Service Fund. Communicate with Comptroller to ensure compliance and accuracy of all financial transactions in accordance with the awarded Notice of Grant Award. Manage and submit financial reports to TEA and other granting agencies. Prepare monthly schedule of revenue receipts per fund. Provide the program directors the opportunity to review the grant reports prior to submission to TEA.
- ____3. Plans, organizes and coordinates the centralized accounting and financial reporting for assigned grant portfolio, including: Preparing annual and project budgets, forecasting revenue, estimating any carry-over funds from one year to the next. Coordinate with purchasing and accounts payables to ensure that all necessary accounts are processed prior to program end dates.
- ____4. Develop and maintain appropriate financial records (file office copies of checks, requisitions, invoices, and purchase orders) for the purpose of ensuring the availability of documentation and compliance with established policies and regulatory guidelines. Prepare, monitor and remit monthly District sales tax payments to State Comptroller. Prepare monthly sales tax journal entries.
- ____5. Assists state, federal, and independent auditors with financial audits of school district special revenue records. Reconciles special programs balance sheet accounts monthly, including accounts payable to detail

list. Prepares journal entries (monthly and year-end) for special programs ledger. Continuously monitors budget reports, identifying significant variations, and reporting these to the comptroller.

___ 6. Assists with development and review of internal controls and standard operating procedures.

COMMENTS: _____

Other

___ 7. Receive incoming calls, answer questions, and direct calls to the proper party.

___ 8. Keep informed of and comply with state and district policies and regulations concerning primary job functions.

___ 9. Perform other duties as assigned by supervisor.

___ 10. Ensure the confidentiality and security of all financial files.

___ 11. Demonstrate a positive and professional interpersonal relations with district personnel and outside agencies.

COMMENTS: _____

What strengths does _____ possess?

What are some improvements _____ can make to ensure a higher degree of success?

Summative Conference Comments:

Recommendation of Evaluator: I have read and received a copy of this evaluation. I have reviewed this instrument.

Renewal and/or Extension of Assignment

Non-renewal of Assignment

Termination of Assignment

Non-extension of Assignment

Administrator (Print Name)

Date

Administrator's Signature

Date

Employee's Signature

Date