



EMPLOYEE NAME: _____

Created: 1/04; 10/12; 6/18; 5/19; 6/19

JOB DESCRIPTION

POSITION TITLE: Payroll Manager	JOB CODE: 465C
DIVISION: Financial Services	SALARY SCHEDULE: Prof/Supv Support Annual
DEPARTMENT: Payroll Services	WORK DAYS: 238
REPORTS TO: Director of Payroll Services	PAY GRADE: Rank D (NK04)
FLSA: Exempt	PAY FREQUENCY: Monthly
PRIMARY FUNCTION: Assists the Director of Payroll Services and assumes primary responsibility for CCSD payroll operations.	

REQUIREMENTS:

1.	Educational Level: Bachelor Degree
2.	Certification/License Required: None
3.	Experience: 1 year payroll/accounting experience
4.	Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5.	Knowledge, Skills, & Abilities: Written and oral communication; leadership, organization, Excel

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 all Payroll staff.
3.	Responsible for timely payment of employees for services rendered via monthly and biweekly payroll cycles.
4.	Responsible for all payroll deductions that must be accounted for, balanced, and remitted to the proper entity in a timely manner to include: Federal taxes , State taxes, retirement, tax sheltered annuities, credit union, professional dues, garnishments, and other miscellaneous deductions.
5.	Responsible for balancing, preparing, distributing and reporting of W-2 forms.
6.	Responsible for maintaining payroll tables relative to all payroll deductions.
7.	Responsible for coordinating changes in employee deduction rates.
8.	Assists in responsibility 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.
9.	Responsible for communicating desired changes or problems in payroll programs with Director of Payroll Services and Technology Department.
10.	Performs other duties as assigned by appropriate administrator.

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____