**DUTY STATEMENT**

**Mental Health Services Oversight and Accountability Commission**

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**Employee Name**

**Division**

Mental Health Services Oversight and Accountability Commission

**Position No / Agency-Unit-Class-Serial**

475-550-5157-773

**Class Title**

Staff Services Analyst

**Location**

Sacramento

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**BRIEFLY (1 or 2 Sentences) DESCRIBE THE POSITION’S ORGANIZATIONAL SETTING AND MAJOR FUNCTIONS**

Under the supervision of the Chief of Administrative Services, the Staff Services Analyst (SSA) will perform a variety of entry level analytical duties. Staff Services Analyst is responsible for the development and processing of contracts for the Mental Health Services Oversight and Accountability Commission.

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**PERCENTAGE OF TIME PERFORMING DUTIES**

**INDICATE THE DUTIES AND RESPONSIBILITIES ASSIGNED TO THE POSITION AND THE PERCENTAGE OF TIME SPENT ON EACH. GROUP RELATED TASKS UNDER THE SAME PERCENTAGE WITH THE HIGHEST PERCENTAGE FIRST; PERCENTAGE MUST TOTAL 100%. (Use additional sheet if necessary.)**

**50%**

- Develops complex contracts, including Scope of Work, budgets, deliverables, travel, equipment and other documents as required by the Administrative Services Unit and the Accounting Department.
- Develops and maintains contract files for contracts and interagency agreements.
- Analyzes invoices against executed contracts for compliance, completeness, and deliverables against requirements of scope of work and other contract legal and binding documents.
- Inputs and keeps track of all invoicing for contracts through Excel Spreadsheets.
- Prepares Invoices for routing and management approval.

**40%**

- Identifies problem areas and assists contractors concerning corrective actions.
- Organizes and facilitates meetings for stakeholder contracts
- Amends contracts on an as needed basis

**10%**

Performs other duties as requested.

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I have read and understood the duties and essential functions of the position and can perform these duties with or without reasonable accommodation:

Employee Signature: ____________________________

Date: ____________________________

I certify that the above accurately represent the duties of the position:

Supervisor Signature: ____________________________

Date: ____________________________

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**PERSONNEL USE ONLY: This personnel transaction has been reviewed and approved by:**

Transaction #: ____________________________

Date Approved: ____________________________