

September 2017

BUDGET ANALYST

NATURE OF WORK

Performs advanced budget preparation, financial cost analysis and research to support the formulation and administration of Southeastern Public Service Authority's annual operating and capital budgets.

Work is performed under the supervision of the Deputy Executive Director/Chief Financial Officer.

CRITICAL ELEMENTS OF PERFORMANCE

Works effectively with and establishes rapport with senior management and other department personnel in the development and maintenance of annual and capital budgets.

Conducts and compiles complex cost analysis and budgetary studies including the development of applicable statistical and analytical models for the preparation and modification of reports.

Leads and participates in the preparation, review, and administration of operating departmental budgets; analyzes structure, functions, practices, and program activities as they relate to financial operations of operating departments; analyzes manpower, equipment and other requests.

Plans and conducts complex analytical studies and research projects to assist executive management and others with long-term planning.

Develops studies and other investigative analytical reviews with implications for administrative problem-solving; prepares detailed and comprehensive written reports with conclusions and recommendations; makes oral presentations regarding study findings and recommendations.

Monitors revenues and expenditures throughout the fiscal year for compliance with budget projections; recommends alternative solutions to budget deviations.

Assists in the planning, development and production of SPSA's annual budget.

Produces documents and presentations that reflect a high professional standard.

Performs related work as required.

KNOWLEDGE, SKILLS AND ABILITIES TO PERFORM JOB

Thorough knowledge of budgeting and cost analysis procedures and methodologies.

Thorough knowledge of evaluation techniques relating to service delivery and program performance measurements.

Strong math skills to create spreadsheets, database functions, and process financial analysis.

Considerable analytical skills to process a variety of information, evaluate costs and benefits, and solve complex problems.

Excellent verbal and written communication.

MINIMUM QUALIFICATIONS

Any combination equivalent to a bachelor's degree in Accounting or Finance Management, and three years of experience in cost analysis, budgeting for capital projects and complex annual budgets.

Must be able to perform the essential functions of the job.

**ACCOUNTABILITIES
BUDGET ANALYST**

1. Accurately prepares cost analysis on capital projects, produces budgets for departments and SPSA using proven financial procedures and methodologies.
2. Compiles all department budgets together into a consolidated organizational budget and review all funding requests for merit.
3. Prepares annual and special reports, evaluate budget proposals, oversee spending to ensure compliance with the budget and determine whether changes to funding levels are needed.
4. Follows SPSA administrative policies, procedures, Standards of Conduct, and safety procedures and regulations. Exhibits work behaviors that reflect commitment to SPSA's Vision, Mission and Values.
5. Maintains clear and concise communication, and courteous, professional relationships with co-workers, other SPSA employees at all levels of the hierarchy, external customers, and vendors.
6. Performs special assignments as directed.

ALL APPLICANTS MUST READ AND SIGN THIS FORM AS PART OF THE APPLICATION PROCESS

AMERICANS WITH DISABILITIES ACT
ESSENTIAL FUNCTIONS LIST

JOB TITLE: Budget Analyst

ESSENTIAL FUNCTIONS	MENTAL, PHYSICAL AND EQUIPMENT REQUIREMENTS	% OF TIME
1. Conduct complex cost analysis, budget and project analyses.	Read, write, comprehend complex mathematical figures and calculations; formulate spreadsheets, verbal and written communication skills; manual dexterity to operate a calculator and a computer. Ability to sit for extended periods of time. Ability to bend and stoop to access files. Ability to lift up to 25 pound file boxes occasionally.	70%
2. Compile data, produce written reports, budget summaries and evaluate data.	Ability to analyze, interpret, and report research findings concerning complex, difficult organizational issues in a clear, complete, and logical form. Mental ability to extrapolate projections from known data.	30%

*** Sufficient vision and hearing required to perform the essential functions of the job listed above. ***

ADA STATEMENT

The specific position requirements will determine whether the function is essential or marginal, and it may vary for positions with the same job title.

This is not an expressed or implied contract for employment and does not alter the "at will" status of SPSA employment. I have read and understand the job description and stated job functions and certify that I can perform all the essential functions of the position for which I am applying with or without a reasonable accommodation. I understand SPSA management reserves the right to change or modify the job duties and content of any and all SPSA positions, as it deems necessary, in its sole discretion. If there are essential functions which I cannot perform, I acknowledge it is my responsibility to request a reasonable accommodation during an employment interview if I am asked to demonstrate my ability to perform the essential functions of the job, or after a job offer is made, and that SPSA management will evaluate any such request to determine whether or not the accommodation would create an undue hardship.

Applicant/Employee Signature:	Date:
Please Print Name:	



Department of Human Resources
 723 Woodlake Drive
 Chesapeake, VA 23320
 Office (757) 420-4700, FAX (757) 962-7695
<http://www.spsa.com>

APPLICATION FOR EMPLOYMENT

Effect of Nondisclosure: Because this application requests both optional data (other skills, training, etc) and mandatory data (qualifications, biographical, etc.), it is in your best interest to answer all questions. Omission of any items means you might not receive full consideration for a position in which this information is needed. A misstatement of material facts on the employment forms may be used as grounds for not employing you or for dismissing you after you begin work. All statements are subject to investigation. All information you give will be considered in reviewing your employment forms.

PERSONAL INFORMATION

Position Applied For:	Req #:	Position #:
Name:		
Last	First	Middle
Address:		
Number/Street	City	State Zip Code
Primary Contact Number: ()		check one: home work cell pager
Alternate Contact Number: ()		Best time to reach you:

	Yes	No
Are you currently employed by SPSA?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed by SPSA? If Yes, please give dates of last employment: From: To: Position Held:	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any relatives currently employed by SPSA? If Yes, please give name, relationship, and department:	<input type="checkbox"/>	<input type="checkbox"/>
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
If No, do you have the legal right to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a Felony <input type="checkbox"/> or Misdemeanor <input type="checkbox"/> (including driving-related convictions)? If Yes, please explain and list city, state, and date of every conviction:	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any Felony <input type="checkbox"/> or Misdemeanor <input type="checkbox"/> charges pending against you (including driving-related charges)? If Yes, please explain and list city, state, and date of every pending charge:	<input type="checkbox"/>	<input type="checkbox"/>

COMPUTER SKILLS

Indicate Software Skills & Proficiency level: Indicate level as Beginner, Intermediate, or Advanced under each application as necessary.	Word <input type="checkbox"/>	Excel <input type="checkbox"/>	Access <input type="checkbox"/>	Power Point <input type="checkbox"/>
List any additional software experience:				
No previous computer/software experience <input type="checkbox"/>				

EDUCATIONAL BACKGROUND

Check highest level completed:																					
High School												Received (check one, if applicable)				College				Graduate	
1	2	3	4	5	6	7	8	9	10	11	12	Diploma	<input type="checkbox"/>	GED	<input type="checkbox"/>	13	14	15	16	17	18
Name of High School:																					
Name of College/University				Location				Hours Completed				Degree Earned				Major or Specialty					
Other (i.e., vocational, technical, business, etc.)																					

LICENSES AND CERTIFICATIONS

List any licenses/certifications or other authorization you possess to practice a trade or profession (CPA, CPR, PE, etc.) including state and expiration date:	State	Expiration
Indicate type of Driver's License: Standard <input type="checkbox"/>	Commercial (CDL) <input type="checkbox"/>	Class

EMPLOYMENT AND VOLUNTEER EXPERIENCE

The Application for Employment and any Supplementary Experience Form(s) must be completed. Starting with your most recent position, describe all paid, military, or applicable volunteer experience, as well as any periods of unemployment, including reasons for unemployment. Describe those duties and responsibilities which best demonstrate your qualifications for this position. A resume may be attached but the application must be completed in full. If additional pages are needed to properly list entire work history, request supplemental work experience forms from the receptionist.

Job Title:	Immediate Supervisor:
Employer:	Address:
Phone:	
Dates of Employment - From: To:	Salary: start final
Reason for Leaving:	Hours/Week: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Description of Job Duties (DO NOT use "see resume"):	

Job Title:	Immediate Supervisor:
Employer:	Address:
Phone:	
Dates of Employment - From: To:	Salary: start final
Reason for Leaving:	Hours/Week: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Description of Job Duties (DO NOT use "see resume"):	

PRIVACY ACT NOTICE

This information is provided pursuant to the Privacy Protection Act of 1976, under Virginia Code, Section 26, for individuals supplying information to include in a system of records. The authority to collect information requested by this form is derived from the Southeastern Public Service Authority (SPSA) administrative policies. The principle purpose of employment forms is to collect information needed to determine qualifications, suitability, and availability of applicants for SPSA employment and of current SPSA employees for reclassification, transfer, promotion, and demotion. Your completed application may be used to examine and/or assess your qualifications; to determine if you are entitled to employment under certain laws and regulations and any applicable requirements; and to contact you concerning availability and/or an interview. All or part of your completed employment form may be disclosed outside the Department of Human Resources to:

- Executive Director and staff or supervisor upon a request for a list of eligibles to consider for employment, reinstatement, reemployment, transfer, promotion, or demotion.
- SPSA investigators to determine your suitability for SPSA employment.
- Federal, state or local agencies to create other personnel records after you have been employed by SPSA.
- Appropriate federal, state, or local agency to the extent the information is relevant to the requesting agency's decision.
- A requesting federal, state, or local law enforcement agencies charged with the responsibility of investigating a violation of the law.
- Anyone requesting statistical information (without your personal identification) and for statistical reporting within the confines of SPSA.
- Any requesting information system after obtaining your voluntary release and the requesting company's assurance for the information protection.

Information regarding disclosure of Social Security Number, if applicable. Disclosure of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or process that you are seeking. Solicitation of the SSN by SPSA is authorized under the provisions of the Social Security Act. Your SSN will be used primarily to identify your records on file with SPSA and to report wages earned, required by law.

ACKNOWLEDGMENT AND CERTIFICATION

- I certify eligibility for employment under the Immigration Reform Act of 1986.
- I acknowledge the Privacy Notice above concerning my application with SPSA.
- I acknowledge, understand, and agree that SPSA has the authority, in accordance with the Fair Labor Standards Act, to award compensatory time at the time and one-half rate in lieu of overtime worked under SPSA's overtime policy for non-exempt employees.
- If employment is offered by SPSA, such employment shall be conditional upon successful completion of a job-related physical, drug screen, criminal background check, and certain waiting periods, in addition to a one year period for access to portions of the grievance procedure. I understand that during my employment with SPSA, I shall be subject to all policies and procedures of SPSA (a copy is available for review). I understand that SPSA retains its right to add, delete, or modify any policy, procedure, or benefit pertaining to employment. I understand that employment is not for a specific or definite term, but that my employment is terminable at will, by me or SPSA, at any time, for any reason, including such factors as unsatisfactory performance, conduct, continued need for the position, or any other facts as determined by SPSA to be in the best interest of SPSA. I understand that no contract of employment will alter my "at-will" relationship with SPSA except the Executive Director of SPSA may enter into any agreement for employment that may modify this "at-will" relationship only if such agreement is in writing and signed by me and the Executive Director.
- I, the undersigned, hereby authorize SPSA to contact firms or agencies I have indicated and to investigate background information which is pertinent to my employment and to hold harmless and release those firms or agencies from any claims for damages of any kind that may occur to me by reasons of furnishing such information.
- By typing my name below, I understand that I am applying my electronic signature and certifying that this application was completed by me and that all statements made in this application and any other pre-employment statements are true to the best of my knowledge and belief. I understand that any misstatement or omission of material facts therein may forfeit consideration for employment with SPSA or be grounds for my discharge once employed.

Applicant Signature _____ Date _____ Receipt by _____ Date _____

**The Southeastern Public Service Authority complies with EEO/ADA guidelines
and is a drug-free workplace.**