

# OAHU REGION

## LEAHI HOSPITAL/MALUHIA

### HAWAII HEALTH SYSTEMS CORPORATION

3675 Kilauea Avenue v Honolulu, Hawaii 96816 v Telephone: (808) 733-8000 v FAX: (808) 733-9811

#### VACANCY ANNOUNCEMENT

##### CONTINUOUS RECRUITMENT UNTIL NEEDS ARE MET

**DATE POSTED:** JANUARY 30, 2020  
**JOB TITLE:** ACCOUNT CLERK III (*Temporary, Full-time w/ Benefits*)  
**RECRUITMENT NO:** OR 03-20  
**JOB LOCATION:** LEAHI HOSPITAL, KAIMUKI, WAIALAE/KAHALA, OAHU\*  
**SALARY RANGE:** \$2,945.00 (SR-11) (*Revised 7/1/20*)

**DUTIES:** This position is located in the Fiscal Services Unit of Leahi Hospital. The primary purpose of this position maintains bookkeeping ledgers and other accounting systems as required by law, rules and regulations, for the control of cash, payment of bills, billing and collection of hospital patient revenue, Medicare, and Medicaid cost finding and reimbursable cost statements, reconciliation of accounts with the Hawaii Health Systems Corporation accounting system.

**\*The incumbent of this position may provide services at Maluhia.**

##### MINIMUM QUALIFICATION:

**General Experience:** Six (6) months of general work experience which demonstrated knowledge of arithmetic and spelling and possession of the abilities to follow oral and written directions, to write simply and directly and to observe differences in words and numbers quickly and accurately.

**Specialized Experience:** Two (2) years of work involved in posting to accounting records and other systematizing of fiscal information; i.e., computing, classifying and recording numerical data to keep sets of financial accounting records complete and to derive reports therefrom. Such experience must have demonstrated knowledge of standard accounting classification and terminology pertinent to accounts maintenance operations and office practices and procedures relating to the processing and recording of transactions and accounting information. For levels III, IV and V, this work must have involved reconciling accounts (i.e., checking for errors, balancing, and going back to original source document for verification); and the preparation of standard financial statements.

##### Substitution of Education for Experience:

1. Graduation from high school with courses in basic English and arithmetic may be substituted for six (6) months of general experience.
2. Successful completion of a substantially full-time equivalent accounting curriculum leading to a degree or diploma at an accredited business school, community college, or other comparable institution which included accounting courses in double-entry procedures in analyzing recording and summarizing transactions; and the preparation and interpretation of financial statements, may be substituted for Specialized Experience on the basis of one (1) year of such training for one (1) school year of experience, up to a maximum of two (2) years.
3. Completion of one (1) school year of (more than one year program) substantially full-time accounting curriculum which normally leads to a degree or diploma at an accredited business school, community college, or other comparable institution which included accounting courses in double-entry procedures in analyzing, recording and summarizing transactions; and the preparation and interpretation of financial statements may be substituted for one (1) year of specialized experience.
4. Education in an accredited university in a baccalaureate program may be substituted for specialized experience on the following basis:
  - a) A baccalaureate degree in accounting will be deemed to have met the experience requirements for the Account Clerk III level.
  - b) Fifteen (15) semester hours of training may be substituted for six (6) months of training up to a maximum of three and one-half (3-1/2) years provided the training included at least three (3) credits per semester of accounting course such as: accounting theory and methods used to record and report financial information; analysis of methods for valuing the assets, liabilities, and ownership; etc.

**Supplemental Forms:** Applicants must submit at the time of application, the Supplement For Account Clerk III.

ALL JOB VACANCIES WILL BE POSTED FOR A MINIMUM OF TEN (10) CALENDAR DAYS

***An Equal Opportunity Employer***

**QUALITY OF EXPERIENCE:** Possession of the required amount of experience will not in itself be accepted as proof of qualification for the position. Overall paid or unpaid experience must have been of such scope and responsibility as to conclusively demonstrate that you have the ability to perform the duties of this position. Provide a detailed description of your duties and responsibilities. If you worked on a part-time basis, indicate the average number of hours worked per week. Please note that experience will be based on a 40-hour workweek.

**Note:** We will not postpone the recruitment process because of your failure to provide accurate and complete information concerning your qualifications.

**MERIT OR CIVIL SERVICE SYSTEM:** Applicants must meet the minimum qualification requirements, including education, experience, other public employment requirements for State Civil Service employment, and HHSC Standards of Fitness. Only those applicants that are scheduled for an interview with the hiring manager will be contacted. Applications will be kept active for six (6) months.

**CITIZENSHIP AND RESIDENCE REQUIREMENT:** Applicants must be eligible to work in the U.S. and at the time of appointment intend to reside in the State of Hawaii during the course of employment with the Hawaii Health Systems Corporation.

**VETERAN'S PREFERENCE:** If you are claiming Veteran's Preference, you must submit a copy of your DD214 and/or other substantiating documents specifying the periods of your service.

**PHYSICAL/MENTAL REQUIREMENTS:** Applicants must be able to physically and mentally perform efficiently the duties of the position. Qualified applicants with disabilities who can perform the essential functions of the advertised position are encouraged to apply. The Hawaii Health Systems Corporation is committed to making reasonable accommodations on a case-by-case basis. Applicants seeking reasonable accommodation should be ready to discuss the accommodation sought so that a determination can be made that such accommodation is reasonable and would not cause the employer undue hardship.

**PHYSICAL EXAMINATION REQUIREMENT:** Offers of employment will be conditioned on the results of a complete physical examination, which includes a drug screening. For certain job categories, applicants may be referred to an HHSC-designated physician, rather than the applicant's personal physician of choice. The cost for all physical examinations, except the cost for the drug screening, shall be borne by the applicant and not the Hawaii Health Systems Corporation. The Hawaii Health Systems Corporation shall bear the cost of the drug screening.

**CRIMINAL/BACKGROUND, CREDENTIALING CHECKS:** Applicable checks will be conducted periodically and any associated costs may be borne by the applicant. If a job offer is made or employment is begun prior to completion of all applicable checks, any offer of employment or continued employment is contingent upon satisfactory return of all required checks.

**HOW TO APPLY:** Applications are available at the **Hawaii Health Systems Corporation (e.g.);** Human Resources Office, 3675 Kilauea Avenue, Honolulu, HI 96816. You can call (808) 733-8067, (Voice/TT), Toll Free (800) 845-6733, e-mail: [oahujobs@hhsc.org](mailto:oahujobs@hhsc.org) or visit our website at [www.hhsc.org](http://www.hhsc.org). Application hours are: 8:00am to 3:30pm at which time applicants are able to complete an application and have their application reviewed by the facility Human Resources Office. Only applicants that have been through a Human Resources (HR) applicant screening process will be considered for an interview with a hiring manager. Applications for announcements with a deadline date must be on file no later than the last day to file applications. Applications for announcements with "Continuous Recruitment Until Needs are Met" will be accepted as long as there are vacancies. Inactive/filled announcements will be taken off the HHSC website.

**STEPS TO AN ADMINISTRATIVE REVIEW, SUBSEQUENT APPEALS:** If you do not agree with a decision made by the Employment Office as to your non-qualification or non-selection for a position, you may complete a Request for Administrative Review form (available on the HHSC website) or you may submit a written request within twenty (20) days from the date of your sent notice to the Regional Chief Executive Officer/Designee. Your letter requesting the Administrative Review must include 1. The job title(s) and recruitment number(s), 2. the specific reason(s) you are requesting the review noting if there is a statute or rule violation, and 3. any additional information you want to submit to substantiate your request. If you do not submit your request within the **twenty (20) days deadline, no Administrative Review will be conducted.** Since the Administrative Review is a prerequisite to subsequent steps, failure to utilize this process will make you ineligible for subsequent appeals. The administrative review, formal complaint and/or appeals hearing will not necessarily postpone the recruitment process and/or rescind a selection.

If you do not agree with the Administrative Review, you may file a Formal Complaint and then, if you are still not satisfied, you can appeal to the HHSC Merit Appeals Board.

PERSONS WITH DISABILITIES MAY CONTACT THE EMPLOYMENT OFFICER, HAWAII HEALTH SYSTEMS CORPORATION AT (808) 733-7909 (TTD) TO DISCUSS SPECIAL NEEDS IN APPLYING.

**(Account Clerk Page 1 of 3)**

NAME: \_\_\_\_\_

**SUPPLEMENT TO THE APPLICATION**

**FOR ACCOUNT CLERK**

In addition to the data on your application, the information you provide on this form will be used by Hawaii Health Systems Corporation to evaluate your qualifications for the position of Account Clerk. Therefore, it is essential that you complete this form as accurately as possible so that we may better evaluate your qualifications and ensure that you receive the maximum credit to which you are entitled.

QUESTION: Do you have at least one or more years of work experience involving computing, classifying, and recording numerical data to keep sets of financial accounting complete and to derive reports? Yes \_\_\_\_\_ No \_\_\_\_\_

**PART I:** Chronologically list the employer(s), dates of employment (from and to, MONTH and year), the name and title of your supervisor, and the number of hours worked per week where you gained such experience. Use additional sheets as necessary.

**NOTE: IF YOU PERFORMED OTHER NON-ACCOUNTING DUTIES IN YOUR POSITION, COUNT ONLY THOSE HOURS SPENT IN ACCOUNTING WORK.**

Employer A Name \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_

No. Hours worked per Week \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Employer B Name \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_

No. Hours worked per Week \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Employer C Name \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_

No. Hours worked per Week \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Employer D Name \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_

No. Hours worked per Week \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Employer E Name \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_

No. Hours worked per Week \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

PART II: Carefully read the list of knowledges and abilities. Indicate which of the work experience you listed above demonstrates possession of knowledge or ability by:

**1) circling the respective employer(s) and 2) describing the duties you performed which demonstrate your possession such knowledge or ability for each employer you circle.** In your description of duties, avoid the use of vague and ambiguous terms such as "was responsible for," "handled," "processed," etc. Instead, use specific language which will clearly show the exact nature of the duties you performed.

Example: Knowledge of principles and practices of social casework.

Employer   A   B   C   D   E

Duties: Investigate probation or parole cases and assist Probationers or parolees in effecting personal and social adjustment.

1. Knowledge of standard accounting classification and terminology pertinent to accounts

Employer   A   B   C   D   E

maintenance operations and procedures related to the processing recording of transactions and accounting information.

2. Ability to reconcile accounts.

Employer   A   B   C   D   E

Duties:

3. Ability to prepare a standard financial statement.

Employer   A   B   C   D   E

Duties:

PART III: Successful completion of coursework in accounting may be substituted for specialized experience. To receive credit, attach a copy of your transcripts/diploma as evidence of completion.

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1. I have successfully completed an accounting curriculum and have received a degree or diploma at an accredited business school, community college or other comparable institution. This program included accounting courses in double-entry procedures and the preparation and interpretation of financial statements. Yes \_\_\_\_\_ No \_\_\_\_\_
2. I have completed one year of a full time accounting curriculum leading to a degree or diploma at an accredited business school, community college, or other comparable institution which included accounting courses in double-entry procedures in analyzing, recording and summarizing transactions; and the preparation and interpretation of financial statements. Yes \_\_\_\_\_ No \_\_\_\_\_
3. I have a Bachelor's Degree in Accounting from an accredited university.  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. I have a Master's Degree in Accounting from an accredited university.  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Although I don't have a degree, I have completed the following Accounting courses at an accredited university.

<u>Course Title</u>	<u>Credit</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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I certify that all statements made on this supplemental form are true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission whenever discovered, is grounds for the denial of or immediate separation from employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_