

**POSITION DESCRIPTION (Please Read Instructions on the Back)**

2. Reason for Submission:  Redescription  New  Reestablishment  Other

3. Service:  Hdqtrs  Field

4. Employing Office Location: \_\_\_\_\_

5. Duty Station: \_\_\_\_\_

7. Fair Labor Standards Act:  Exempt  Nonexempt

8. Financial Statements Required:  Executive Personnel Financial Disclosure  Employment and Financial Interest

9. Subject to IA Action:  Yes  No

10. Position Status:  Competitive  Excepted (Specify in Remarks)  SES (Gen.)  SES (CR)

11. Position Is:  Supervisory  Managerial  Neither

12. Sensitivity:  1-Non-Sensitive  2-Noncritical Sensitive  3-Critical  4-Special Sensitive

13. Competitive Level Code: \_\_\_\_\_

14. Agency Use: \*DOI002

15. Classified/Graded by: \_\_\_\_\_

Official Title of Position: \_\_\_\_\_

Pay Plan: \_\_\_\_\_ Occupational Code: \_\_\_\_\_ Grade: \_\_\_\_\_

a. Office of Personnel Management: \_\_\_\_\_

b. Department, Agency or Establishment: Range/Forestry Aid (Fire)

c. Second Level Review: \_\_\_\_\_

d. First Level Review: Department of the Interior, FLERT Specialist *Jay Lappin*

e. Recommended by Supervisor or Initiating Office: \_\_\_\_\_

Approval Date: November 12, 2002

16. Organizational Title of Position (if different from official title): Wildland Firefighter

17. Name of Employee (if vacant, specify): \_\_\_\_\_

18. Department, Agency, or Establishment: Department of the Interior

a. First Subdivision: BIA BLM FWS NPS

b. Second Subdivision: \_\_\_\_\_

c. Third Subdivision: \_\_\_\_\_

d. Fourth Subdivision: \_\_\_\_\_

e. Fifth Subdivision: \_\_\_\_\_

19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.

20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

a. Typed Name and Title of Immediate Supervisor: \_\_\_\_\_

b. Typed Name and Title of Highest Level Supervisor or Manager (optional): \_\_\_\_\_

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

21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code in compliance with standards published by the U.S. Office of Personnel Management or if no published standards apply directly, consistently with the most applicable published standards.

22. Position Classification Standards Used in Classifying/Grading Position: Range Technician Series, GS-455 Dec 91 TS-111 Forestry Technician Series, GS-462 Dec 91 TS-111 Grade Evaluation Guide for Aid and Technician Work in the Biological Sciences, GS-400 Dec 91 TS-111

Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.

Typed Name and Title of Official Taking Action: BIA BLM FWS NPS

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

Remarks: \_\_\_\_\_

23. Position Review	Initials	Date								
a. Employee (optional)										
b. Supervisor										
c. Classifier										

24. Remarks: Allison Beard BIA, Todd Ryan BLM, Pearl Inge FWS, Cindi Steinheimer NPS