

POSITION DESCRIPTION (Please Read Instructions on the Back)

1. Agency Position No.

2. Reason for Submission: Redescription New Hdqtrs Field
 Reestablishment Other

6. OPM Certification No.

3. Service: Hdqtrs Field
 4. Employing Office Location
 5. Duty Station

9. Subject to IA Action

7. Fair Labor Standards Act: Exempt Nonexempt
 8. Financial Statements Required: Executive Personnel Financial Disclosure Employment and Financial Interest
 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: *DOI005

13. Competitive Level Code

14. Agency Use

15. Classified/Graded by: _____ Official Title of Position: _____ Pay Plan: _____ Occupational Code: _____ Grade: _____

Initials: _____ Date: _____

a. Office of Personnel Management

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

c. Second Level Review: _____ Department of the Interior, FLERT Specialist *Joyce Lappin*

d. First Level Review: This FD has been approved as follows under 5 USC 8336(c) and 8412(d)
 Firefighter Law Enforcement

e. Recommended by Supervisor or Initiating Office: Primary Secondary/Administrative Sec/Supvy
 Approval Date: November 12, 2002

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

Signature of Employee (optional)

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 Higher 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 conformance with standards published by the U.S. Office of Personnel Management or if no published standards apply directly, consistent 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

Type Name and Title of Offsetting Action: BIA BLM FWS NPS

Signature: _____ Date: _____

Remarks: See Remarks 8/28/02

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.

23. Position Review: Initials: _____ Date: _____

a. Employee (optional)

b. Supervisor

c. Classifier

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

25. Description of Major Duties and Responsibilities (See Attached)

Placed w/ DOT 105
12/01/02