

POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> Reestablishment		3. Service <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field		4. Employing Office Location		5. Duty Station		1. Agency Position No.	
Explanation (Show any positions replaced)		7. Fair Labor Standards Act <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Nonexempt		8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest		9. Subject to IA Action <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		6. OPM Certification No.	
		10. Position Status <input checked="" type="checkbox"/> Competitive <input checked="" type="checkbox"/> Excepted (Specify in Remarks)		11. Position is <input checked="" type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input type="checkbox"/> Neither		12. Sensitivity <input checked="" type="checkbox"/> 1-Non-Sensitive <input type="checkbox"/> 2-Noncritical Sensitive <input type="checkbox"/> 3-Critical <input type="checkbox"/> 4-Special Sensitive		13. Competitive Level Code	
		SES (Gen.) <input type="checkbox"/> SES (CR) <input type="checkbox"/>						14. Agency Use *DOI007	

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	Supervisory Range/Forestry Technician (Fire)	GS	455/462	07		2/20/03
c. Second Level Review	Department of the Interior, FLEET Specialist					
d. First Level Review	This PD has been approved as follows under 5 USC 5336(c) and 5412(d)					
e. Recommended by Supervisor or Initiating Office	Firefighter		Law Enforcement		Sec Supvy	
	Primary		Secondary/Administrative			
	Approval Date: January 20, 2004					

16. Organizational Title of Position (If different from official title)		16. Department, Agency, or Establishment	
Supervisory Wildland Firefighter		Department of the Interior	
16. Department, Agency, or Establishment		c. Third Subdivision	
Department of the Interior			
a. First Subdivision		d. Fourth Subdivision	
BIA BLM FWS NPS			
b. Second Subdivision		e. Fifth Subdivision	
		Signature of Employee (optional)	

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 Higher-Level Supervisor or Manager (optional)

Signature	Date	Signature	Date

Classification/Job Grading Certification. I certify that this position has been classified/graded as required by 5, U.S.C. in conformance with standards published by the U.S. Office of Personnel Management and 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. General Schedule Supervisory Guide Jun 98 HRCD 5.

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

Remarks: Allison Deard BIA, Todd Ryan BLM, Pearl Inge FWS, Cindi Steinheimer NPS

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

*Agency Use code should be entered in FPPS as last six spaces of Position Allocation Number.

Replaced with DOI 107
 12/20/03