

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

2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other		3. Service <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field	4. Employing Office Location	5. Duty Station	6. OPM Certification No.
7. Fair Labor Standards Act <input checked="" type="checkbox"/> Exempt <input 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	
10. Position Status <input checked="" type="checkbox"/> Competitive <input 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	
15. Classified/Graded by		Official Title of Position		Pay Plan	Occupational Code

15. Classified/Graded by		Official Title of Position		Pay Plan	Occupational Code	Grade	Initials	Date
a. Office of Personnel Management		Supervisory Range/Forestry Technician (Fire)		GS	455/462	08		5/7/2004
b. Department, Agency or Establishment		Department of the Interior, FLEET Specialist						
c. Second Level Review		Department of the Interior, FLEET Specialist						
d. First Level Review		Department of the Interior, FLEET Specialist						
e. Recommended by Supervisor or Initiating Office		Department of the Interior, FLEET Specialist						

16. Organizational Title of Position (if different from official title)  
**Assistant Interagency Hotshot Crew Superintendent**

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 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 exactly, consistently with the most applicable published standards.

22. Position Classification Standards Used in Classifying/Grading Position  
Forestry 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 June 1998

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.

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

24. Remarks

Allison Beard BIA  
Todd Ryan BLM  
Dawn Phillips FWS  
Debbie Burton Orton NPS

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

Filed 5/7/04  
 DOI 117  
 06 12010

\*Agency Use Code should be entered in FPPS in the last six spaces of the Position Allocation Number.