

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		1. Agency Position No.	
Explanation (Show any positions replaced)		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		6. OPM Certification No.	
		10. Position Status <input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)		11. Position Is <input type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither		12. Sensitivity <input checked="" type="checkbox"/> 1--Non-Sensitive <input type="checkbox"/> 3--Critical <input type="checkbox"/> 2--Noncritical Sensitive <input type="checkbox"/> 4--Special Sensitive		13. Competitive Level Code	
								14. Agency Use *DOI021	

15. Classified/Graded by	Official Title of Position	Pay Plan	Occupational Code	Grade	Initials	Date
a. Office of Personnel Management	Fire Management Specialist (Prescribed Fire and Fuels)	GS	401	9		8/26/04
b. Department, Agency or Establishment						
c. Second Level Review						
d. First Level Review	Department of the Interior, FLERT Specialist <i>Dory A. Mullen</i>					
e. Recommended by Supervisor or Initiating Office	This PD has been approved as follows under 5 USC 6336(c) and 8412(d) <input checked="" type="checkbox"/> Firefighter <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary/Administrative <input type="checkbox"/> Sec/Supvy Approval Date: <i>October 26, 2004</i>					

16. Organizational Title of Position (if different from official title)		17. Name of Employee (if vacant, specify)	
18. Department, Agency, or Establishment Department of the Interior		c. Third Subdivision	
a. First Subdivision BIA BLM FWS NPS		d. Fourth Subdivision	
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 _____

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

22. Position Classification Standards Used in Classifying/Grading Position Handbook of Occupational Groups and Families, August 2001, Part I of the Forestry Series, GS-460, Jun 1965 TS-57, Dec 1979, TS-39.

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
Fire Specialist
Signature _____ Date _____
See Remarks | 8/26/04

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

Remarks: *Allison Beard* BIA, *Todd Ryan* BLM, *Dawn Phillips* FWS, *D. Burton Orton* NPS

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