

POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> Now <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other Explanation (Show any positions replaced)						3. Service <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field		4. Employing Office Location		5. Duty Station		1. Agency Position 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		6. OPM Certification No.		13. Competitive Level Code	
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 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		14. Agency Use *DOI023		15. Classified/Graded by	
15. Classified/Graded by						Official Title of Position		Pay Plan		Occupational Code		Grade	
a. Office of Personnel Management						Assistant Fire Management Officer		GS		401		9	
b. Department, Agency or Establishment						Department of the Interior, FLERT Specialist		8/26/04		Dory A. Milliken		8/26/04	
c. Second Level Review						This PD has been approved as follows under 5 USC 8336(c) and 8412(d)		Firefighter		Law Enforcement			
d. First Level Review						Primary		Secondary/Administrative		Sec/Supvy			
e. Recommended by Supervisor or Initiating Office						Approval Date		October 26, 2004					
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							
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 and authority of the position holder.						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						Signature							
Date						Date							
21. Classification/Job Grading Certification. I certify that this position has been classified/graded in accordance with Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management and applicable published standards apply directly, consistently with the most applicable published standards.						22. Classification Standards Used in Classifying/Grading Position Handbook of Occupational Groups and Families, August 2001, Part 1 of the Forest Series, GS-460, Jun 1965 TS-57, Dec 1979, TS-39.							
Typed Name and Title of Official Taking Action BIA BLM FWS NPS HR Specialist Signature See Remarks 8/26/04						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.							
B. Position Review		Initials		Date		Initials		Date		Initials		Date	
Employee (optional)													
b. Supervisor													
c. Classifier													
24. Remarks		Allison Beard BIA		Todd Ryan BLM		Dawn Phillips FWS		D. Burton Orton NPS					

Replaced by DOI 123
by DOI 123

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