

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 (CRI)	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
		15. Classified/Graded by	16. Organizational Title of Position (if different from official title)	17. Name of Employee (if vacant, specify)	14. Agency Use *DO1028

15. Classified/Graded by		Official Title of Position		Pay Plan	Occupational Code	Grade	Initials	Date
a. Office of Personnel Management		Fire Management Specialist (Prevention & Mitigation)		GS	401	11		8/26/04
b. Department, Agency or Establishment		Department of the Interior, FLERT Specialist						
c. Second Level Review		This PD has been approved as follows under 5 USC 5336(c) and 8412(d)						
d. First Level Review		<input checked="" type="checkbox"/> Firefighter <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary/Administrative						
e. Recommended by Supervisor or Initiating Office		Approval Date: October 26, 2004						

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.

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 Certification. I certify that this position has been classified/graded as required by Title 5, U.S.C. 5315 in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most 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
HR Specialist

Signature _____ Date 8/26/04

See Remarks

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

24. Remarks

Alison Beard BIA Todd Ryan BLM Dawn Phillips FWS D. Burton Orton NPS

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

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