

POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> Rec Establishment Explanation (Show any positions replaced)		3. Service <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> New <input type="checkbox"/> Other <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) <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"/> 3--Critical		13. Competitive Level Code		14. Agency Use *DOI031		15. Classified/Graded by		16. Organizational Title of Position (if different from official title)	

15. Classified/Graded by		Official Title of Position		Pay Plan		Occupational Code		Grade		Initials		Date	
a. Office of Personnel Management		Supervisory Wildland Fire Operations Specialist		GS		401		9				8/26/04	
b. Department, Agency or Establishment		Department of the Interior, FLERT Specialist <i>Derya Miller</i>											
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											
e. Recommended by Supervisor or Initiating Office		Approval Date <i>October 26, 2004</i>											

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 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	Signature
Date	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 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 1 of the Forestry 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		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.	
Signature		Date	
Remarks See Remarks		8/26/04	

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

Signature: *Allison Board* Allison Board BIA, *Todd Ryan* Todd Ryan BLM, *Dawn Phillips* Dawn Phillips FWS, *Debbie Burton Orton* Debbie Burton Orton NPS

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