

POSITION DESCRIPTION (Please Read Instructions on the Back)

1. Agency Position No.
20120-93002
6. OPM Certification No.

2. Reason for Submission <input checked="" type="checkbox"/> Redescription <input type="checkbox"/> Reestablishment <input type="checkbox"/> New <input type="checkbox"/> Other		3. Service <input type="checkbox"/> Hdqtrs. <input checked="" type="checkbox"/> Field		4. Employing Office Location Anywhere, MA		5. Duty Station Anywhere, MA	
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 checked="" type="checkbox"/> Employment and Financial Interests		9. Subject to IA Action <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Supervisory <input checked="" 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 Sensitive <input type="checkbox"/> 4-Special Sensitive	
13. Competitive Level Code							
14. Agency Use							

15. Classified/Graded by	Official Title of Position	Pay Plan	Occupational Code	Grade	Initials	Date
a. U.S. Office of Personnel Management						
b. Department, Agency or Establishment						
c. Second Level Review						
d. First Level Review	Fish and Wildlife Administrator	GM	480	13		
e. Recommended by Supervisor or Initiating Office	Fish and Wildlife Administrator	GM	480	13		

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 Refuges and Wildlife	
a. First Subdivision U.S. Fish and Wildlife Service		d. Fourth Subdivision Division of Refuges	
b. Second Subdivision Region 2		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 John J. Doe Assistant Regional Director		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. 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 OPM/Classification Standard	
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	Date
Signature	Date

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

STATEMENT OF DIFFERENCE: The incumbent will be placed in this position at a lower grade than the full performance level under close supervision while receiving training. Supervisory approval for promotion may be granted when the incumbent is sufficiently trained, has demonstrated the ability to perform at the higher grade level, and has met all requirements for promotion. Full Performance Level PD# _____