

THIS IS A DRUG TESTING DESIGNATED POSITION.

POSITION DESCRIPTION (Please Read Instructions on the Back)

1. Agency Position No. _____

2. Reason for Submission: Redescription New Hdqtrs Field Reestablishment Other

3. Service: Hdqtrs Field

4. Employing Office Location _____

5. Duty Station _____

6. OPM Certification No. _____

7. Fair Labor Standards Act: Exempt Nonexempt

8. Financial Statements Required: Executive Personnel Financial Disclosure Employment and Financial Interest

9. Subject to IA Action: Yes No

10. Position Status: Competitive Excepted (Specify in Remarks) SES (Gen.) SES (CRI)

11. Position Is: Supervisory Managerial Neither

12. Sensitivity: 1--Non-Sensitive 2--Noncritical Sensitive 3--Critical 4--Special Sensitive

13. Competitive Level Code _____

14. Agency Use: *DOI008

15. Classified/Graded by: _____

Official Title of Position: **Fire Logistics Dispatcher**

Pay Plan: **GS**

Occupational Code: **2151**

Grade: **04**

Initials: _____ Date: **5/8/03**

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**

a. First Subdivision: **BIA BLM FWS NPS**

b. Second Subdivision: _____

c. Third Subdivision: _____

d. Fourth 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 information 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 High-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: **Dispatcher, GS-2151, Feb 63, TS-44. Transportation Clerk and Assistance Series, GS-2102, Mar 93, TS-46. Grade Level Guide for Clerical and Assistance Work, Jun 89, TS-98.**

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: **HR Specialist**

Signature: _____ Date: **5/8/03**

See Remarks

23. Position Review

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

Remarks: **Alison Beard BIA** **Todd Ryan BLM** **Pearl Inge FWS** **Auge Cindi Steinheimer** **Cindi Steinheimer NPS**

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

Review of DOI 108
 Review of 12014

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

This PD is NOT COVERED under 5 U.S.C. 8336(e) or 8412(d).

03/31/04 FF/LEO Retirement Team Specialist *Marilee Pasopala*