

THIS IS A DRUG TESTING DESIGNATED POSITION.

POSITION DESCRIPTION (Please Read Instructions on the Back)							1. Agency Position No.		
2. Reason for Submission <input type="checkbox"/> Redescription <input type="checkbox"/> Reestablishment Explanation (Show any positions replaced)		3. Service <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field		4. Employing Office Location		5. Duty Station		6. OPM Certification No.	
7. Fair Labor Standards Act <input type="checkbox"/> Exempt <input checked="" 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 checked="" type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)			11. Position Is <input type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither		12. Sensitivity <input 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		14. Agency Use *DOI009
15. Classified/Graded by		Official Title of Position			Pay Plan	Occupational Code	Grade	Initials	Date
a. Office of Personnel Management		Fire Logistics Dispatcher			GS	2151	05		5/8/03
b. Department, Agency or Establishment									
c. Second Level Review									
d. First Level Review									
e. Recommended by Supervisor or Initiating Office									
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 relationship, 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 the 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, 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.				
Typed Name and Title of Official Taking Action HIA Specialist Signature _____ Date _____					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.				
Remarks 5/8/03									
23. Position Review		Initials	Date	Initials	Date	Initials	Date	Initials	Date
a. Employee (optional)									
b. Supervisor									
c. Classifier									
24. Signatures		Allison Beard BIA	Todd Ryan BLM	Pearl Inge FWS	Cindi Steinheimer NPS				
25. Description of Major Duties and Responsibilities (See Attached)									

Reviewed by DOI 109

*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(c) or 8412(d).

03/31/04 FF/LEO Retirement Team Specialist *Marilyn Pospokala*