

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		6. OPM Certification No.		1. Agency Position No.	
Explanation (Show any positions replaced)		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 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 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		14. Agency Use *DOI019	

15. Classified/Graded by	Official Title of Position	Pay Plan	Occupational Code	Grade	Initials	Date
a. Office of Personnel Management						
b. Department, Agency or Establishment	Range/Forestry Technician (Fire)	GS	455/462	07		5/7/2004
c. Second Level Review	Department of the Interior, FLERT Specialist		Dorothy A. Miller			
d. First Level Review	This PD has been approved as follows under 5 USC 8336(c) and 8412(d)					
e. Recommended by Supervisor or Initiating Office	<input checked="" type="checkbox"/> Firefighter <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary/Administrative <input type="checkbox"/> Sec/Supvy Approval Date: October 26, 2004					

16. Organizational Title of Position (if different from official title)
Fire Operations and Prescribed Fire/Fuels Technician

17. Name of Employee (if vacant specify)
Dorothy A. Miller

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 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. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistent with the most applicable published standards.

22. Position Classification Standards Used in Classifying/Grading Position
Range Technician Series, GS-455 Dec 91 TS-111 Forestry Technician Series, GS-462 Dec 91 TS-111 Grade Evaluation Guide for Aid and Technician Work in the Biological Sciences, GS-400 Dec 91 TS-111

Typed Name and Title of Official Taking Action
BIA BLM FWS NPS
HR Manager/Specialist

Signature _____ Date _____

See Remarks
5/7/04

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

24. Remarks
Allison Beard BIA Todd Ryan BLM Dawn Phillips FWS Debbie Burton Orton NPS

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

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OPM Form 1-85 U.S. Office of Personnel Management FPM Chapter 295

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