

POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other Explanation (Show any positions replaced)					3. Service					4. Employing Office Location					5. Duty Station					1. Agency Position 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					6. OPM Certification 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 <input type="checkbox"/> 2-Noncritical Sensitive <input type="checkbox"/> 4-Special Sensitive					13. Competitive Level Code																			
15. Classified/Graded by					Official Title of Position					Pay Plan					Occupational Code					Grade					Initials					Date				
a. Office of Personnel Management					Assistant Fire Management Officer					GS					401					11					8/26/04									
b. Department, Agency or Establishment					Department of the Interior, FLEET Specialist																													
c. Second Level Review					This PD has been approved as follows under 5 USC 8336(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					Primary					Secondary/Administrative					Sec/Supvy																			
Approval Date					October 26, 2004																													

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.

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 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
Range Technician Series, GS-455 Dec 91 TS-111. Forestry Technician Series, GS-462 Dec 91 TS-111. Grade Evaluation Guide for Aid and Technical Work in the Biological Sciences, GS-400 Dec 91 TS-111

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
BIA BLM FWS NPS
HR Specialist
Signature _____ Date 8/26/04

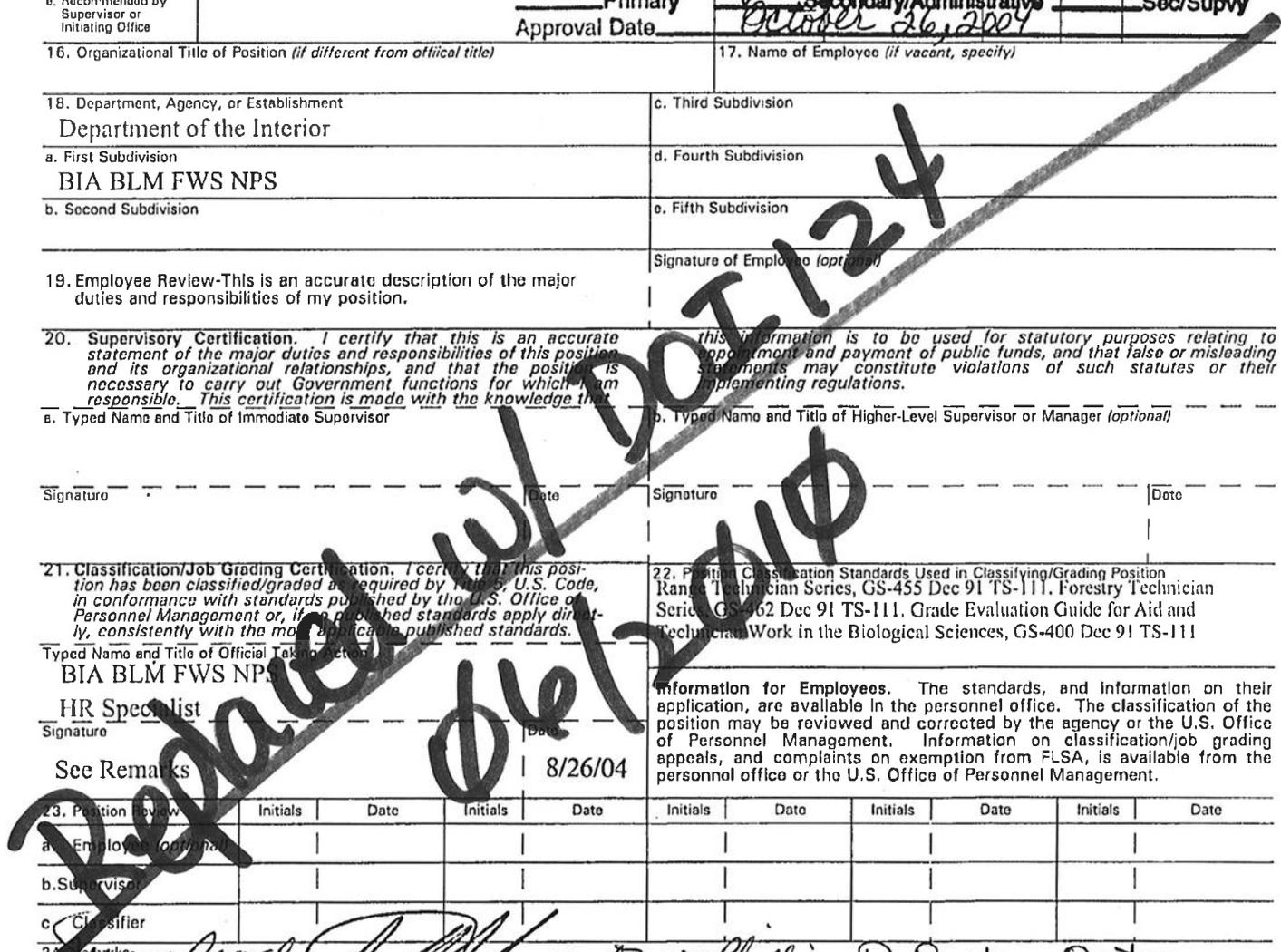
23. Position Review	Initials	Date								
a. Employer/Official										
b. Supervisor										
c. Classifier										

24. Signatories

Allison Beard BIA	Todd Ryan BLM	Dawn Phillips FWS	Debbie Burton Orton NPS
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25. Description of Major Duties and Responsibilities (See Attached)

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