

POSITION CLASSIFICATION AMENDMENT

1. OFFICIAL HEADQUARTERS AD-BPHC, DHC, Branch of Human Resources		2. NAME OF INCUMBENT Service-wide Standard Position Description	
3. ORGANIZATIONAL LOCATION <input type="checkbox"/> AS SHOWN ON CURRENT DESCRIPTION <input type="checkbox"/> AS HEREBY AMENDED			
IIa. <u>Department of the Interior</u>		d. _____	
b. <u>US Fish and Wildlife Service</u>		e. _____	
c. <u>Region</u>			
4. CSC TITLE AND BUREAU POSITION NO. Criminal Investigator <u>5000314</u>		<u>Pay Plan</u> SCHEDULE- GL	SERIES 1811
		GRADE <u>09</u>	
<input type="checkbox"/> SAME AS PRESENT: AMENDED FOR <input type="checkbox"/> CSC TITLE <input type="checkbox"/> POS. NO. <input checked="" type="checkbox"/> <u>Pay Plan</u> SCHEDULE <input type="checkbox"/> SERIES <input type="checkbox"/> GRADE			

CERTIFICATIONS

5. I CERTIFY THAT THE POSITION IDENTIFIED ABOVE HAS CHANGED AS REFLECTED. (Not required on Service-wide SPDs) _____ (Signature of Supervisor) TITLE _____ (Date) _____	5. I CERTIFY THAT THE CHANGES REFLECTED ARE PROPER AND THE POSITION AS HEREBY AMENDED IS PROPERLY CLASSIFIED. <u>Cecilia E. King</u> (Official Exercising Classification Authority) TITLE <u>Classification & Compensation Manager</u> (Date) <u>12/22/11</u>
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7. DESCRIBE BRIEFLY, BUT IN FULL, THE REASONS FOR CHANGES CHECKED ABOVE AND THE ADDITIONS, DELETIONS, OR REVISIONS WHICH ARE TO BE MADE IN THE DESCRIPTION PROPER.

This Amendment retroactively documents the change in Pay Plan from GS to GL (as directed by the Office of Personnel Management's changes in documentation of special rate employees and guidance establishing the GL Pay Plan for employees receiving Law Enforcement (LE) special base rates effective October 01, 2006). The Department concurred with the change in Pay Plan.

No other changes to the position are made with this action.

Department of the Interior, FLERT Specialist [Signature]
 This PD has been approved as follows under 5 USC 8328(c) and 8412(d)
 _____ Firefighter Law Enforcement
 Primary _____ Secondary/Administrative _____ Sec/Supvy
 Approval Date July 17, 2008

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 a false or misleading statement may constitute violations of such statutes or their implementing regulations.

(Not required on Service-wide SPDs)

 Name Signature and Title of Supervisor _____
Date