

POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission <input type="checkbox"/> Redescription <input type="checkbox"/> Reestablishment <input type="checkbox"/> New <input type="checkbox"/> Hdqtrs <input type="checkbox"/> Field <input type="checkbox"/> Other		3. Service	4. Employing Office Location	5. Duty Station	6. OPM Certification No.
Explanation (Show any positions replaced) Standard Position description #9131 Covered by 5 U.S.C. 8336(c)(1) in the secondary category provided the incumbent transfers from a covered*		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 checked="" 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 checked="" type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input type="checkbox"/> Neither	12. Sensitivity <input type="checkbox"/> 1-Non-Sensitive <input checked="" type="checkbox"/> 3-Critical <input type="checkbox"/> 2-Noncritical Sensitive <input type="checkbox"/> 4-Special Sensitive	13. Competitive Level Code	14. Agency Use

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						
c. Second Level Review	<i>Supervisory Criminal Investigator</i> Supervisory Special Agent (Airplane Pilot) <i>(Airplane Pilot)</i>	GS	<i>1811</i> 1812	13		8/24/83
d. First Level Review	Supervisory Special Agent (Airplane Pilot)	GS	1812	13		
e. Recommended by Supervisor or Initiating Office	Supervisory Special Agent (Pilot)	GS	1812	13		

16. Organizational Title of Position (if different from official title)
Resident Agent In Charge

17. Name of Employee (if vacant, specify)

18. Department, Agency, or Establishment
Department of the interior

a. First Subdivision
U.S. Fish and Wildlife Service

b. Second Subdivision

c. Third Subdivision

d. Fourth 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 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, consistently with the most applicable published standards.

22. Position Classification Standards Used in Classifying/Grading Position
1811
Series ~~1812/2184~~ 12/67 (TS-71) Grade 1810/1811 2/72 TS8
SGEG Part II

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.

Signature _____ Date _____

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

Department of the Interior, FLETC Specialist *[Signature]*
This PD has been approved as follows under 5 USC 8336(c) and 8412(d)
Firefighter _____ Law Enforcement _____
Primary _____ Secondary/Administrative _____
Approval Date *January 20, 2004* _____ Sec/Supvy _____

24. Remarks SPD initially dated 8/24/83.

* position without a break in service of more than 3 days (OPM letter 11/22/83).

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