

# POSITION CLASSIFICATION AMENDMENT

1. OFFICIAL HEADQUARTERS	2. NAME OF INCUMBENT
--------------------------	----------------------

ORGANIZATIONAL LOCATION  AS SHOWN ON CURRENT DESCRIPTION  AS HEREBY AMENDED

IIa. \_\_\_\_\_ d. \_\_\_\_\_  
 b. \_\_\_\_\_ e. \_\_\_\_\_  
 c. \_\_\_\_\_

CSC TITLE AND BUREAU POSITION NO. DOI004 Range/Forestry Technician (Fire)	SCHEDULE GS	SERIES 455/462	GRADE 03
--	----------------	-------------------	-------------

SAME AS PRESENT: AMENDED FOR  CSC TITLE  POS. NO.  SCHEDULE  SERIES  GRADE

## CERTIFICATIONS

4. I CERTIFY THAT THE POSITION IDENTIFIED ABOVE HAS CHANGED AS REFLECTED.

\_\_\_\_\_  
(Signature of Supervisor)

\_\_\_\_\_  
(Date)

TITLE \_\_\_\_\_

5. I CERTIFY THAT THE CHANGES REFLECTED ARE PROPER AND THE POSITION AS HEREBY AMENDED IS PROPERLY CLASSIFIED.

BIA BLM FWS NPS (See block 7) 8/28/02  
 (Official Exercising Classification Authority) (Date)

TITLE HR Specialist

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.

The duties and responsibilities of this position are essentially the same as those described at the GS-04 level except the incumbent functions under closer supervision and controls. When the incumbent of this position becomes fully proficient and is able to perform the duties described more independently, he/she may be noncompetitively promoted to the GS-04 level.

*Allison Beard*  
Allison Beard  
HR Specialist (Classification)  
Bureau of Indian Affairs

*Todd W. Ryan*  
Todd W. Ryan  
HR Specialist (Classification)  
Bureau of Land Management

*Joye Lappin*  
Department of the Interior, FLERT Specialist  
that PD has been approved as follows under 5 USC 8333(c) and 8412(d)  
 Firefighter \_\_\_\_\_ Law Enforcement  
 Primary \_\_\_\_\_ Secondary/Administrative \_\_\_\_\_ Sec/Supvy  
 Approval Date November 12, 2002

*Cindi Steinheimer*  
Cindi Steinheimer  
HR Specialist  
National Park Service

*Pearl Inge*  
Pearl Inge  
HR Specialist (Classification)  
U.S. Fish & Wildlife Service

**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.

\_\_\_\_\_  
Name Signature and Title of Supervisor

\_\_\_\_\_  
Date