

**THIS IS A DRUG TESTING DESIGNATED POSITION.**

<b>POSITION DESCRIPTION (Please Read Instructions on the Back)</b>						1. Agency Position No.					
2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other Explanation (Show any positions replaced)		3. Service <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field		4. Employing Office Location		5. Duty Station		6. OPM Certification No.			
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 checked="" 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 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 *DOI009		15. Classified/Graded by		Official Title of Position			
a. Office of Personnel Management		b. Department, Agency or Establishment		c. Second Level Review		d. First Level Review		e. Recommended by Supervisor or Initiating Office			
16. Organizational Title of Position (if different from official title)		17. Name of Employee (if vacant, specify)		Pay Plan		Occupational Code		Grade			
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			
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.		Signature of Employee (optional)		e. Fifth Subdivision			
a. Typed Name and Title of Immediate Supervisor		b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)		Signature		Date		Signature			
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 Dispatcher, GS-2151, Feb 63, TS-44. Transportation Clerk and Assistance Series, GS-2102, Mar 93, TS-46. Grade Level Guide for Clerical and Assistance Work, Jun 89, TS-98.		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		Signature	
23. Position Review		24. Signature of Official Taking Action		25. Description of Major Duties and Responsibilities (See Attached)		Signature		Date		Signature	
a. Employee (optional)		b. Supervisor		c. Classifier		Signature		Date		Signature	
Allison Beard BIA		Todd Ryan BLM		Pearl Inge FWS		Cindi Steinheimer NPS		5/8/03		See Remarks	

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Previous Edition Usable

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U.S. Office of Personnel Management  
FPM Chapter 295

\*Agency Use code should be entered in FPPS as last six spaces of Position Allocation Number.

**This PD is NOT COVERED under 5 U.S.C. 8336(e) or 8412(d).**

03/31/04 FF/LEO Retirement Team Specialist *Maria Pospokala*