

POSITION CLASSIFICATION AMENDMENT

1. OFFICIAL HEADQUARTERS		2. NAME OF INCUMBENT	
3. ORGANIZATIONAL LOCATION <input checked="" type="checkbox"/> AS SHOWN ON CURRENT DESCRIPTION <input type="checkbox"/> AS HEREBY AMENDED			
IIa. _____	d. _____		
b. _____	e. _____		
c. _____			
4. CSC TITLE AND BUREAU POSITION NO. DOI011 Range/Forestry Technician (Fire Dispatch)/Fire Dispatcher		SCHEDULE GS	SERIES 455/462
		GRADE 04	
<input type="checkbox"/> SAME AS PRESENT: AMENDED FOR <input type="checkbox"/> CSC TITLE <input type="checkbox"/> POS. NO. <input type="checkbox"/> SCHEDULE <input type="checkbox"/> SERIES <input checked="" type="checkbox"/> GRADE			

CERTIFICATIONS

5. I CERTIFY THAT THE POSITION IDENTIFIED ABOVE HAS CHANGED AS REFLECTED.	6. I CERTIFY THAT THE CHANGES REFLECTED ARE PROPER AND THE POSITION AS HEREBY AMENDED IS PROPERLY CLASSIFIED.
_____ (Signature of Supervisor)	BIA BLM FWS NPS (See block 7) 5/8/03 (Official Exercising Classification Authority) (Date)
_____ (Date)	TITLE HR Specialist
TITLE _____	

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.

The duties and responsibilities of this position are essentially the same as those described at the GS-05 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-05 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

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 _____

Department of the Interior, FLERT Specialist *Manlio Pospahala*
This PD has been approved as follows under 5 USC 8336(c) and 8412(d)
 Firefighter Law Enforcement
 Primary Secondary/Administrative Sec/Supy
Approval Date *January 20, 2004*