POSITION DESCRIPTION *(Please Read Instructions on the Back)*

1. Agency Position No.: S000051

2. Reason for Submission: ☐ Redescription ☐ Reestablishment ☐ New ☒ Other

Explanation *(Show any positions replaced)*: Standard Position Description

3. Service: ☐ Hdqtrs ☒ Field

4. Employing Office Location:

5. Duty Station:

6. OPM Certification No.:

7. Fair Labor Standards Act: ☐ Exempt ☒ Nonexempt

8. Financial Statements Required: ☐ Executive Personnel Financial Disclosure ☐ Employment and Financial Interest

9. Subject to IA Action: ☒ Yes ☐ No

10. Position Status: ☒ Competitive ☐ Excepted *(Specify in Remarks)* ☐ SES (Gen.) ☐ SES (CR)

11. Position Is: ☐ Supervisory ☐ Managerial ☒ Neither

12. Sensitivity: ☒ 1--Non-Sensitive ☐ 3--Critical ☐ 2--Noncritical Sensitive ☐ 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						
d. First Level Review	Maintenance Mechanic	WG	4749	8		
e. Recommended by Supervisor or Initiating Office						

16. Organizational Title of Position *(if different from offiical title)*:

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: Region

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:

Signature: Date:

b. Typed Name and Title of Higher-Level Supervisor or Manager *(optional)*:

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.*

Typed Name and Title of Official Taking Action:

Signature: Date:

22. Position Classification Standards Used in Classifying/Grading Position

WG-4749,5/74; WG-4102,11/69; WG-4206,3/69; WG-4607,4/91

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.

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

24. Remarks

FPL-GS-8

Approved for Servicewide Use Dear Auge 4-28-23

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