

POSITION DESCRIPTION (Please Read Instructions on the Back)

1. Agency Position No.

S000061

8. OPM Certification No.

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| 2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other | | 3. Service <input type="checkbox"/> Hdqtrs. <input checked="" type="checkbox"/> Field | | 4. Employing Office Location | | 5. Duty Station | |
| Explanation (Show any position replaced) SPD | | | | 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 type="checkbox"/> Employment and Financial Interests | |
| 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 type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither | | 12. Sensitivity <input checked="" type="checkbox"/> 1-Non Sensitive <input type="checkbox"/> 3-Critical Sensitive <input type="checkbox"/> 2-Noncritical Sensitive <input type="checkbox"/> 4-Special Sensitive | |
| 9. Subject to IA Action <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| 13. Competitive Level Code | | | | | | | |
| 14. Agency Use 8-51 | | | | | | | |

| 15. Classified/Graded by | Official Title of Position | Pay Plan | Occupational Code | Grade | Initials | Date |
|---|----------------------------|----------|-------------------|-------|----------|------|
| a. U.S. Office of Personnel Management | | | | | | |
| b. Department, Agency or Establishment | | | | | | |
| c. Second Level Review | | | | | | |
| d. First Level Review | **Interdisciplinary | GS | | 11 | | |
| e. Recommended by Supervisor or Initiating Office | | | | | | |

16. Organizational Title of Position (If different from official title)

17. Name of Employee (If vacant, specify)

18. Department, Agency, or Establishment

Department of the Interior

a. First Subdivision

U.S. Fish & Wildlife Service

b. Second Subdivision

Region

c. Third Subdivision

Ecological Services

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

Fishery Biology Series/Wildlife Biology Series, GS-482/486, TS-101, 1/91

Standard PD

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.

Typed Name and Title of Official Taking Action

Signature _____ Date _____

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

24. Remarks

FPL: Medical: **May be filled either by: Fish & Wildlife Biologist, GS-401;
 BUS: or Wildlife Biologist, GS-486;
 Drug: or Fishery Biologist, GS-482

Neal J. [Signature] 4-28-03