

POSITION DESCRIPTION <i>(Please Read Instructions on the Back)</i>								1. Agency Position No. S000073					
2. Reason for Submission <input type="checkbox"/> Redescription <input type="checkbox"/> Reestablishment <input checked="" type="checkbox"/> New <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field <input type="checkbox"/> Other		3. Service		4. Employing Office Location		5. Duty Station		6. OPM Certification No.					
Explanation <i>(Show any positions replaced)</i> Standard Position Description		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 Interest		9. Subject to IA Action <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13. Competitive Level Code					
		10. Position Status <input type="checkbox"/> Competitive <input type="checkbox"/> Excepted <i>(Specify in Remarks)</i> <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 <input type="checkbox"/> 2--Noncritical Sensitive <input type="checkbox"/> 4--Special Sensitive		14. Agency Use					
15. Classified/Graded by		Official Title of Position		Pay Plan		Occupational Code		Grade					
a. Office of Personnel Management													
b. Department, Agency or Establishment													
c. Second Level Review													
d. First Level Review		Contract Specialist		GS		1102		11					
e. Recommended by Supervisor or Initiating Office													
16. Organizational Title of Position <i>(if different from official title)</i>				17. Name of Employee <i>(if vacant, specify)</i>									
18. Department, Agency, or Establishment U. S. Department of the Interior				c. Third Subdivision									
a. First Subdivision U. S. Fish and Wildlife Service				d. Fourth Subdivision									
b. Second Subdivision Regions				e. Fifth Subdivision									
19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.				Signature of Employee <i>(optional)</i>									
20. Supervisory Certification. <i>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</i>				<i>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.</i>									
a. Typed Name and Title of Immediate Supervisor				b. Typed Name and Title of Higher-Level Supervisor or Manager <i>(optional)</i>									
Signature _____ Date _____				Signature _____ Date _____									
21. Classification/Job Grading Certification. <i>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.</i>				22. Position Classification Standards Used in Classifying/Grading Position GS-1102, 12/83									
Typed Name and Title of Official Taking Action				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 _____													
23. Position Review		Initials		Date		Initials		Date		Initials		Date	
a. Employee <i>(optional)</i>													
b. Supervisor													
c. Classifier													
24. Remarks													
25. Description of Major Duties and Responsibilities <i>(See Attached)</i>													

Neural Aug 4-28-03
Approved for Service-wide Use