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

1. Agency Position No. S000080

2. Reason for Submission
[ ] Redescription [ ] New
[ ] Reestablishment [X] Other
Explanation *(Show any positions replaced)*

Standard Position Description

3. Service [ ] Hdqtrs. [X] Field

4. Employing Office Location

5. Duty Station

6. OPM Certification No.

7. Fair Labor Standards Act
[ ] Exempt [X] Nonexempt

8. Financial Statements Required
[ ] Executive Personnel [ ] Employment and Financial Disclosure Financial Interests

9. Subject to IA Action
[X] Yes [ ] No

10. Position Status
[X] Competitive
[ ] Excepted (Specify in Remarks)
[ ] SES (Gen.) [ ] SES (CR)

11. Position is
[ ] Supervisory
[ ] Managerial
[X] Neither

12. Sensitivity
[ ] 1-Non-Sensitive
[ ] 2-Non-critical Sensitive
[ ] 3-Critical
[ ] 4. Special Sensitive
[X] 5. Moderate Risk
[ ] 6. High Risk

13. Competitive Level Code

14. Agency Use

15. Classified/Graded by	Official Title of Position	Pay Plan	Occupational Code	Grade	Initials	Date
a. U.S. Office of Personnel Management	Full Performance Level GS-___					
b. Department, Agency or Establishment						
c. Second Level Review						
d. First Level Review	Information Technology Specialist ( )	GS	2210	7		
e. Recommended by Supervisor or Initiating Office						

16. Organizational Title of Position

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

Administrative Work in the Information Technology Group, GS-2200

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

☐ (When Checked) The incumbent is placed in this position at a lower grade than the full performance level under close supervision while receiving training. Supervisory approval for promotion may be granted when the incumbent is sufficiently trained, has demonstrated the ability to perform at the higher grade level, and has met all requirements for promotion.

Pearl Auge 4-28-03

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

APPROVED FOR SERVICEWIDE USE