

POSITION DESCRIPTION (Please Read Instructions on the Back)

1. Agency Position No.
S000084

2. Reason for Submission
 Redescription New
 Reestablishment Other

3. Service
 Hdqtrs Field

4. Employing Office Location
 5. Duty Station

6. OPM Certification No.
 9. Subject to IA Action
 Yes No

Explanation (Show any positions replaced)
 Standard Position Description

7. Fair Labor Standards Act
 Exempt Nonexempt

8. Financial Statements Required
 Executive Personnel Financial Disclosure Employment and Financial Interest
 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	Office Automation Clerk	GS	326	3		
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
U. S. Department of the Interior
 a. First Subdivision
U. S. Fish and Wildlife Service
 b. Second Subdivision
Regions

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

22. Position Classification Standards Used in Classifying/Grading Position
 OPM Flysheet, GS 326, 11/90
 Office Automation GEG, 11/90

Signature _____ Date _____

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								
a. Employee (optional)										
b. Supervisor										
c. Classifier										

24. Remarks

Earl Hays 4-28-03
 Approved for Service-wide Use

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