

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

1. Agency Position No.  
S000102

6. OPM Certification No.

2. Reason for Submission  
 Redescription  Reestablishment  
 New  Other

3. Service  
 Hdqtrs  Field

4. Employing Office Location

5. Duty Station

Explanation *(Show any positions replaced)*  
Standard P.D.

7. Fair Labor Standards Act  
 Exempt  Nonexempt

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

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

11. Position Is  
 Supervisory  Managerial  Neither

12. Sensitivity  
 1--Non-Sensitive  2--Noncritical Sensitive  3--Critical  4--Special Sensitive

9. Subject to IA Action  
 Yes  No

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	** Interdisciplinary	GS		13		
e. Recommended by Supervisor or Initiating Office						

16. Organizational Title of Position *(if different from official title)*  
Regional Conservation Goals Coordinator

17. Name of Employee *(if vacant, specify)*

18. Department, Agency, or Establishment  
Department of the Interior

c. Third Subdivision

a. First Subdivision  
U.S. Fish and Wildlife Service

d. Fourth Subdivision

b. Second Subdivision  
Region

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  
U.S. OPM PCS, GS-401, 408, 482, 485, 486.

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								
a. Employee <i>(optional)</i>										
b. Supervisor										
c. Classifier										

24. Remarks  
FPL-GS-13

\* May be filled by: ( See first page of SPD) Approved for Wide Service Use: *Beard Inge 9-5-03*

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