

POSITION DESCRIPTION						
1. Position Number			2. Explanation (show any positions replaced)			
3. Reason for Submission <input type="checkbox"/> New <input type="checkbox"/> Redescription <input type="checkbox"/> Reestablishment <input type="checkbox"/> Standardized PD <input type="checkbox"/> Other						
4. Service <input type="checkbox"/> HQ <input type="checkbox"/> Field	5. Subject to Identical Addition (IA) Action <input type="checkbox"/> Yes (multiple use) <input type="checkbox"/> No (single incumbent)					
6. Position Specifications Subject to Random Drug Testing <input type="checkbox"/> Yes <input type="checkbox"/> No Subject to Medical Standards/Surveillance <input type="checkbox"/> Yes <input type="checkbox"/> No Telework Suitable <input type="checkbox"/> Yes <input type="checkbox"/> No Fire Position <input type="checkbox"/> Yes <input type="checkbox"/> No Law Enforcement Position <input type="checkbox"/> Yes <input type="checkbox"/> No			7. Financial Statement Required <input type="checkbox"/> Executive Personnel-OGE-278 <input type="checkbox"/> Employment and Financial Interest-OGE-450 <input type="checkbox"/> None required		10. Position Sensitivity and Risk Designation <u>Non-Sensitive</u> <input type="checkbox"/> Non-Sensitive: Low-Risk <u>Public Trust</u> <input type="checkbox"/> Non-Sensitive: Moderate-Risk <input type="checkbox"/> Non-Sensitive: High-Risk <u>National Security</u> <input type="checkbox"/> Noncritical-Sensitive: Moderate-Risk <input type="checkbox"/> Noncritical-Sensitive: High-Risk <input type="checkbox"/> Critical-Sensitive: High-Risk <input type="checkbox"/> Special Sensitive: High-Risk	
		8. Miscellaneous Functional Code: -- BUS: --	9. Full Performance Level Pay Plan: Grade:			
11. Position is <input type="checkbox"/> 2-Supervisory <input type="checkbox"/> 4-Supervisor (CSRA) <input type="checkbox"/> 5-Management Official <input type="checkbox"/> 6-Leader: Type I <input type="checkbox"/> 7-Leader: Type II <input type="checkbox"/> 8-Non-Supervisory		12. Position Status <input type="checkbox"/> Competitive <input type="checkbox"/> SES <input type="checkbox"/> Excepted (specify in remarks) <input type="checkbox"/> SL/ST			15. Fair Labor Standards Act <input type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt	
	13. Duty Station	14. Employing Office Location	16. Cybersecurity Code #1: #2: -- #3: --	17. Competitive Area Code: Competitive Level Code:		
18. Classified/Graded by	Official Title of Position		Pay Plan	Occupational Code	Grade	Initial Date
a. Department, Bureau, or Office						
b. Second Level Review			--		--	
19. Organizational Title of Position (if different from, or in addition to, official title)			20. Name of Employee (if vacant, specify)			
21. Department, Agency, or Establishment U.S. Department of the Interior			c. Third Subdivision			
a. Bureau/First Subdivision			d. Fourth Subdivision			
b. Second Subdivision			e. Fifth Subdivision			
22. 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, but not limited to: FLSA determinations; position sensitivity and requirements; and appointment/payment of public funds. 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	
23. 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.			24. Position Classification Standards Used in Classifying/Grading Position			
Typed Name and Title of Official Taking Action						
Signature		Date				
25. Position Review	Initials	Date	Initials	Date		
a. Supervisor						
b. Classifier						
26. Remarks						