

POSITION DESCRIPTION										(Supervisors complete only the shaded items. Follow instructions on the reverse.)		1. Agency Position No.	
2. Reason for Submission <input type="checkbox"/> Redescription New <input type="checkbox"/> Re-establishment Other Explanation (Show any positions replaced)			3. Service Dept'l. ____ Field		4. Employing Office Location			5. Duty Station (if different from #4)			6. OPM Certification No.		
			7. Fair Labor Standards Act Exempt Nonexempt			8. Employment/Financial Stmt. Required Yes No		9. Subject to IA Action Yes ____ No		10. Position Status Competitive Excepted (Specify)		11. Position is Supervisory ____ Managerial Neither	12. Sensitivity Critical Noncritical Nonsensitive
15. Classified/Graded by		Official Title of Position					Pay Plan	Occupational Code	Grade	Initials	Date		
a. Office of Personnel Management													
b. Agency													
c.													
d.													
e. Recommended by Supervisor or Initiating Office.													
16. Organizational Title of Position (If different from official title)						17. Personnel Use							
18. Department, Agency, or Establishment				c. Third Subdivision									
a. First Subdivision				d. Fourth Subdivision									
b. Second Subdivision				e. Fifth Subdivision									
19. Performance Standards Certification													
UNCHANGED			ATTACHED			INAPPLICABLE			OTHER (EXPLAIN)				
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 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 Ofc. Of Pers. Mgmt. or, if no published standards apply directly, consistently with the most applicable published standards.						22. Standards Used in Classifying/Grading Position							
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 of the Ofc. of Pers. Mgmt. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the OPM.							
Signature			Date										
23. Position Review		Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date		
a. Employee (optional)													
b. Supervisor													
c. Classifier													
24. Remarks													
25. Description of Major Duties and Responsibilities (see attached)													