

POSITION DESCRIPTION										(Supervisors complete only the shaded items. Follow instructions on the reverse.)		1. Agency Position No.					
2. Reason for Submission <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Redescription   <input type="checkbox"/> Re-establishment             Explanation (Show any positions replaced)         </div> <div>           New             Other         </div> </div>				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  <div style="display: flex; justify-content: space-around;"> <span>Exempt</span> <span>Nonexempt</span> </div>		8. Employment/Financial Stmt. Required  <div style="display: flex; justify-content: space-around;"> <span>Yes</span> <span>No</span> </div>		9. Subject to IA Action  <div style="display: flex; justify-content: space-around;"> <span>Yes ____</span> <span>No</span> </div>									
				10. Position Status Competitive  Excepted (Specify)		11. Position is Supervisory ____  Managerial  Neither		12. Sensitivity Critical  Noncritical  Nonsensitive		13. Personnel Use  14. Personnel Use							
15. Classified/Graded by  a. Office of Personnel Management  b. Agency  c.  d.		Official Title of Position				Pay Plan		Occupational Code		Grade		Initials		Date			
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  <div style="display: flex; justify-content: space-between;"> <span>UNCHANGED</span> <span>ATTACHED</span> <span>INAPPLICABLE</span> <span>OTHER (EXPLAIN)</span> </div>																	
20. <b>Supervisory Certification.</b> 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. <b>Classification/Job Grading Certification.</b> 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						<b>Information for Employees.</b> 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	
a. Employee (optional)																	
b. Supervisor																	
c. Classifier																	
24. Remarks																	
25. Description of Major Duties and Responsibilities (see attached)																	