POSITION DESCRIPTION

1. Position Number DX05300

2. Explanation (show any positions replaced)

3. Reason for Submission
☐ New ☐ Redescription ☐ Reestablishment ☒ Standardized PD ☐ Other

4. Service
☐ HQ ☐ Field

5. Subject to Identical Addition (IA) Action
☒ Yes (multiple use) ☐ No (single incumbent)

6. Position Specifications

Subject to Random Drug Testing ☒ Yes ☐ No
H HHS Drug Test Program
Subject to Medical Standards/Surveillance ☒ Yes ☐ No
Telework Suitable ☐ Yes ☐ No
Fire Position ☒ Yes ☐ No
Law Enforcement Position ☐ Yes ☒ No

7. Financial Statement Required
☐ Executive Personnel-OGE-278
☐ Employment and Financial Interest-OGE-450
☐ None required

8. Miscellaneous
Functional Code: --
BUS: --

9. Full Performance Level
Pay Plan: --
Grade: --

10. Position Sensitivity and Risk Designation

Non-Sensitive
☐ Non-Sensitive: Low-Risk
Public Trust
☐ Non-Sensitive: Moderate-Risk
☐ Non-Sensitive: High-Risk
National Security
☐ Noncritical-Sensitive: Moderate-Risk
☐ Noncritical-Sensitive: High-Risk
☐ Critical-Sensitive: High-Risk
☐ Special Sensitive: High-Risk

11. Position is
☐ 2-Supervisory
☐ 4-Supervisor (CSRA)
☐ 5-Management Official
☐ 6-Leader: Type I
☐ 7-Leader: Type II
☐ 8-Non-Supervisory

12. Position Status
☐ Competitive ☐ SES
☐ Excepted (specify in remarks) ☐ SL/ST

13. Duty Station

14. Employing Office Location

15. Fair Labor Standards Act
☐ Exempt ☒ Nonexempt

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	Wildland Firefighter (Aviation)	GS	0456	11	KLP	07/19/24
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

a. Bureau/First Subdivision
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b. Second Subdivision

c. Third Subdivision

d. Fourth 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

Signature **Date**

b. Typed Name and Title of Higher-Level Supervisor or Manager *(optional)*

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.*

Typed Name and Title of Official Taking Action
Kara Platt, Senior Classification Program Analyst

Signature Digitally signed by KARA PLATT Date: 2024.07.19 09:34:15 -04'00' **Date** 07/19/24

24. Position Classification Standards Used in Classifying/Grading Position
U.S. OPM Position Classification Standard for Wildland Fire Management, 0456 June 2022

25. Position Review	Initials	Date	Initials	Date
a. Supervisor				
b. Classifier				

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.

26. Remarks