POSITION DESCRIPTION													
1. Position Number						2. Explanation (show any positions replaced)							
3. Reason for Submission													
□ New □ Redeso	☐ Othe	r											
4. Service		ect to Identical Addition											
☐ HQ ☐ Field ☐ Yes (multiple use) ☐ No (single incum													
6. Position Specifications	7. Financial Statement Required				10. Position Sensitivity and Risk Designation								
Subject to Random Dr	☐ Executive Personnel-OGE-278					Non-Sensitive_							
	☐ Employment and Financial Interest-O				-OGE-4	150	☐ Non-Sensitive: Low-Risk						
Subject to Medical Sta	☐ None required						Public Trust						
Telework Suitable ☐Yes ☐No			8. Miscellaneous 9. Full Perform				Formance Level  Non-Sensitive			e: Moderate	Risk		
Fire Position			Functional Code: Pay Plan:				☐ Non-Sensitive: High-Risk						
Law Enforcement Posi	BUS: Grade:						National Security						
11. Position is							☐ Noncritical-Sensitive: Moderate-Risk						
		12. Position Status	□ SES				□ Noncritical-Sensitive: High-Risk						
☐ 2-Supervisory		☐ Excepted (specify in remarks)				SL/ST			☐ Critical-Sensitive: High-Risk				
4-Supervisor (CS)	13. Duty Station							☐ Special Sensitive: High-Risk					
☐ 5-Management O					T								
☐ 6-Leader: Type I 14. Employing			ice Location				15. Fa	iir La	ibor Standards Ac		Nonexempt		
7-Leader: Type II 16. Cybersecurity Co			de				17. Competitive Area Code:						
■ 8-Non-Supervisor	#1:						-	titive Level Code:					
18. Classified/Graded by Official			l Title of Position			Pay Pl	Pay Plan Occ		cupational Code	Grade	Initial	Date	
a. Department, Bureau,													
b. Second Level Review													
19. Organizational Title of Position (if different from, or in addition to, official title)						20. Nam	. 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 but not limited to: FLSA determinations; position sensitivity and requirements; and appointment/payment of public funds. False or misleading statements may constitute violations of su										to,			
a. Typed Name and Title	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.						sition Cla	ssificat	tion S	tandards Used in (	Classifying/G	rading Posit	ion	
Typed Name and Title of Official Taking Action													
Signature Date													
25. Position Review	Initials	Date	Initials	Date									
a. Supervisor									The standards, and				
b. Classifier					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													

Form HC-08 (July 2020) Office of Human Capital