

U.S. Office of Personnel Management  
Office of Merit Systems Oversight and Effectiveness  
Classification Appeals and FLSA Programs

Dallas Oversight Division  
1100 Commerce Street, Room 4C22  
Dallas, TX 75242-1027

**Classification Appeal Decision**  
**Under section 5112 of title 5, United States Code**

**Appellant:** [appellant's name]

**Agency classification:** Vocational Rehabilitation Specialist  
GS-1715-9

**Organization:** [name of appellant's team]  
Mental Health and Behavioral Science  
Service Line  
[name of a specific] Veterans Affairs  
Health Care System  
Department of Veterans Affairs  
[location]

**OPM decision:** Vocational Rehabilitation Specialist  
GS-1715-11

**OPM decision number:** C-1715-11-01

/s/ Bonnie J. Brandon

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Bonnie Brandon  
Classification Appeals Officer

December 3, 2001

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Date

As provided in section 511.612 of title 5, Code of Federal Regulations, this decision constitutes a certificate that is mandatory and binding on all administrative, certifying, payroll, disbursing, and accounting officials of the government. The agency is responsible for reviewing its classification decisions for identical, similar, or related positions to ensure consistency with this decision. There is no right of further appeal. This decision is subject to discretionary review only under conditions and time limits specified in the *Introduction to the Position Classification Standards*, appendix 4, section G (address provided in appendix 4, section H).

Since this decision changes the classification of the appealed position, it is to be effective no later than the beginning of the fourth pay period after the date of this decision (5 CFR 511.702). The servicing personnel office must submit a compliance report containing the corrected position description and a Standard Form 50 showing the personnel action taken. The report must be submitted within 30 days from the effective date of the personnel action.

**Decision sent to:**

[appellant's name and address]

[name of and address for appellant's designated representative]

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## **Introduction**

On April 6, 2001, the Dallas Oversight Division of the U.S. Office of Personnel Management (OPM) accepted an appeal from [the appellant]. We received his agency's administrative report on June 19, 2001. We later suspended the appeal awaiting the availability of the appellant and his clinical team coordinator for telephone interviews and the receipt of additional information that we requested from the appellant and his clinical team coordinator. The appellant's position is currently classified as Vocational Rehabilitation Specialist, GS-1715-9, with the [name of the appellant's team], Mental Health and Behavioral Science Service Line, [a specific] Veterans Affairs Health Care System, Department of Veterans Affairs, [location]. The agency reclassified the appellant's position from Vocational Rehabilitation Specialist, GS-1715-11, to Vocational Rehabilitation Specialist, GS-1715-9, in January 2001, after local agency officials reviewed the workload and determined that there was no need for a higher level specialist at the facility. In his appeal to OPM, the appellant stated that his position should be classified as Vocational Rehabilitation Specialist, GS-1715-11. We have accepted and decided his appeal under section 5112 of title 5, United States Code (U.S.C.).

To help decide this appeal, an Oversight representative held telephone conversations with the appellant, his former supervisor, and his clinical team coordinator. In reaching our decision, we have reviewed information gained from these conversations and all material of record furnished by the appellant and his agency, including the appellant's official position description [number].

## **General issues**

The appellant makes various statements about his agency and its evaluation of his work. In adjudicating this appeal, our only concern is to make our own independent decision on the proper classification of the appellant's position. By law, we must make our decision solely by comparing the appellant's current duties and responsibilities to OPM standards and guidelines (5 U.S.C. 5106, 5107, and 5112). Therefore, we have considered the appellant's statements only insofar as they are relevant to making that comparison.

The appellant also believes that the position classification standard for the Vocational Rehabilitation Series, GS-1715, is outdated. However, the adequacy of grade-level criteria in OPM standards is not appealable (section 511.607 of title 5, Code of Federal Regulations).

## **Position information**

The interim manager for the Mental Health and Behavioral Science Service Line certified to the accuracy of the appellant's official position description. However, the appellant indicated that his official position description is not accurate and provided examples of duties he performs that are not included in his position description. Those duties involve conducting psychometric testing and evaluation, developing curriculum for and teaching a vocational recovery workshop, providing administrative support and assistance for veterans (including veterans referred from other medical or professional sources), and providing instruction in the computer learning lab (for example, teaching basic keyboarding). The position description states that the employee may be assigned oversight of specific vocational programs such as Compensated Work Therapy and Incentive Therapy. The appellant has no oversight responsibility for those two programs.

The appellant is a member of a multidisciplinary team that consists of two clinical psychologists (GS-180-13), one social worker (GS-185-11), one psychology technician (GS-181-9), three addiction therapists (GS-101-9), two vocational rehabilitation specialists (GS-1715-9), one rehabilitation coordinator (VN-610-3), and one health technician (GS-640-5). The team addresses the psychosocial rehabilitation needs of inpatient veterans in a hospital setting. The team assesses, admits, and treats those veterans who are not coping well in life because of mental illness or disability, physical handicap, substance abuse and addiction, chronic employment issues, criminal history, personality issues, or behavioral issues, which result from any of the former conditions or a combination of those conditions. Some patients' situations are complicated by their lack of education or basic job skills as a result of having a disadvantaged background or an abusive childhood. The team determines if patients have the potential to improve their life situations by receiving the medical, mental health, vocational, addiction, recreation, or dietetic therapies that the VA system can provide.

The majority of the veterans the appellant counsels are inpatients in a 90- to 120-day residential rehabilitation program (domiciliary care) at the hospital. He provides a vocational rehabilitation assessment and treatment plan for incorporation into the overall individual treatment plan for the veteran. He determines the patients' level of skill and interest and their ability and motivation to perform in work situations. The appellant provides training and counseling to help the inpatient veterans cope and become productive members of society upon discharge from the VA rehabilitation program. He also provides counseling regarding vocational assessment, training, and placement needs to veterans who are "walk-ins" or outpatients referred by other mental health or medical professionals.

The appellant's position requires knowledge of vocational rehabilitation, including occupational information relating to problems faced by physically, mentally, and emotionally disabled veterans. The position also requires the ability to apply counseling techniques and use a wide range of methods or tools to identify training needs and develop vocational rehabilitation plans.

### **Series, title, and standard determination**

The appellant's duties fall within the type of work covered by the Vocational Rehabilitation Series, GS-1715, which includes positions requiring the application of knowledge of training programs and occupational information in relation to vocational rehabilitation problems of the physically or mentally disabled, or of other individuals whose background or lack of job skills impairs their employability. The work also involves the application of counseling techniques and methodology in motivating individuals and helping them to adjust to the training or work situation; however, full professional counseling knowledge is not required.

The field of vocational rehabilitation is generally recognized as including provision of services to individuals whose employability or job adjustment is impaired by (a) a physical, mental, emotional, or other disability or (b) a lack of basic education and job skills or other disadvantaged background condition. *Vocational Rehabilitation Specialist* is the appropriate title for nonsupervisory positions, such as the appellant's, that serve those disabled by a physical,

mental, behavioral, or other impairment as well as those disadvantaged by lack of basic education and job skills or other background condition.

The appellant administers, scores, and interprets standardized psychometric testing to every inpatient he sees. This work is regular and recurring; therefore, we used the Psychology Series, GS-180, standard to evaluate this portion of the appellant's work. We used the grading criteria in the GS-1715 standard to evaluate the other areas of the appellant's work.

## **Grade determination**

### ***Evaluation using the GS-180 standard***

Some positions in the GS-180 series have standardized testing, scoring, and interpretation as an inherent part of their assignments. Similar to those positions, the appellant uses various types of testing to evaluate and assess the veteran's skills, aptitudes, and areas of interest. He administers, scores, and interprets the following vocational tests.

- Diagnostic Analysis of Reading Errors. This test identifies learning difficulties that are usually associated with learning disorders.
- Wide Range Interest and Opinion Test. This test identifies occupational strengths and interests. It can be administered to veterans with limited or better reading abilities.
- Slosson Intelligence Test. This intelligence test is used as a reliable indicator of the veteran's "standard" intelligence score.
- Differential Aptitude Test. This is an eight-part battery of tests that help to identify weaknesses or strengths in multiple academic categories. The test is time limited and principally used to provide the veteran with occupations and school subjects of interest. The DAT is helpful in determining training or academic plans that will assist veterans in achieving their employment goal.
- Slosson Oral Reading Test. This is a word recognition test that has grade level and age equivalents. This test is used to determine the veteran's potential/capacity for learning and cognitive levels.
- Career-Decision Making System. This is a self-directed/administered test that identifies possible career fields of interest. The test is also used to acquaint the veteran with reference materials that will be helpful during his/her career search, such as the Dictionary of Occupational Titles, Guide for Occupational Exploration, Occupational Outlook Handbook, etc.

The appellant also uses the results from the Self-directed Search test in the development of veterans' vocational rehabilitation plans. The test is self-administered, self-scored, and self-interpreted career counseling tool and inventory that is used to investigate potential careers and to explore the relation of occupational activities, competencies, and self-estimates to occupational clusters.

The grading criteria in the GS-180 standard states that GS-7 psychologists administer and score a wide range of standardized group and individual tests. The GS-9 psychologist's assignments differ from the GS-7 level in that the GS-9 makes preliminary interpretations of the validity and

significance of the data. GS-9 psychologists also provide factual data to clients concerning their aptitudes, interests, abilities, and achievement levels as revealed by objective tests, information concerning occupational characteristics and requirements, job opportunities, relative salaries, etc., and information regarding appropriate educational institutions, their programs and requirements. As at the GS-9 level, the appellant interprets results of tests to determine whether the veteran should pursue new or additional training in order to enter a new field of employment or whether the veteran can enhance present skills for reentry into the workforce in a previous career field. The appellant's duties and responsibilities for administering, scoring, and interpreting test results fully meet but do not exceed the intent of the GS-9 level as described in the GS-180 standard.

### ***Evaluation using the GS-1715 standard***

The GS-1715 standard uses two broad categories to reflect major differences in difficulty of types of cases assigned: *regular procedures* and *special procedures*.

*Regular procedures* cases are those that involve handicaps that do not pose difficult problems insofar as successful training, placement, and adjustment are concerned. The kinds of services needed are more clearly apparent, and existing instructions readily provide guidelines.

*Special procedures* cases involve individuals so severely handicapped as to present difficulty in motivation, training, placement, or adjustment. The impairments require closer study and supervision of the case by the specialist and the application of special means and ways of resolving the problems. Serious problems may stem from such impairments as serious orthopedic impairments; psychiatric disorders requiring especially understanding supervision; disabilities about which there is public misunderstanding, further handicapping the individual, (e.g., blindness, epilepsy, etc.); serious emotional disability, with an offender record; and major deficiencies in basic education and job skills, with serious problems of adjustment because of a disadvantaged background.

The standard states that some special procedures cases can be ranked as regular procedures cases when no serious problems of training, placement, or adjustment are expected. For example, the individual possesses a high degree of emotional stability in combination with a superior intelligence level, good motivation, and an occupational objective.

The GS-1715 standard uses two classification factors to evaluate positions: *Characteristics of the assignment* and *Level of responsibility*. Our evaluation with respect to these factors follows.

#### *Characteristics of the assignment*

This factor measures the difficulty of the assignment. It takes into account the complexity of the problems involved; the knowledge, originality, and judgment required; and other qualifications to perform the work. Generally, as cases involve impairments of increased severity, in relation to the work demands, difficulty of the specialist's position increases.

GS-9 positions involve responsibility for completely carrying through assigned cases. Typically, the cases assigned to GS-9 specialists are of the regular procedures type, carried out under general supervision. The GS-9 specialist may also handle selected phases of special procedures cases, under close technical supervision. In contrast, the GS-11 specialist independently carries out a wide range of difficult cases involving special procedures. Case assignments at the GS-11 level are more difficult and require more extensive knowledge of disabilities or other employment handicaps, and of occupational information, in relation to the more complicated problems involved in the training and job placement of the severely handicapped.

The emphasis at the GS-9 level is generally on training and fitting disabled individuals to the requirements of regularly established kinds of work that they can perform despite their disability. In most cases, there are established training facilities and institutions approved for use by the program which are adequate for the needs of trainees. The GS-9 specialist evaluates and selects employment sites and training facilities in terms of the limitations of the handicapped individual and the demands the environment may make. GS-9 specialists may also negotiate contracts with training facilities for training that will meet the individual's needs and the rehabilitation agency's requirements. They are usually able to adapt existing plans to fit the particular training needed. The GS-9 specialist's supervision of the individual while in training and/or adjustment to the job involves counseling and helping the trainee to resolve personal problems. If the specialist determines that the individual needs professional help, the specialist is responsible for arranging for such services and for getting the person to accept help. GS-9 assignments may include special procedures cases, but such assignments usually do not involve the full range of specialist functions as a regular and continuing responsibility.

While the major functions of the GS-11 are similar to those for the GS-9 specialist, the GS-11 specialist's work is more difficult because of the need for more individualized programming and substantial adjustments in the training or job environment. GS-11 case assignments require the specialist to apply a more intensive knowledge of the mental and physical disabilities or other handicaps, in terms of the practical effects of such handicaps on work tolerances, motivations, adjustment to training, and difficulty in employment placement. GS-11 cases involve serious impairment, characterized by the severe limitations that the disability places on an individual's capacity to participate in any type of gainful employment. The cases demand that the specialist use considerable ingenuity and persuasiveness to meet the limitations. GS-11 specialists closely follow progress and evaluate findings. They must then make a judgment regarding the need for further adjustments to accommodate the vocational objective of the individual.

The GS-11 specialist must develop the training program around the residual capacities of the individual. In doing so, the specialist must assure that the program does not exceed the reduced work tolerances of the individual. In addition to the primary training and placement services that the specialist provides, the individual may need some basic remedial work in education or in attitudes toward work before, during, or after certain phases of job training. The specialist must be able to recognize and determine the extent of those needs and provide necessary training. Cases at the GS-11 level typically involve more difficult problems of emotional and economic adjustment for the individual than cases at the GS-9 level. As a result, the individual is more dependent upon the specialist. To counteract this, the GS-11 level requires greater skill, ingenuity, and knowledge to encourage and motivate the individual to become self-sufficient.

Most of the appellant's cases involve inpatient veterans who are deaf, blind, missing limbs, mentally disabled, mentally ill, or hard to employ because of a history of being abused, impoverished, or homeless. Many of the patients have multiple issues that complicate their recommended vocational rehabilitation plan because of the resulting effects on their employability. A number of the patients are only employable when they are actively taking medications to control their behavior. The clinical team coordinator (a psychologist) for the appellant's team provided an analysis of the problems of 49 current inpatient veterans seen by the appellant. The analysis does not include veterans who are more than 65 years old or are realistically not able to avail themselves of intensive vocational rehabilitative services. A description of the complexity of problems presented by the 49 veterans and the number of veterans with those problems follow.

- 39 (80 percent) have a criminal history. This means that they have been convicted of felonies or have served significant jail time. Types of crimes include attempted murder, assault with a deadly weapon, sale or possession of illegal drugs, fraud, burglary, and repeated instances of driving under the influence of alcohol or other drugs.
- 43 (88 percent) have chronic employment issues. Some of those veterans have long periods of unemployment, some have a history of taking jobs below their skill level, and some have had multiple jobs (for example, more than 50 jobs in the last decade).
- 19 (39 percent) have physical handicaps. Those veterans have multiple handicaps. Included are diabetes, heart disease, severe respiratory disorders, back injuries, amputations, high blood pressure, peripheral vascular disorder, blindness, deafness, and seizures. Some of the veterans are wheelchair-bound.
- 38 (78 percent) have some form of mental illness. Included are bipolar, schizophrenia, major depression, dysthymia, post traumatic stress disorder, organic brain disorders, adult attention and hyperactivity disorder, and learning disorders.
- 28 (57 percent) have personality issues. Those conditions, which include sociopathy, passive aggressiveness, dependency, and narcissism, are frequently severe and have contributed substantially to chronic employment issues for the veterans. Such personality issues represent a long-standing, usually life-long, perceptual and interactive stance with the world that is difficult to address and change.
- 45 (92 percent) have a substance abuse history. Those veterans suffer from chronic addictive problems, such as alcohol, methamphetamine, cocaine, heroin, and pain narcotics. Overall, this category represents 95 percent of the hospital's rehabilitation program patient load.
- 33 (67 percent) have behavioral issues. Many of the other issues described here contribute to the daily behavior of veterans. Behavioral issues involve isolation, tardiness, poor grooming and hygiene, and inadequate interpersonal skills.

The appellant is usually brought into these cases once the veterans are deemed "work ready." That is, they have reached a point in their therapy that allows them to start being re-introduced to the community and the world of work. The nature and complexity of the veteran's problems require the appellant to have intensive knowledge of mental and physical disabilities and occupational information as they relate to providing appropriate training and employment opportunities for the veterans. He must be able to recognize and evaluate to what extent the veterans' problems will affect their vocational rehabilitation potential or capabilities. An example that illustrates the complexity of the types of cases that the appellant deals with is a



veteran with Post-Traumatic Stress Disorder. The veteran had many of the significant issues associated with that disorder such as night terrors, emotional instability, and anger issues at work. To help resolve these issues, the appellant conducted extensive job coaching and discussions with employers and supervisors. This resulted in long-term employment in a suitable and appropriate occupation that minimized the potential for violent and aggressive behavior. The appellant's responsibility for monitoring and evaluating the veteran's progress and making judgments regarding any necessary adjustments to the veteran's vocational rehabilitation plan is fully comparable to the GS-11 level. At that level, the specialist closely follows progress, evaluates findings, and judges whether further adjustments are needed to accommodate the individual's vocational objectives. The appellant's case assignments and the knowledge required are consistent with the GS-11 level where specialists apply an intensive knowledge of mental and physical disabilities or other handicaps in terms of the practical effects on work tolerances, motivations, adjustment to training, and difficulty in job placement.

In the clinical setting, the appellant meets individually with each veteran in the domiciliary on a weekly basis. In some cases, he meets more often with the veteran. Consistent with positions at the GS-11 level, the appellant adjusts the veteran's vocational rehabilitation plan when changes occur in the veteran's other treatment areas, for example, when a veteran experiences a psychotic break that results in the psychosocial rehabilitation team reevaluating the whole treatment plan. The appellant regularly follows up with the veterans during their treatment and after their dismissal from the hospital to monitor their progress and success. He also monitors outpatients and walk-in veterans on a regular basis.

The appellant uses his interpretation of test results in developing the veteran's vocational rehabilitation plan, which is incorporated into the veteran's overall vocational rehabilitation plans. He may recommend that the veteran pursue training at a vocational school or other educational facility, such as a junior college, or return to school to gain additional skills or degrees needed to achieve the vocational objective. The plans also describe the ultimate vocational goal and timeframe for achievement. The appellant initiates each stage of the plan with the veteran. Like the GS-11 specialist, the appellant must make sure the recommended program does not exceed the abilities and work tolerances of the individual. The appellant utilizes the local state employment office, junior colleges, trade schools, America's Job Bank, and employment-based Internet Web site information to assist veterans with their job searches. Because of the geographical location of the VA hospital and its surrounding communities with limited employment opportunities, the appellant must be creative and resourceful when recommending vocational training and employment options to veterans in the program. Similar to the GS-11 level, the appellant's use of these sources is tailored to the needs of the individual veteran and requires careful selectivity because of the difficulty of placement for the veterans.

The appellant helps veterans pursue vocational opportunities that will allow them to be productive members of society. He designs, conducts, and modifies a two-week vocational skills course. This is an intensive course that helps the inpatient veterans develop the skills needed to write a résumé, look for employment, and interview with prospective employers and learn techniques for problem solving, conflict resolution, and handling job situations. The course also includes sessions on motivational skills, self-esteem, and positive self-presentation and provides information on how to balance work and personal life. In addition to the two-week course, the

appellant meets with veterans on an individual basis to help them write their résumés and develop their computer skills. As veterans progress in their rehabilitation, the appellant may recommend inpatient veterans for temporary employment in the Compensated Work Therapy or Incentive Therapy programs. These are part-time employment programs used to help the veteran attain a feeling of self-sufficiency and build self-esteem during therapy. Comparable to the GS-11 level, the appellant is expected to recognize and determine the extent of the veteran's needs and be able to provide the necessary training to address those needs.

The appellant assists veterans who are too disabled to work in applying for their respective disability program benefits. He also provides assistance in finding appropriate vocational situations that may give partially-disabled veterans an additional source of income without jeopardizing the level of any benefits to which they may be entitled and that do not exceed their abilities. Such assistance is similar to the GS-9 level where the specialist must fit disabled individuals to the requirements of regularly established kinds of work that they can perform despite their disability.

Overall, the characteristics of the appellant's assignments fully meet the intent of the GS-11 level. The appellant's work does not exceed the criteria described at the GS-11 level.

#### *Level of responsibility*

This factor measures the extent of supervisory instruction and review received and the extent of independence of action exercised by the specialist in carrying out assignments. It takes into consideration the scope and nature of the person-to-person work contacts involved and includes consideration of responsibility for negotiations and arrangements with prospective employers and officials of training facilities.

At the GS-9 level, contacts with training and employment sources are largely with well-established facilities that have been previously used by the program. The GS-9 independently develops training plans or employment arrangements for regular procedures type cases. The GS-9 specialist's recommendations are highly relied upon by the supervisor, but more complicated situations involve consultation with and subsequent checking by the supervisor. Supervision on regular procedures type cases is general in nature, and the specialist keeps the supervisor informed of problems through regular progress reports. On special procedures type cases, where the GS-9 specialist performs a partial range of case coverage, a specialist at a higher grade or the supervisor gives close technical review and guidance.

In contrast, contacts at the GS-11 level may involve nonstandardized sources. The GS-11 specialist may be responsible for finding and negotiating with individual instructors to provide the necessary skills training to meet the individuals' needs. The supervisor relies heavily upon the GS-11 specialist's decisions, arrangements, and recommendations. While the GS-9 specialist may independently make decisions regarding training and employment, the decisions and recommendations of the GS-11 involve considerably more complex situations calling for greater knowledge and judgment.

In general, GS-11 specialists receive and carry through the full range of difficult special procedures cases assigned to them, typically without supervisory guidance. If a case is

exceptionally complex, the specialist consults with the supervisor. In contrast, GS-9 specialists operate with similar independence of action only in the regular procedures cases. Special procedures case assignments at the GS-9 level are limited by closer supervision or a partial range of case coverage.

Progress reports, decisions, and recommendations of GS-11 specialists are subject to supervisory review for information or formal approval or for discussion of any questions raised by the specialist where there is need for a joint decision on matters that may serve as precedent, present potential public relations problems, or otherwise require specific attention. Periodic supervisory review is made to evaluate quality and continuing effectiveness of performance.

As at the GS-11 level, the appellant currently handles regular procedures type cases as well as the full range of special procedures cases with little or no supervision. The rehabilitation program at the appellant's hospital has been structured to deal with veterans who suffer from the full range of afflictions that fit the description for special procedures type cases. Although the appellant's special procedures cases typically involve inpatient veterans and represent the majority of his case load, he performs the same counseling and program development services for outpatients and walk-ins. In that capacity, the appellant independently develops and carries out the vocational rehabilitation plans for outpatients and walk-ins. For inpatient veterans, the appellant develops the vocational rehabilitation plan and recommends it to the psychosocial rehabilitation team as part of the veteran's overall rehabilitation plan. The appellant initiates the plan as the veteran reaches the appropriate stage of rehabilitation. The psychosocial rehabilitation team relies heavily upon the appellant's decisions, arrangements, and recommendations. In cases that are extremely complex, the appellant draws upon the expertise of the psychosocial team to provide guidance, e.g., psychologists, addiction therapists, social workers. He consults with the service line supervisor when there is a question of agency policy. The clinical team coordinator provides feedback to the service line supervisor on the appellant's performance as a team member with regard to inpatient care. The service line supervisor assesses the appellant's performance in terms of quality and continuing effectiveness. The guidance given to the appellant and his level of independence are comparable to the GS-11 level where specialists typically carry through the full range of difficult special procedures cases without supervisory guidance and the supervisory review is for evaluation of quality and effectiveness of performance.

To help veterans in getting appropriate training or other assistance, the appellant contacts Federal, State, and local agencies for employment, education or training, and disability program information. He works closely with many outside agencies, such as the [state] Department of Employment Services Job Service in discussing potential training programs with private employers that might be offered, usually in trades occupations such as carpentry or construction. He also has regular contact with other outside local and State agencies, e.g., Job Training Partnership Act participants, [a certain area of a state] Council of Governments, [a state's name] State Vocational Rehabilitation Offices, and private organizations that provide training or work sites for the disabled and disadvantaged. While the GS-1715 standard indicates that GS-9 and GS-11 specialists may negotiate contracts for training or employment, that function is not mandatory. Although the appellant does not have the authority to make contracts with outside

agencies, the overall level of his outside contacts is equivalent to the level described for a GS-11 specialist in a contract negotiating role.

The appellant's level of responsibility and independence fully meet and do not exceed the intent of the GS-11 level.

*Summary*

The characteristics of the appellant's assignments and the level of responsibility fully meet but do not exceed the GS-11 level.

**Decision**

The position is properly classified as Vocational Rehabilitation Specialist, GS-1715-11.