

**POSITION DESCRIPTION** *(Please Read Instructions on the Back)*

Agency Position No.  
**50120-93001**  
OPM Certification No.

2. Reason for Submission <input type="checkbox"/> Redescription <input type="checkbox"/> New <input type="checkbox"/> Hdqtrs. <input checked="" type="checkbox"/> Field <input type="checkbox"/> Reestablishment <input checked="" type="checkbox"/> Other		3. Service		4. Employing Office Location <b>Anywhere, MA</b>		5. Duty Station <b>Anywhere, MA</b>	
Explanation (Show any positions replaced) <b>Recruit (Vice: Doe)</b>				7. Fair Labor Standards Act <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt		8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input checked="" type="checkbox"/> Employment and Financial Interests	
10. Position Status <input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)		11. Position is: <input checked="" type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input type="checkbox"/> Neither		12. Sensitivity <input checked="" type="checkbox"/> 1-Non-Sensitive <input type="checkbox"/> 3-Critical Sensitive <input type="checkbox"/> 2-Honorary Sensitive <input type="checkbox"/> 4-Social Sensitive		9. Subject to IA Action <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13. Competitive Level Code		14. Agency Use					

15. Classified/Graded by	Official Title or Position	Pay Plan	Occupational Code	Grade	Initials	Date
a. U.S. Office of Personnel Management						
b. Department, Agency or Establishment						
c. Second Level Review						
d. First Level Review	<b>Supervisory Fishery Biologist</b>	<b>GS</b>	<b>482</b>	<b>12</b>		
e. Recommended by Supervisor or Immediate Office	<b>Supervisory Fishery Biologist</b>	<b>GS</b>	<b>482</b>	<b>12</b>		

16. Organizational Title of Position (if different from official title)		17. Name of Employee (if vacant, specify)	
18. Department, Agency, or Establishment <b>Department of Interior</b>		c. Third Subdivision <b>Refuges and Wildlife</b>	
a. First Subdivision <b>U.S. Fish and Wildlife Service</b>		d. Fourth Subdivision <b>Division of Refuges</b>	
b. Second Subdivision <b>Region</b>		e. Fifth Subdivision	

19. Employee Review—This is an accurate description of the major duties and responsibilities of my position.		Signature of Employee (optional)	
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 such statutes or their implementing regulations.	
a. Typed Name and Title of Immediate Supervisor (Mandatory) <b>John J. Doe, Assistant Regional Director</b>		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 U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.		22. Position Classification Standards used in Classifying/Grading Position <b>OPM/Classification Standard</b>	
c. Typed Name and Title of Official Taking Action (Mandatory)		Information for Employees. The standards, and information on their application, are available in the personnel office. The classification or 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.	
Signature	Date		

23. Position Review	Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date
a. Employee (optional)										
b. Supervisor										
c. Classifier										

24. Remarks  
**Full Performance Level (FPL) GS-12**