

1. CATEGORY

MLC  IHA

2. PD NO. (To be filled in by Classifier)

**A. OFFICIAL CLASSIFICATION ACTION**

JOB TITLE	JOB NO.	GRADE	LA DEG	INITIALS	CLASSIFICATION OFFICIAL (Signature, Title, and Date)
3. SECOND ACTION					
4. FIRST ACTION					

**B. REQUESTING OFFICE ACTION**

5. REQUESTED JOB TITLE	JOB NO.	GRADE	LA DEG	6. NAME OF EMPLOYEE OR NO. OF POSITIONS
7. ORGANIZATIONAL LOCATION OF POSITION (Activity, Department, Division, Branch, Section, and Unit)			8. CLASSIFICATION ACTION REQUESTED FOR:	
			<input type="checkbox"/> NEW POSITION <input type="checkbox"/> REVISED POSITION-EXISTING PD NO. _____ (Amendment, Statement of Difference, Replacement) <input type="checkbox"/> OTHERS (Specify) _____	

**C. MAJOR DUTIES AND RESPONSIBILITIES**

9a. Applicable Job Definition(s) (Complete where readily identifiable)

	JOB TITLE	JOB NO.		%
(1)			closely matches or represents work performed	
(2)			closely matches or represents work performed	
(3)			closely matches or represents work performed	

9b. Supervisory work (Complete if the positions performs as a regular supervisor)

Performs administrative and technical supervisory duties

as  chief  assistant supervisor of \_\_\_\_\_

(Organizational Unit or Function supervised)

%

List number, job titles, and grades of subordinates (Use reverse side, if necessary.)

9c. Other Major Tasks and/or Statement of Differences (List below/on reverse side, or attach Task List.)

No.	(State concisely and stick to facts.)	%

10. REQUESTED BY (Signature, Title, and Date)

11. CERTIFIED BY (Signature, Title, and Date)

12. Position Review	Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date
a. Employee (optional)										
b. Supervisor										
c. Classifier										
d. Audited										

PREVIOUS EDITIONS WILL BE USED