

# POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other Explanation (Show any Position replaced)		3. Service <input type="checkbox"/> Hdgtrs. <input checked="" type="checkbox"/> Field		4. Employing Office Location Bethesda, Maryland		5. Duty Station Rockville/Bethesda, MD		1. Agency Position No. <b>C7-03-71</b>	
				7. Fair Labor Standards Act <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt		8. Financial Statements Required <input type="checkbox"/> Executive Personnel <input type="checkbox"/> Employment and Financial Disclosure		6. OPM Certification No.	
				10. Position Status <input checked="" type="checkbox"/> Competitive Excluded (Specify in Remarks) SES (Gen.) <input type="checkbox"/> SES (CR)		11. Position Is <input type="checkbox"/> Supervisor <input checked="" type="checkbox"/> Managerial <input type="checkbox"/> Neither		9. Subject to 1A Action <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
						12. Sensitivity <input checked="" type="checkbox"/> 1- Non-Sensitive <input type="checkbox"/> 3- Critical Sensitive <input type="checkbox"/> 2- Noncritical <input type="checkbox"/> 4- Special Sensitive		13. Competitive Level Code <b>000-</b>	

15. Classified/Graded by	Official Title of Position	Pay Plan	Occupational Code	Grade	Initials	Date
a. Office of Personnel Management						
b. Department, Agency or Establishment						
c. Second Level Review						
d. First Level Review	<b>Administrative Officer</b>	GS	341	09	CLM	5/8/03
e. Recommended by Supervisor or Initiating Office	<b>Administrative Assistant</b>	GS	341	9		

16. Organizational Title of Position (if different from official title)	17. Name of Employee (if vacancy, specify)
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18. Department, Agency, or Establishment <b>Department of Health and Human Services</b>	c. Third Subdivision <b>Office of the Director</b>
a. First Subdivision <b>National Institutes of Health</b>	d. Fourth Subdivision <b>Office of Management</b>
b. Second Subdivision <b>National Cancer Institute</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)
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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.
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a. Typed Name and Title of Immediate Supervisor	b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)
	<b>Elizabeth Greene, Acting Assoc Dir for Admin Ops, OM</b>
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>AO Series, GS-341, TS-63, dtd 8/66; AdminAnal Grade Eval Guide, TS-98, dtd 8/90; Job Family PC: for Prof &amp; Admin Work in Acct &amp; Budget Group,</b>
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Typed Name and Title of Official Taking Action <b>HR Specialist</b>	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.
Signature <b>Carol Mohler</b>	Date <b>5/8/03</b>

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

24. Remarks *Moderate Risk Public Trust Position/Security Access O/MBI required. BUS:	#22 Cont'd: GS-500, dtd 12/2000; Job Family PCS for Admin Work in HR Mgmt Group, GS-200, dtd 12/2000; Mgmt & Program Analysis Series, GS-343 TS-98, dtd 8/90; FES Primary Std; Intro to Class.
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25. Description of Major Duties and Responsibilities (See Attached)	standards, TS-107, dtd 8/91
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