

DI-625

POSITION CLASSIFICATION AMENDMENT

1. OFFICIAL HEADQUARTERS		2. NAME OF INCUMBENT		
3. ORGANIZATIONAL LOCATION <input type="checkbox"/> AS SHOWN ON CURRENT DESCRIPTION <input type="checkbox"/> AS HEREBY AMENDED				
IIa. <u>Department of the Interior</u>		d. _____		
b. <u>Bureau of Land Management</u>		e. _____		
c. _____				
4. CSC TITLE AND BUREAU POSITION NO.		SCHEDULE GS	SERIES	GRADE
<input type="checkbox"/> SAME AS PRESENT: AMENDED FOR <input type="checkbox"/> CSC TITLE <input type="checkbox"/> POS. NO. <input type="checkbox"/> SCHEDULE <input type="checkbox"/> SERIES <input type="checkbox"/> GRADE				

CERTIFICATIONS

5. I CERTIFY THAT THE POSITION IDENTIFIED ABOVE HAS CHANGED AS REFLECTED.		5. I CERTIFY THAT THE CHANGES REFLECTED ARE PROPER AND THE POSITION AS HEREBY AMENDED IS PROPERLY CLASSIFIED.		
_____ (Signature of Supervisor)		_____ (Official Exercising Classification Authority)		
_____ (Date)		_____ (Date)		
TITLE _____		TITLE _____		

7. DESCRIBE BRIEFLY, BUT IN FULL, THE REASONS FOR CHANGES CHECKED ABOVE AND THE ADDITIONS, DELETIONS, OR REVISIONS WHICH ARE TO BE MADE IN THE DESCRIPTION PROPER.

On the date shown, the title, series, and grade were reviewed using the Job Family Standard, Professional Work in the Natural Resources and Biological Sciences Group, GS-400, issued by the Office of Personnel Management in September 2005.

The impacts, if any, are reflected in block 4.

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 a false or misleading statement may constitute violations of such statutes or their implementing regulations.

Signature not required. Title, series, and grade determination responsibility of the personnel office.

Name Signature and Title of Supervisor _____

_____ Date