

POSITION CLASSIFICATION AMENDMENT

1. OFFICIAL HEADQUARTERS _____	2. NAME OF INCUMBENT _____
--------------------------------	----------------------------

3. ORGANIZATIONAL LOCATION AS SHOWN ON CURRENT DESCRIPTION AS HEREBY AMENDED

IIa. _____ d. _____
 b. _____ e. _____
 c. _____

4. CSC TITLE AND BUREAU POSITION NO. _____	SCHEDULE	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. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ (Signature of Supervisor) </div> <div style="width: 45%; text-align: center;"> _____ (Date) </div> </div> <p>TITLE _____</p>	6. I CERTIFY THAT THE CHANGES REFLECTED ARE PROPER AND THE POSITION AS HEREBY AMENDED IS PROPERLY CLASSIFIED. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ (Official Exercising Classification Authority) </div> <div style="width: 45%; text-align: center;"> _____ (Date) </div> </div> <p>TITLE _____</p>
--	---

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.

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.

 Name Signature and Title of Supervisor _____
 Date