

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

|  |  |  |  |  |  |  |  |  |                            |  |                        |  |
|--|--|--|--|--|--|--|--|--|----------------------------|--|------------------------|--|
| 2. Reason for Submission<br><input type="checkbox"/> Redescription <input type="checkbox"/> New <input type="checkbox"/> Hdqtrs <input type="checkbox"/> Field<br><input type="checkbox"/> Reestablishment <input type="checkbox"/> Other<br>Explanation (Show any positions replaced) |  |  |  |  | 3. Service   |  | 4. Employing Office Location   |  | 5. Duty Station            |  | 1. Agency Position No. |  |
| 7. Fair Labor Standards Act<br><input type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt  |  |  |  |  | 8. Financial Statements Required<br><input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest |  | 9. Subject to IA Action<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  | 6. OPM Certification No.   |  |                        |  |
| 10. Position Status<br><input type="checkbox"/> Competitive<br><input type="checkbox"/> Excepted (Specify in Remarks)<br><input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)   |  |  |  |  | 11. Position Is<br><input type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input type="checkbox"/> Neither                                     |  | 12. Sensitivity<br><input type="checkbox"/> 1-Non-Sensitive <input type="checkbox"/> 3-Critical<br><input type="checkbox"/> 2-Noncritical Sensitive <input type="checkbox"/> 4-Special Sensitive |  | 13. Competitive Level Code |  |                        |  |
|  |  |  |  |  |  |  |  |  | 14. Agency Use             |  |                        |  |

| 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                             |                            |          |                   |       |          |      |
| e. Recommended by Supervisor or Initiating Office |                            |          |                   |       |          |      |

16. Organizational Title of Position (if different from official title) \_\_\_\_\_

17. Name of Employee (if vacant, specify) \_\_\_\_\_

18. Department, Agency, or Establishment \_\_\_\_\_

a. First Subdivision \_\_\_\_\_

b. Second Subdivision \_\_\_\_\_

c. Third Subdivision \_\_\_\_\_

d. Fourth Subdivision \_\_\_\_\_

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 functions for which I am responsible. This is made with the knowledge that this information is to be used for statutory purposes related to appointment and payment of funds and that false or misleading statements may constitute violations of SI policy.

a. Typed Name and Title of Immediate Supervisor \_\_\_\_\_

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.

Typed Name and Title of Official Taking Action \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

22. Position Classification Standards Used in Classifying/Grading Position \_\_\_\_\_

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.

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

24. Remarks \_\_\_\_\_

**25. Description of Major Duties and Responsibilities (See Attached)**

## OF-8 Cover Sheet Instructions (TRUST)

| Box Text                           | What it Means  | Who Completes the Information  |
|------------------------------------|--|--------------------------------|
| 1. Agency Position No.             | Job Code Assigned  | OHR will assign and fill in    |
| 2. Reason for Submission           | <p><b>“Redescription”</b> (Position Description Rewrite/Revision) and <b>“New”</b> will be most commonly used</p> <p>If this PD is replacing another PD enter that Job Code # in the explanation box</p> | HRL Fills In                   |
| 3. Service                         | Leave Blank  |                                |
| 4. Employing Office Location       | Washington DC  |                                |
| 5. Duty Station                    | Where the employee will be working   | HRL Fills in                   |
| 6. Empty Box                       | Leave Blank  |                                |
| 7. Fair Labor Standards Act (FLSA) | Whether or not the employee is entitled to overtime  | OHR will assign and fill in    |
| 8. Financial Statements Required   | Leave Blank  |                                |
| 9. Subject to IA Action            | IA is identical additional – This would be appropriate to check when more than 1 employee is assigned to a PD  | HRL Fills in                   |
| 10. Empty Box                      | Leave Blank  |                                |
| 11. Position is                    | Supervisory (1 <sup>st</sup> Level)  | OHR will determine and fill in |

|  |   |   |
|--|---|---|
|  | Managerial (2 <sup>nd</sup> Level and above)<br>Neither (Nonsupervisory)  |   |
| 12. Sensitivity                              | References Position Sensitivity: What type of security risk may be associated with the duties assigned and what type of background investigation is completed | OHR will work with selecting official on determination and fill this in |
| 13. Competitive Level Code                   | Leave Blank   |   |
| 14. Agency Use                               | Leave Blank   |   |
| 15. Classified/Graded By                     | Official Title, Pay Plan, Occupational Code, Grade , Initial, Date  | OHR will determine and fill this in                                     |
| 15a. Dept., Agency or Establishment          | Smithsonian Institution   | HRL Fills In  |
| 15b. Second Level Review                     | Second level supervisor signature   | HRL Fills In  |
| 15c. First Level Review                      | First level supervisor signature  | HRL Fills In  |
| 16. Organizational Title of Position         | Organization may have a "Working Duty Title" that they choose to use (within reason)  | HRL Fills In  |
| 17. Name of Employee<br>(If vacant, specify) | This is for internal OHR use  | OHR Fills In  |
| 18. Department, Agency, or Establishment     | Smithsonian Institution   | HRL Fills In  |
| 19. Employee Review                          | Leave Blank   |   |

|   |   |   |
|---|---|---|
| <p>20. Supervisory Certification</p>  | <p>Typed Name &amp; Title of Immediate (1<sup>st</sup> Level) Supervisor</p> <p>Typed Name &amp; Title of Higher-Level Supervisor or Manager</p> <p>Signature/Date on both</p> <p>This is a testimony of the accuracy of the Position Description</p> | <p>HRL Obtains Appropriate Signatures</p> <p>Please Note: Supervisory signature occurs <u>prior</u> to the Classification Specialist signature.</p> |
| <p>21. Classification/Job Grading Certification</p>                               | <p>This is the person in OHR that determined the Title, Series and Grade of the position</p>  | <p>OHR Fills In</p>   |
| <p>22. Position Classification Standards Used in Classifying/Grading Position</p> | <p>OHR will list what Position Classification Standards were used to determine the Title/Series/Occupational Series and grade of the position</p>   | <p>OHR Fills In</p>   |
| <p>23. Position Review</p>  | <p>This area allows for 5 years of reviewing for accuracy between the Employee (optional), Supervisor and Classification Specialist. It could be reviewed at the beginning of each rating cycle.</p>  | <p>OHR and Supervisor</p> <p>Employee (Optional)</p>  |
| <p>24. Remarks</p>  | <p>This is where OHR will indicate the position Full Performance Level (FPL), Bargaining Unit Status (BUS), X-Reference to a Developmental PD or Statement of Difference. It may also include "Incumbent Only" indication</p>                         | <p>OHR Fills In</p>   |