

Government forms

POSITION DESCRIPTION

1. Check one:
Dept'l Field

2. Official headquarters:

4. Agency position No.

3. Reason for submission:

(a) If this position replaces another or, e. g., a change of duties in an existing position, identify ~~such~~ position by title, allocation (service, series, grade), and position number

5. U. S. C. certification No.

6. Date of certification

8. CLASSIFICATION ACTION

(b) Other (specify)

7. Date received from C. S. C.

ALLOCATION BY	CLASS TITLE OF POSITION	CLASS			INITIALS	DATE
		Service	Series	Grade		
a. Civil Service Commission						
b. Department, agency, or establishment						
c. Bureau						
d. Field office						
e. Recommended by initiating office						

9. Organizational title of position (if any)

10. Name of employee (if vacancy, specify V-1, 2, 3, or 4)

11. Department, agency, or establishment*

c. Third subdivision

a. First subdivision

d. Fourth subdivision

b. Second subdivision

e. Fifth subdivision

12. This is a complete and accurate description of the duties and responsibilities of my position

13. This is a complete and accurate description of the duties and responsibilities of this position

(Signature of employee)

(Date)

(Signature of immediate supervisor)

(Date)

Title:

14. Certification by head of bureau, division, field office, or designated representative

15. Certification by department, agency, or establishment

(Signature)

(Date)

(Signature)

(Date)

Title:

Title:

16. Description of duties and responsibilities (See Guide to Position Classifiers, Employees, and Supervisors for the Preparation of Position Descriptions, Standard Form No. 15A)

Accession Number

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Date(s)

May 7, 1958

4x5 inches (10x13 cm)

Black & White

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