

POSITION DESCRIPTION (Please Read Instructions on the Back)

SERVICE COPY

1. Agency Position No. **663-2658-C**
6. OPM Certification

2. Reason for Submission <input checked="" type="checkbox"/> Redescription <input type="checkbox"/> New <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other <i>anation (Show any positions replaced)</i>		3. Service <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field	4. Employing Office Location Seattle, WA	5. Duty Station Seattle, WA	7. Fair Labor Standards Act <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Nonexempt	8. Financial Statements Required <input type="checkbox"/> Executive Personnel <input type="checkbox"/> Employment and Financial Interests	9. Subject to IA Action <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Redescription of/Accretion of Duties: HEALTH TECHNICIAN GS 0640-5, dated 11-29-88 663-2658-0		10. Position Status <input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)	11. Position is: <input type="checkbox"/> Supervisor <input type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither	12. Sensitivity <input checked="" type="checkbox"/> 1-Non-Sensitiv <input type="checkbox"/> 3-Critical <input type="checkbox"/> 2-Noncriti <input type="checkbox"/> 4-Special	13. Competitive Level Code	14. Agency Use	

15. Classified/Graded by	Official Title of Position	Pay Plan	Occupational	Gra	Initial	Date
a. U.S. Office of Personnel Management						
b. Department, Agency or Establishment						
c. Second Level Review						
d. First Level Review	Health Technician	GS	640	6	CM	3/31/98
e. Recommended by Supervisor or Initiating Office	HEALTH TECHNICIAN	GS	0604	6		

16. Organization Title of Position (If different from the official title)

17. Name of Employee (if vacant, specify)
James F. Smith

18. Department, Agency, or Establishment VA Puget Sound Health Care System	c. Third Subdivision Anesthesiology Service
a. First Subdivision Medical Center	d. Fourth Subdivision
b. Second Subdivision Professional Services	e. Fifth Subdivision

Employee Review — This is an accurate description of the major duties and responsibilities of my position.

Signature of Employee (optional)

James F. Smith

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.

a. Type Name and Title of Immediate Supervisor
Douglas L. Rotter, Administrative Officer
Signature *D.L. Rotter* Date 3-25-98

b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)
Michael J. Bishop, MD, Chief, Anesthesiology Service
Signature *Michael J. Bishop* Date 3-25-98

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
GS - 640

Typed Name and Title of Official Taking Action
CAROL S. MAKITA, MPA
Signature *CS* Date 3/31/98

Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be 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	Initials	Date	Initials	Date	Initial	Date	Initial	Date
a. Employee (optional)							S		S	
b. Supervisor										
c. Classifier										

24. Remarks

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