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

PERS OFF FILE

1. Agency Position No. 9[illegible]

2. Reason for Submission: [ ] Redescription [ ] Reestablishment [X] New [ ] Other
Explanation *(Show any positions replaced)*

3. Service: [ ] Dept'l [X] Field

4. Employing Office Location: Portland, Oregon

5. Duty Station: Portland, Oregon

6. CSC Certification No. 8952A

7. Fair Labor Standards Act: [ ] Exempt [X] Nonexempt

8. Employment/Financial Stmt Required: [ ] Yes [X] No

9. Subject to IA Action: [X] Yes [ ] No

10. Position Status: [ ] Competitive [ ] Excepted *(Specify)*

11. Position is: [ ] Supvrsry [ ] Managerial [X] Neither

12. Sensitivity: [ ] Critical [ ] Noncritical [X] Nonsensitive

13. Competitive Level Code: 66

14. Agency Use

Supervisor's Copy

15. Classification	Title	Pay Plan	Occupational Code	Grade	Initials	Date
a. Civil Service Commission						
b. Department, Agency, or Establishment						
c. Bureau						
d. Field Office	Health Technician	GS	640	7	DL	7/27/93
e. Recommended by Supervisor or Initiating Office	Health Technician	GS	640	7		

16. Organizational Title of Position *(if different from official title)*: Anesthesia Technician

17. Name of Employee *(if vacancy, specify)*

18. Department, Agency, or Establishment: Department of Veterans Affairs

a. First Subdivision: VHA

b. Second Subdivision: Medical Center

c. Third Subdivision: Anesthesiology Service

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 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. Typed Name and Title of Immediate Supervisor: David G. Mastalski, Chief Technician
Signature: D Mastalski Date: 7/22/93

b. Typed Name and Title of Higher-Level Supervisor or Manager *(optional)*: Richard F. Davis, M.D., Service Chief
Signature: R F Davis MDan Date: 7-22-93

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 Civil Service Commission or, if no published standards apply directly, consistently with the most applicable published standards.*

Typed Name and Title of Official Taking Action
for James Lee, Chief, Personnel Service
Signature: Olulcamyn M. Lyons Date: 7/27/93

22. Standards Used in Classifying/Grading Position: GS-64 Health aid and Tech. Series TS-88, 9/88, Medical Instrument Technician series, GS-649, TS-99 10/90

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 Civil Service Commission. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the Commission.

23. Position Review	Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date
a. Employee *(optional)*										
b. Supervisor										
c. Classifier	DL	1/31/94	DL	2/8/95						

24. Remarks: redescribed from 6/4/92 action

25. Description of Major Duties and Responsibilities *(see attached)*

5008-105

Optional Form 8 (Revised 8-77)
U.S. Civil Service Commission, FPM Chap. 295