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

1. Agency Position No.

2. Reason for Submission: [X] Redescription [ ] Reestablishment [ ] New [ ] Other

3. Service: [ ] Hdqtrs. [X] Field

4. Employing Office Location: Houston, TX

5. Duty Station: VAMC, Houston, TX

6. OPM Certification No.

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

8. Financial Statements Required: [ ] Executive Personnel Financial Disclosure [ ] Employment and Financial Interests

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

Explanation *(Show any positions replaced)*

PD #4773-A

10. Position Status: [X] Competitive [ ] Excepted *(Specify in Remarks)* [ ] SES (Gen.) [ ] SES (CR)

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

12. Sensitivity: [X] 1—Non-Sensitive [ ] 2—Nonsensitive Sensitive [ ] 3—Critical Sensitive [ ] 4—Special Sensitive

13. Competitive Level Code: X01

14. Agency Use: BUS: 0065

ORGANIZATIONAL COPY

15. Classified/Graded by	Official Title of Position	Pay Plan	Occupational Code	Grade	Initials	Date
a. U.S. Office of Personnel Management						
b. Department, Agency or Establishment						
c. Second Level Review						
d. First Level Review	Medical Instrument Technician	GS	0649	07		11/28/01
e. Recommended by Supervisor or Initiating Office	Medical Instrument Technician	GS	0649	07		

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

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

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

a. First Subdivision: Veterans Health Administration

b. Second Subdivision: VAMC, Houston, TX

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: Salwa A. Shenaq, M.D., MBA
Chief, Anesthesiology Service

Signature: Salwa A. Shenaq

Date: 10/31/01

b. Typed Name and Title of Higher-Level Supervisor or Manager *(optional)*

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
Michele Chovanec
Human Resources Specialist (classification)/SSC

Signature: Michele Chovanec

Date: 11/28/01

22. Position Classification Standards Used in Classifying/Grading Position

OPM PCS for Medical Instrument Technician, GS-649, Oct 1990, TW-99

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	Initials	Date	Initials	Date	Initials	Date	Initials	Date
a. Employee *(optional)*										
b. Supervisor										
c. Classifier										

24. Remarks

SLC = 0
Full Performance Level

see attached evaluation

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