

COPY

POSITION DESCRIPTION (Please Read Instructions on the Back)

1. Agency Position No
1-54530

2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Establishment <input type="checkbox"/> Other <i>(Show any positions replaced)</i>	3. Service <input type="checkbox"/> Hdqtrs <input checked="" type="checkbox"/> Field	4. Employing Office Location 663 Seattle WA	5. Duty Station 663 Seattle WA	6. OPM Certification	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	9. Subject to IA Action <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
New position in support of reorganization of Anesthesia Technician section of O.R.		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. <input type="checkbox"/> <input type="checkbox"/> <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 X01			14. Agency Use 0465

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						
c. Second Level Review						
d. First Level Review	Electronics Worker	WG	2604	8	DL	9/29/02
e. Recommended by Supervisor or	Electronics Worker	WG	2604	08		

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

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

18. Department, Agency, or Establishment Department of Veterans Affairs	c. Third Subdivision Surgical & Perioperative Care Service
a. First Subdivision Veterans Health Administration	d. Fourth Subdivision Anesthesia/Operative Services
b. Second Subdivision Medical Center	e. Fifth Subdivision

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. Type Name and Title of Immediate Supervisor
Michael J. Bishop, MD, Chief - Anesthesia/Operative Services
Signature: *[Signature]* Date: 9-3-02

b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)
Signature: *[Signature]* Date: 9/3/02

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
JGS WG-2604, Electronics Medicine
12/97

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.

Typed Name and Title of Official Taking Action
Signature: *[Signature]* Date: 1/24/02

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

24. Remarks

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