

CONTROL FORM FOR DOE/ORO DIRECTIVE

PART A (To be completed by the ORO DIRECTIVES MANAGEMENT GROUP, AD-440):

1. DIRECTIVE NUMBER, TITLE, AND DATE:

ORO O 320, CHAPTER II, CHANGE 4, REQUESTING PERSONNEL ACTIONS, dated 06/14/2006

2. PURPOSE OF TRANSMITTAL: New Directive Revised Directive Revised Control Form

3. DOES THIS DIRECTIVE CANCEL OR EXTEND ANY OTHER DIRECTIVES? Yes No
If "Yes," list what action (cancel or extend) and list the Directive(s) number(s), title(s), and date(s):

This Directive cancels and replaces ORO O 320, Chapter II, Change 3, PROCESSING PERSONNEL ACTIONS, dated 6/18/2004.

The attached Directive is forwarded for review and action. Complete Part B and forward a completed hard copy of this form to ORO DMG, AD-440, by **06/28/2006**.

PART B (To be completed by the DIVISION OF PRIMARY INTEREST [DPI]):

COMPLETE FOR DOE DIRECTIVES ONLY:

4. SUPPLEMENTAL ORO DIRECTIVE REQUIRED?

Is a new or revised supplemental ORO Directive required? Yes No

If "Yes," target date for submission of supplemental ORO Directive is _____.

COMPLETE FOR BOTH DOE AND ORO DIRECTIVES:

5. CONTRACTOR APPLICABILITY.

Does this Directive affect the work performed by ORO Contractors? Yes No

If "Yes," whom? Bechtel Jacobs Company LLC ORAU

UT-Battelle, LLC ISOTEK (Bldg. 3019, ORNL)

FWENC

Other Contractors (list by name)

6. SUBJECT MATTER EXPERT: Jill Stephenson Federal Human Resources Branch, AD-442
Name Organization

Original Signed By

7. APPROVED BY: Melanie Kent, Chief Federal Human Resources Branch 06/14/2006
Signature Organization Date

PART C (To be completed by the ORO DIRECTIVES MANAGEMENT GROUP, AD-440):

APPROVED FOR DISTRIBUTION IN ACCORDANCE WITH OFFICIAL DIRECTIVE DISTRIBUTION LIST:

Original Signed By

Wayne H. Albaugh

06/15/2006

DMG Team Leader, AD-440

Date

INSTRUCTIONS TO ADDRESSEES: THIS FORM IS TO BE FILED WITH THE DIRECTIVE AND RETAINED. (Revised 02/10/2006)

U.S. Department of Energy

Oak Ridge Office

ORO O 320
Chapter II
Change 4

DATE: 06/14/2006

SUBJECT: REQUESTING PERSONNEL ACTIONS

1. PURPOSE. This Chapter provides administrative guidance to Oak Ridge Office (ORO) and other organizations for which ORO processes personnel actions. It assigns responsibility and accountability to ORO and Office of Scientific and Technical Information (OSTI). Nothing in this issuance changes any requirements contained in any Department of Energy (DOE) Directive.
2. CANCELLATION. This Chapter cancels and replaces ORO O 320, Chapter II, Change 3, PROCESSING PERSONNEL ACTIONS, dated June 18, 2004.
3. APPLICABILITY. The provisions of this Chapter apply to all ORO and OSTI requests for personnel and/or position actions.
4. RESPONSIBILITIES.
 - a. Supervisors and Managers initiate personnel and/or position actions in accordance with Paragraph 5 of this Chapter.
 - b. Director, Human Resources Division (HRD), completes the processing of personnel and/or position actions in accordance with “*The Guide to Processing Personnel Actions*,” the “*DOE Corporate Human Resource Information System (CHRIS) On-Line Users Guide*,” and standard operating procedures.
5. REQUIREMENTS AND PROCEDURES. Each requesting office consults with the appropriate Human Resources Specialist, completes the following items as appropriate to the personnel and/or position action requested, and submits the CHRIS Workflow request or the Standard Form (SF) 52, “*Request for Personnel Action*,” to the HRD, along with any other required documentation, e.g., position descriptions for new jobs.
 - a. CHRIS Workflow.
 - (1) Assure adequate funding is available, if appropriate.
 - (2) Manage Personnel Request:
 - (a) Item 1. Select the Create Request link.
 - (b) Item 2. Annotate the proposed effective date.

- (c) Item 3. Action Category. Select type of personnel action from options available.
 - (d) Item 4. Action Description. Select the type of action description from options available.
 - (e) Item 5. Annotate not to exceed date (NTE) if applicable.
 - (f) Item 6. New data. Complete any required fields (denoted by asterisks “*”) and other appropriate fields.
 - (g) Item 7. Comment/Justification. Annotate any comments or justifications as needed or appropriate.
 - (h) Item 8. Additional documents. Check the applicable additional documents being submitted with request.
- (2) Approval Routing:
- (a) Step 1. 1st Approver. Ensure the approving supervisor is annotated.
 - (b) Step 2. 2nd Approver. Check the “Skip” box or ensure the 2nd approving supervisor is annotated, if required. (Exception: 2nd level supervisor must be annotated for award approval).
 - (c) Step 3. Check the “Skip” box. (Exception: Assistant Manager Administrative Specialist must be annotated for award approval).
 - (d) Step 4. SA Approver. Select the appropriate Human Resources point of contact by consulting with your Human Resources Specialist.
 - (e) Leave remaining steps blank.
 - (f) Finalize and save the CHRIS Workflow action.
- b. SF 52, “Request for Personnel Action.” SF 52’s should be submitted only for personnel actions that cannot be requested through CHRIS Workflow, such as Details and Recruitment actions. Other exceptions will be identified on a case by case basis. Use of electronic versions is encouraged and must be printed on blue paper.
- (1) Part A:
- (a) Item 1. Fill in the type of personnel and/or position action(s) requested (e.g., detail, recruitment, etc.).
 - (b) Item 2. (Optional.) If desired, the originating office may insert a request number to assist in tracking personnel actions.
 - (c) Item 3. Provide the name and telephone number of the employee or supervisor most knowledgeable about the details of the request.

- (d) Item 4. (Optional.) If desired, a proposed effective date of the personnel action may be specified. The letters "ASAP" (as soon as possible) may also be used or the field may be left blank.
 - (e) Item 5. Use this block for the signature of the individual requesting the action.
 - (f) Item 6. This block must be signed by the immediate supervisor or other responsible individual with line authority over the affected employee and/or the position.
- (2) Part B. The requesting office need only complete Item 1 by filling in the name of the employee. All other items will be completed by the Federal Human Resources Branch (FHRB), HRD.
 - (3) Part C. This part is to be completed by the FHRB.
 - (4) Part D. This part is to be used by the requesting office for any remarks, explanatory material, or specific instructions which will facilitate the processing of the request.
 - (5) Part E. This part is to be used only if the action is a resignation or retirement. The employee will fill in the reasons for the separation and give a forwarding address.
 - (6) Part F. This part is reserved for use of the FHRB for documenting remarks to be used on the SF 50, "*Notification of Personnel Action.*"
- c. Position Description (PD's)
 - (1) Form OR F 3511.1, "*Position Description*" Coversheet. Completion of Part I of this form is required of the requesting office. This form must be included on the first page of all ORO and OSTI position descriptions, except those for members of the Senior Executive Service.
 - (2) Written Descriptions. A copy of the applicable PD will be submitted at the same time a CHRIS Workflow action is initiated or with the SF 52.
 - (3) Form OF 8, "*Position Description*" Coversheet should be completed by the Human Resources Specialist and include the supervisor's signature and date upon completion of classification decision.
6. REFERENCES.
- a. Office of Personnel Management, THE GUIDE TO PROCESSING PERSONNEL ACTIONS, which provides specific codes, procedures, and instructions for processing personnel actions.
 - b. DOE CHRIS ON-LINE USERS GUIDE, which provides instructions for using the DOE computerized system for processing personnel actions.
 - c. ORO O 320, Chapter VII, Change 2, MERIT PROMOTION, dated January 30, 2004, and any subsequent revisions, which establishes procedures for assessing candidates for promotion and placement, and exceptions when competitive procedures need not be used.

7. DEFINITIONS. None.
8. CONTRACTOR REQUIREMENTS DOCUMENT. None.
9. ATTACHMENTS.
 - a. Attachment 1 – Sample Standard Form (SF) 52, “*Request for Personnel Action.*”
 - b. Attachment 2 – Sample Form OR F 3511.1, “*Position Description.*”
 - c. Attachment 3 – Sample Form OR 8, “*Position Description.*”

Standard Form 52
Rev. 7/91
U.S. Office of Personnel Management
FPM Supp. 296-33, Subch. 3

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested		2. Request Number	
3. For Additional Information Call (Name and Telephone Number)		4. Proposed Effective Date	
5. Action Requested By (Typed Name, Title, Signature, and Request Date)		6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)	

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle)	2. Social Security Number	3. Date of Birth	4. Effective Date
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FIRST ACTION

5-A. Code	5-B. Nature of Action
5-C. Code	5-D. Legal Authority
5-E. Code	5-F. Legal Authority

SECOND ACTION

6-A. Code	6-B. Nature of Action
6-C. Code	6-D. Legal Authority
6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number										15. TO: Position Title and Number									
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis								
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay												
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization														

EMPLOYEE DATA

23. Veterans Preference				24. Tenure			25. Agency Use		26. Veterans Pref for RIF	
1 - None	3 - 10-Point/Disability	5 - 10-Point/Other	6 - 10-Point/Compensable/30%	0 - None	2 - Conditional	1 - Permanent	3 - Indefinite	YES	NO	
2 - 5-Point	4 - 10-Point/Compensable			28. Annuitant Indicator		29. Pay Rate Determinant				
30. Retirement Plan				31. Service Comp. Date (Leave)		32. Work Schedule		33. Part-Time Hours Per Biweekly Pay Period		

POSITION DATA

34. Position Occupied			35. FLSA Category		36. Appropriation Code		37. Bargaining Unit Status	
1 - Competitive Service	3 - SES General	E - Exempt	N - Nonexempt					
2 - Excepted Service	4 - SES Career	38. Duty Station Code		39. Duty Station (City - Country - State or Overseas Location)				

40. Agency Data	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship	50. Veterans Status	51. Supervisory Status
				1 - USA	8 - Other	

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A.			D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

Signature _____ Approval Date _____

PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement?
If "YES", please state these facts on a separate sheet and attach to SF 52.)

YES NO

PART E - Employee Resignation/Retirement

Privacy Act Statement

You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
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PART F - Remarks for SF 50

PART I: TO BE COMPLETED BY THE REQUESTING ORGANIZATION			
ORGANIZATIONAL ASSIGNMENT:			
[Insert Title of Organization here]			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Technical Qualification Program (TQP)	If TQP, STSM, CTC, and/or SSO are checked yes, the position description must document the duties and functions performed which are the bases of such determination as well as the knowledge required to accomplish the duties of the position. Knowledge requirements must include any items which will form the basis for selective placement factors under recruitment or reduction-in-force processes.
<input type="checkbox"/>	<input type="checkbox"/>	Senior Technical Safety Manager (STSM)	
<input type="checkbox"/>	<input type="checkbox"/>	Critical Technical Capabilities (CTC)	
<input type="checkbox"/>	<input type="checkbox"/>	Systems Safety Oversight (SSO)	
<input type="checkbox"/>	<input type="checkbox"/>	Acquisition Career Development Program	
<input type="checkbox"/>	<input type="checkbox"/>	Drug Testing Designated Position	
<input type="checkbox"/>	<input type="checkbox"/>	HRP Designated Position	
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.			
Signature and Title of Immediate Supervisor:			Date
PART 2: TO BE COMPLETED BY THE HUMAN RESOURCES DIVISION			
Classification Title:		Pay Plan	Series
		Grade	
CHRIS Position Number:	CHRIS Job Code:	Bargaining Unit Determination:	
CLASSIFICATION CERTIFICATION: I certify that this position, as described below, has been classified by a Departmental Official to whom classification authority has been officially delegated.			
Signature and Title of Official Exercising Classification Authority:			Date:

[Insert Title Here]

Begin typing position description text here.

Add the following paragraph as appropriate to Factor 1. Knowledge Required by the Position:

TQP - This position is included in the Department of Energy Technical Qualification Program (TQP). The TQP was established as a result of the Defense Nuclear Facilities Safety Board Recommendation 93-3 and requires the incumbent to be competent in his/her technical discipline as demonstrated by education, professional certification, examination, or on-the-job performance. Positions in the TQP are subject to periodic evaluation to ensure that it meets the needs of the Department and the mission(s) of the office in accordance with the TQP. Add the following paragraphs, as appropriate, to the "Major Duties" section.

ISM – This position includes responsibility for knowledge and implementation of Integrated Safety Management. The incumbent has taken the necessary initiatives to fully implement the principles of the Department's Safety Management System Policy in programs and functions for which the incumbent is responsible. This includes the demonstration of an appropriate emphasis on ensuring the technical competence of the staff associated with those programs and the conduct of effective oversight of the accomplishment of the related work products and schedules.

SAFETY BASIS – This position has specific assigned responsibility for nuclear facilities and is knowledgeable in the requirements for safe operation of nuclear facilities including safety basis process requirements, implementation requirements, and flow down of approved safety basis documents.

STSM - This position is in the Technical Qualification Program and is designated as a Senior Technical Safety Manager (STSM) position. The incumbent makes technical decisions based on the education and experience requirements for an STSM. If the incumbent does not meet the education or experience requirements contained in the STSM Qualification Standard, management will designate a fully qualified STSM as a compensatory measure. The incumbent ensures all employees reporting to them are appropriately trained and technically competent to perform their duties and to accomplish ORO's missions and responsibilities in a safe and efficient manner by protecting the health and safety of employees and the public.

POSITION DESCRIPTION <i>(Please Read Instructions on the Back)</i>										1. Agency Position No.			
2. Reason for Submission <input type="checkbox"/> Redescription <input type="checkbox"/> Reestablishment <input type="checkbox"/> New <input type="checkbox"/> Other <i>Explanation (Show any positions replaced)</i>		3. Service <input type="checkbox"/> Hdqtrs <input type="checkbox"/> Field		4. Employing Office Location			5. Duty Station			6. OPM Certification No.			
7. Fair Labor Standards Act <input type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt				8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest			9. Subject to IA Action <input type="checkbox"/> Yes <input type="checkbox"/> No						
10. Position Status <input type="checkbox"/> Competitive <input type="checkbox"/> Excepted <i>(Specify in Remarks)</i> <input type="checkbox"/> SES (Gen.) <input type="checkbox"/> SES (CR)				11. Position is <input type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input type="checkbox"/> Neither		12. Sensitivity <input type="checkbox"/> 1-Non-Sensitive <input type="checkbox"/> 2-Noncritical Sensitive <input type="checkbox"/> 3-Critical <input type="checkbox"/> 4-Special Sensitive		13. Competitive Level Code					
15. Classified/Graded by										14. Agency Use			
Official Title of Position										initials		Date	
a. Office of Personnel Management													
b. Department, Agency or Establishment													
c. Second Level Review													
d. First Level Review													
a. Recommended by Supervisor or Initiating Office													
16. Organizational Title of Position <i>(if different from official title)</i>					17. Name of Employee <i>(if vacant, specify)</i>								
18. Department, Agency, or Establishment					c. Third Subdivision								
a. First Subdivision					d. Fourth Subdivision								
b. Second Subdivision					e. Fifth Subdivision								
19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.					Signature of Employee <i>(optional)</i>								
20. Supervisory Certification. <i>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</i>					<i>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.</i>								
a. Typed Name and Title of Immediate Supervisor					b. Typed Name and Title of Higher-Level Supervisor or Manager <i>(optional)</i>								
Signature _____					Date _____		Signature _____					Date _____	
21. Classification/Job Grading Certification. <i>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.</i>					22. Position Classification Standards Used in Classifying/Grading Position								
Typed Name and Title of Official Taking Action					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.								
Signature _____					Date _____								
23. Position Review		Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date		
a. Employee <i>(optional)</i>													
b. Supervisor													
c. Classifier													
24. Remarks													
25. Description of Major Duties and Responsibilities <i>(See Attached)</i>													

Optional Form 8 (BACK) (Revised 1/85)

Instructions for Completing Optional Form 8 POSITION DESCRIPTION

In order to comply with the requirements of FPM Chapter 295, subchapter 3, and other provisions of the FPM, agencies must complete the items marked by an asterisk. Agencies may determine what other items are to be used.

- *1. Enter position number used by the agency for control purposes. See FPM Chapter 312, Subchapter 3.
- *2. Check one.
 - "Redescription" means the duties and/or responsibilities of an existing position are being changed.
 - "New" means the position has not previously existed.
 - "Reestablishment" means the position previously existed, but had been cancelled.
 - "Other" covers such things as change in title or occupational series without a change in duties or responsibilities.
 - The "Explanation" section should be used to show the reason if "Other" is checked, as well as any position(s) replaced by position number, title, pay plan, occupational code, and grade.
3. Check one.
- *4. Enter geographical location by city and State (or if position is in a foreign country, by city and country).
- *5. Enter geographical location if different from that of #4.
6. To be completed by OPM when certifying positions. (See Item 15 for date of OPM certification.) For SES and GS-16/18 positions and equivalent, show the position number used on OPM Form 1390 (e.g., DAES0012).
- *7. Check one to show whether the incumbent is exempt or nonexempt from the minimum wage and overtime provisions of the Fair Labor Standards Act. See FPM Chapter 551.
8. Check box if statement is required. See FPM Chapter 734 for the Executive Personnel Financial Disclosure Report, SF 278. See FPM Chapter 735, Subchapter 4, for the Employment and Financial Interests Statement.
9. Check one to show whether identical additional positions are permitted. See FPM Chapter 312, Subchapter 4. Agencies may show the number of such positions authorized and/or established after the "Yes" block.
10. Check one. See FPM Chapter 212 for information on the competitive service and FPM Chapter 213 for the excepted service. For a position in the excepted service, enter authority for the exception, e.g., "Schedule A-213.3102(d)" for Attorney positions excepted under Schedule A of the Civil Service Regulations. SES (Gen) stands for a General position in the Senior Executive Service, and SES (CR) stands for a Career Reserved position.
11. Check one.
 - A "Supervisory" position is one that meets the requirements for a supervisory title as set forth in current OPM classification and job-grading guidance. Agencies may designate first-level supervisory positions by placing "1" or "1st" after "Supervisory."
 - A "Managerial" position is one that meets the requirements for such a designation as set forth in current OPM classification guidance.
12. Check one to show whether the position is non-sensitive, noncritical sensitive, critical sensitive, or special sensitive for security purposes. If this is an ADP position, write the letter "C" beside the sensitivity.
13. Enter competitive level code for use in reduction-in-force actions. See FPM Chapter 351.
14. Agencies may use this block for any additional coding requirement.
- *15. Enter classification/job grading action.
 - For "Official Title of Position," see the applicable classification or job grading standard. For positions not covered by a published standard, see the General Introduction to "Position Classification Standards," Section III, for GS positions, or FPM Supplement 512-1, "Job Grading System for Trades and Labor Occupations," Part 1, Section III.
 - For "Pay Plan code, see FPM Supplement 292-1, "Personnel Data Standards," Book III.
 - For "Occupational Code," see the applicable standard; or, where no standard has been published, see the "Handbook of Occupational Groups and Series of Classes" for GS positions, or FPM Supplement 512-1, Part 3, for trades and labor positions. For all positions in scientific and engineering occupations, enter the two-digit functional classification code in parentheses immediately following the occupational code, e.g., "GS-1310(14)." The codes are listed and discussed in the General Introduction to "Position Classification Standards," Section VI.
16. Enter the organizational, functional, or working title if it differs from the official title.
17. Enter the name of the incumbent. If there is no incumbent, enter "vacancy."
- *18. Enter the organizational location of the position, starting with the name of the department or agency and working down from there.
19. If the position is occupied, have the incumbent read the attached description of duties and responsibilities. The employee's signature is optional.
- *20. This statement normally should be certified by the immediate supervisor of the position. At its option, an agency may also have a higher-level supervisor or manager certify the statement.
- *21. This statement should be certified by the agency official who makes the classification/job grading decision. Depending on agency regulations, this official may be a personnel office representative, or a manager or supervisor delegated classification/job grading authority.
22. Enter the position classification/job grading standard(s) used and the date of issuance, e.g., "Mail and File, GS-305, May 1977."
23. Agencies are encouraged to review periodically each established position to determine whether the position is still necessary and, if so, whether the position description is adequate and classification/job grading is proper. See FPM Letter 536-1 (to be incorporated into FPM Chapter 536). This section may be used as part of the review process. The employee's initials are optional. The initials by the supervisor and classifier represent recertifications of the statements in Items #20 and #21 respectively.
24. This section may be used by the agency for additional coding requirements or for any appropriate remarks.
- *25. Type the description on plain bond paper and attach to the form. The agency position number should be shown on the attachment. See appropriate instructions for format of the description and for any requirements for evaluation documentation, e.g., "Instructions for the Factor Evaluation System," in the General Introduction to "Position Classification Standards," Section VII.