

# POSITION DESCRIPTION (Please Read Instructions on the Back)

|                                                                                                                                                                                                                                                                                                                                      |  |                                                        |  |                                                |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|--|------------------------------------------------|--|------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------|--|----------------------------------------------------------------------|--|---------------------------------------------------------------|--|---------------------------------------------------------------------|--|
| 2. Reason for Submission                                                                                                                                                                                                                                                                                                             |  |                                                        |  |                                                |  |                                                      |  | 3. Service                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 4. Employing Office Location                  |  | 5. Duty Station                                                      |  | 1. Agency Position No.                                        |  |                                                                     |  |
| <input type="checkbox"/> Redescription                                                                                                                                                                                                                                                                                               |  | <input type="checkbox"/> Reestablishment               |  | <input type="checkbox"/> New                   |  | <input type="checkbox"/> Hdqtrs                      |  | <input checked="" type="checkbox"/> Field                                                                                                                                                                                                                                                                                                                                                                                      |  |                                               |  |                                                                      |  | 6. OPM Certification No.                                      |  |                                                                     |  |
| Explanation (Show any positions replaced)<br>NPS Standard Position Description<br>Resources Careers<br>(Statement of Difference for<br>FPL GS-11)                                                                                                                                                                                    |  |                                                        |  |                                                |  |                                                      |  | 7. Fair Labor Standards Act                                                                                                                                                                                                                                                                                                                                                                                                    |  | 8. Financial Statements Required              |  | 9. Subject to IA Action                                              |  |                                                               |  |                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                      |  |                                                        |  |                                                |  |                                                      |  | <input type="checkbox"/> Exempt                                                                                                                                                                                                                                                                                                                                                                                                |  | <input checked="" type="checkbox"/> Nonexempt |  | <input type="checkbox"/> Executive Personnel<br>Financial Disclosure |  | <input type="checkbox"/> Employment and<br>Financial Interest |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
|                                                                                                                                                                                                                                                                                                                                      |  |                                                        |  |                                                |  |                                                      |  | 10. Position Status                                                                                                                                                                                                                                                                                                                                                                                                            |  | 11. Position Is                               |  | 12. Sensitivity                                                      |  | 13. Competitive Level Code                                    |  |                                                                     |  |
| <input checked="" type="checkbox"/> Competitive                                                                                                                                                                                                                                                                                      |  | <input type="checkbox"/> Excepted (Specify in Remarks) |  | <input type="checkbox"/> Supervisory           |  | <input checked="" type="checkbox"/> 1--Non-Sensitive |  | <input type="checkbox"/> 3--Critical                                                                                                                                                                                                                                                                                                                                                                                           |  | 14. Agency Use                                |  |                                                                      |  |                                                               |  |                                                                     |  |
| <input type="checkbox"/> SES (Gen.)                                                                                                                                                                                                                                                                                                  |  | <input type="checkbox"/> SES (CR)                      |  | <input checked="" type="checkbox"/> Managerial |  | <input type="checkbox"/> 2--Noncritical Sensitive    |  | <input type="checkbox"/> 4--Special Sensitive                                                                                                                                                                                                                                                                                                                                                                                  |  | *R03                                          |  |                                                                      |  |                                                               |  |                                                                     |  |
| 15. Classified/Graded by                                                                                                                                                                                                                                                                                                             |  | Official Title of Position                             |  |                                                |  | Pay Plan                                             |  | Occupational Code                                                                                                                                                                                                                                                                                                                                                                                                              |  | Grade                                         |  | Initials                                                             |  | Date                                                          |  |                                                                     |  |
| a. Office of Personnel Management                                                                                                                                                                                                                                                                                                    |  |                                                        |  |                                                |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
| b. Department, Agency or Establishment                                                                                                                                                                                                                                                                                               |  |                                                        |  |                                                |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
| c. Second Level Review                                                                                                                                                                                                                                                                                                               |  | Geologist                                              |  |                                                |  | GS                                                   |  | 1350                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 09                                            |  |                                                                      |  |                                                               |  |                                                                     |  |
| d. First Level Review                                                                                                                                                                                                                                                                                                                |  |                                                        |  |                                                |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
| e. Recommended by Supervisor or Initiating Office                                                                                                                                                                                                                                                                                    |  |                                                        |  |                                                |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
| 16. Organizational Title of Position (if different from official title)                                                                                                                                                                                                                                                              |  |                                                        |  |                                                |  |                                                      |  | 17. Name of Employee (if vacant, specify)                                                                                                                                                                                                                                                                                                                                                                                      |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
| Geologist                                                                                                                                                                                                                                                                                                                            |  |                                                        |  |                                                |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
| 18. Department, Agency, or Establishment                                                                                                                                                                                                                                                                                             |  |                                                        |  |                                                |  |                                                      |  | c. Third Subdivision                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
| Department of the Interior                                                                                                                                                                                                                                                                                                           |  |                                                        |  |                                                |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
| a. First Subdivision                                                                                                                                                                                                                                                                                                                 |  |                                                        |  |                                                |  |                                                      |  | d. Fourth Subdivision                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
| National Park Service                                                                                                                                                                                                                                                                                                                |  |                                                        |  |                                                |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
| b. Second Subdivision                                                                                                                                                                                                                                                                                                                |  |                                                        |  |                                                |  |                                                      |  | e. Fifth Subdivision                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                      |  |                                                        |  |                                                |  |                                                      |  | Signature of Employee (optional)                                                                                                                                                                                                                                                                                                                                                                                               |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
| 19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.                                                                                                                                                                                                                         |  |                                                        |  |                                                |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
| 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                                                                                                                                                                                                                                                                                      |  |                                                        |  |                                                |  |                                                      |  | b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)                                                                                                                                                                                                                                                                                                                                                       |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
| Signature _____ Date _____                                                                                                                                                                                                                                                                                                           |  |                                                        |  |                                                |  |                                                      |  | 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. |  |                                                        |  |                                                |  |                                                      |  | 22. Position Classification Standards Used in Classifying/Grading Position                                                                                                                                                                                                                                                                                                                                                     |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
| Typed Name and Title of Official Taking Action                                                                                                                                                                                                                                                                                       |  |                                                        |  |                                                |  |                                                      |  | See Classification Evaluation Statement for Standards Used to Grade this Position.                                                                                                                                                                                                                                                                                                                                             |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
| J. LYNN SMITH<br>HUMAN RESOURCES PROGRAM MANAGER                                                                                                                                                                                                                                                                                     |  |                                                        |  |                                                |  |                                                      |  | 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 _____                                                                                                                                                                                                                                                                                                           |  |                                                        |  |                                                |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
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| 23. Position Review                                                                                                                                                                                                                                                                                                                  |  | Initials                                               |  | Date                                           |  | Initials                                             |  | Date                                                                                                                                                                                                                                                                                                                                                                                                                           |  | Initials                                      |  | Date                                                                 |  | Initials                                                      |  | Date                                                                |  |
| a. Employee (optional)                                                                                                                                                                                                                                                                                                               |  |                                                        |  |                                                |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
| b. Supervisor                                                                                                                                                                                                                                                                                                                        |  |                                                        |  |                                                |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
| c. Classifier                                                                                                                                                                                                                                                                                                                        |  |                                                        |  |                                                |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
| 24. Remarks *Agency Use Code should be entered in FPPS as last three spaces of position allocation number.                                                                                                                                                                                                                           |  |                                                        |  |                                                |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |
| 25. Description of Major Duties and Responsibilities (See Attached)                                                                                                                                                                                                                                                                  |  |                                                        |  |                                                |  |                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                               |  |                                                                      |  |                                                               |  |                                                                     |  |

**NATIONAL PARK SERVICE  
BENCHMARK POSITION DESCRIPTION  
Statement of Difference**

**Geologist  
GS-1350-09**

**Introduction**

This statement identifies the differences between GS-09 and the full-performance level of GS-11. For GS-09 graded positions, Factor 1. Knowledge Required by the Position; Factor 2. Supervisory Controls; and Factor 4. Complexity are evaluated at lower levels as described below. In addition, Factor 9. Work Environment is evaluated at level 9-1 which equates to five points. All other factors are evaluated as described at the GS-11 level.

**Factor 1. Knowledge Required by the Position Level 1-6; 950 points**

Because the incumbent does not perform the full range of duties as envisioned at the GS-11 level, the requirement at this level is for a practical knowledge of the technical methods, principles, and practices of a narrow area of the profession. Work assignments are well precedent and the educational knowledge is supplemented by skill gained through job experience which permits independent performance of recurring assignments. This differs from Level 1-7 (full-performance level), where knowledge is required of a wide range of concepts, principles, and practices that are applied to a variety of difficult and complex work assignments. In addition, at Level 1-7, projects are not well precedent and a comprehensive knowledge of the field is required in order to develop new methods, approaches or procedures.

**Factor 2. Supervisory Controls Level 2-3; 275 points**

At the GS-09 level the supervisor makes assignments by defining objectives, priorities, and deadlines and assists the employee with unusual situations which do not have clear precedents. Completed work is evaluated for technical soundness, appropriateness, and conformity to policy and requirements. This differs from Level 2-4 (full-performance level) where the employee and supervisor, in consultation, develop the deadlines, projects, and work to be done. In addition, this position does not meet the next higher level where completed work is reviewed only from an overall standpoint in terms of feasibility, compatibility with other work or effectiveness in meeting requirements or expected results.

**Factor 4. Complexity Level 4-3; 150 points**

At the GS-09 level work does not meet Level 4-4 (full-performance level) because decisions regarding what needs to be done do not include the assessment of unusual circumstances, variations in approach, and incomplete or conflicting data.

**Total Points 1935**