

MLC/IHA POSITION DESCRIPTION

1. CATEGORY MLC IHA	2. PD NO. (To be filled in by Classifier)
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A. OFFICIAL CLASSIFICATION ACTION

	JOB TITLE	JOB NO.	GRADE	LPL	INITIALS	CLASSIFICATION OFFICIAL <i>(Signature, Title, and Date)</i>
3. SECOND ACTION						
4. FIRST ACTION						

B. REQUESTING OFFICE ACTION

5. REQUESTED JOB TITLE	JOB NO.	GRADE	LPL	6. NAME OF EMPLOYEE OR NO. OF POSITIONS
7. ORGANIZATIONAL LOCATION OF POSITION <i>(Activity, Department, Division, Branch, Section, and Unit)</i>		8. CLASSIFICATION ACTION REQUESTED FOR:		
		NEW POSITION		
		REVISED POSITION-EXISTING PD NO. _____ <i>(Amendment, Statement of Difference, Replacement)</i>		
		OTHERS <i>(Specify)</i>		

C. MAJOR DUTIES AND RESPONSIBILITIES

9a. Applicable Job Definition(s) *(Complete where readily identifiable)*

	JOB TITLE	JOB NO.	%
(1)			closely matches or represents work performed
(2)			closely matches or represents work performed
(3)			closely matches or represents work performed

9b. Supervisory work *(Complete if the positions performs as a regular supervisor)* %

Performs administrative and technical supervisory duties

as chief assistant supervisor of _____
(Organizational Unit or Function supervised)

List number, job titles, and grades of subordinates *(Use reverse side, if necessary.)*

9c. Other Major Tasks and/or Statement of Differences *(List below/on reverse side, or attach Task List.)*

No.	(State concisely and stick to facts.)	%

10. REQUESTED BY *(Signature, Title, and Date)*

11. CERTIFIED BY *(Signature, Title, and Date)*

12. Position Review	Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date
a. Employee <i>(optional)</i>										
b. Supervisor										
c. Classifier										
d. Audited										

PRIVACY ACT STATEMENT

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