



UNITED STATES OFFICE OF PERSONNEL MANAGEMENT

Washington, DC 20415

Human Capital Leadership
and Merit System
Accountability Division

Classification Appeal Decision
Under section 5112 of title 5, United States Code

Appellant: [appellant]

Agency classification: Contract Health Services Technician
GS-303-6

Organization: Contract Health Services
Division of Administrative Services
[name] Service Unit
[name] Area Office
Indian Health Service
Public Health Service
Department of Health and Human
Services
[city and state]

OPM decision: GS-303-6
Title to be determined by agency to
include (OA).

OPM decision number: C-0303-06-13

/s/ Kevin E. Mahoney

Kevin E. Mahoney
Deputy Associate Director
Center for Merit System Accountability

August 18, 2006

Date

As provided in section 511.612 of title 5, Code of Federal Regulations, this decision constitutes a certificate that is mandatory and binding on all administrative, certifying, payroll, disbursing, and accounting officials of the Government. The agency is responsible for reviewing its classification decisions for identical, similar, or related positions to ensure consistency with this decision. There is no right of further appeal. This decision is subject to discretionary review only under conditions and time limits specified in the *Introduction to the Position Classification Standards*, appendix 4, section G (address provided in appendix 4, section H).

Since this decision changes the classification of the appealed position, it is to be effective no later than the beginning of the fourth pay period after the date of this decision (5 CFR 511.702). The servicing human resources office must submit a compliance report containing the corrected position description and a Standard Form 50 showing the personnel action taken. The report must be submitted 30 days from the effective date of the personnel action.

Decision sent to:

[appellant's name and address]

[name]

Supervisory HR Specialist

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Introduction

The Dallas Field Services Group of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from [appellant] on May 24, 2006. The appellant's position is currently classified as Contract Health Services Technician, GS-303-6, and is assigned to the Contract Health Services (CHS) in the Division of Administrative Services at the [name] Service Unit, [name] Area Office, Indian Health Service (IHS), Public Health Service, Department of Health and Human Services, located in [city and state]. The appellant believes that her position should be classified as Contact Representative, GS-962-7. Her appeal request was forwarded through her agency with the complete administrative report information. This appeal was accepted and decided under section 5112 of title 5, United States Code (U.S.C.)

Background

The appellant submitted her appeal request to her agency and indicated her present position description (PD) was not accurate. She provided a listing of duties she believed were not included in her PD. The agency indicated they conducted a desk audit and revised the appellant's PD to incorporate those duties. The supervisor certified as to the accuracy of the newly assigned PD, number {number}. Although the appellant does not agree with the classification determination, we find the PD includes the major duties and responsibilities of the position and hereby incorporate it into our decision.

General Issues

In her appeal request, the appellant provided two PDs; one for a Contract Health Service Technician (OA) GS-303-6, and a second for a Contact Representative, GS-962-8, from another IHS facility with the appeal request. By law, a classification appeal decision is based on comparing the appellant's current duties and responsibilities to OPM position classification standards and guidelines (5 U.S.C. 5106, 5107, and 5112). Since comparison to the standards is the exclusive method for classifying positions, we cannot compare the appellant's current duties to other positions, which may or may not be classified correctly, as a basis for deciding an appeal.

Position information

The [name] Health Care Facility serves a population of 20,000 [tribe] people in Northwestern [name of state] with a staff of primary care physicians, physician assistants, and nurse practitioners. The facility operates a 32-bed general medical and pediatric hospital and outpatient clinics, providing emergency, obstetrics/gynecology, mental health and social services, and community health nursing. Contract care may be authorized for patients needing medical specialties and services not provided by the facility. CHS supports facility management by providing support and technical assistance in the operation of that program. The appellant is supervised by the occupant of a Supervisory Health Systems Specialist, GS-671-9, position. The appellant is the only other employee assigned to CHS; a second position is vacant and is not being filled at this time.

Briefly, the appellant explains and interprets CHS regulations and policies to health service providers, IHS personnel, and patients. She provides patients with details as to the requirements

for eligibility such as tribal census number and residency, and determines their eligibility. She enters information into the Referred Care Information System for tracking. The appellant is responsible for determining if Indian patients may be eligible for alternate resources, e.g., Medicare, Medicaid, Veterans Affairs (VA), private insurance, and/or renal disease, breast and cervical cancer, or other special program sources that may be available to the patient. She interviews the patient/family members to help determine eligibility and explains possible advantages of those programs to the patient. She administers the day-to-day activities of the program by assisting patients, responding to inquiries regarding payment for patients admitted to non-IHS facilities, issuing denial letters, initiating purchase orders, and reviewing incoming medical bills to determine if authorization was obtained and researching the medical record for referral. The appellant establishes and maintains patient case files pertaining to CHS application, referral, and claim and payment information. The agency estimated these duties occupy approximately 45 percent of her time.

The remaining duties, each ranging from 5 to 15 percent of her time, include working with and resolving weekly reports from two different accounting systems, updating the provider/vendor contracts in an automated system, making patient transportation arrangements, and reporting for the Catastrophic Health Emergency Fund cases. The appellant is responsible for the weekly Fiscal Intermediary/Explanation of Benefits (EOB) Report, manually posting EOBs as needed and closing out purchase orders. She maintains and monitors the commitment register for purchase orders and assures the proper coding, monitors daily balances, and reconciles system differences. She works with the IHS fiscal intermediary to resolve payment problems and to coordinate alternate resource benefits, and maintains correspondence files denying payment requests. She provides a weekly report to the supervisor and Business Office manager (second-level supervisor) on status of referrals, approved visits, incoming claims, prior year claims, and number of purchase orders/denial letter issued. The appellant enters referred case information into a case management log and provides weekly reports to the CHS committee and other special reports to facility managers. She provides orientation to newly hired medical/nursing staff on CHS regulations and medical priorities, geographic areas, referral process, etc. She arranges for ground/air ambulance transportation subject to purchase regulations and available funds for patients and caretakers, arranging for lodging and completing travel vouchers upon return. The work requires the ability to use office automation equipment for word processing, accounting, and data tracking systems and requires a qualified typist.

To help decide this appeal, we conducted a telephone audit with the appellant on July 14, 2006, and a telephone interview with the immediate supervisor on July 19, 2006. In deciding this appeal, we carefully considered the interviews and all other information of record furnished by the appellant and her agency, including the official PD.

Series, title, and standard determination

The agency placed the position in the GS-303, Miscellaneous Clerk and Assistant Series. This series includes positions which perform or supervise clerical, assistant, or technician work for which no other series is appropriate. The work requires knowledge of the procedures and techniques involved in carrying out the work of an organization and involves application of procedures and practices within the framework of established guidelines.

The appellant's position involves a variety of assistance/technician duties and requires knowledge of the CHS regulations, requirements, and procedures; knowledge of the requirements of a variety of other resource programs, e.g., Medicare, Medicaid, VA, etc.; knowledge of a variety of automated accounting and tracking systems and procedures; knowledge of medical terminology; and the ability to interview patients/family to explain the provisions of CHS, alternative sources, and possible benefits. We find the work includes a variety of clerical and assistance work that is not appropriately included in a more specific occupational series. Although the duties include some work included in the GS-326, Office Automation (OA) Series, that work is not grade controlling. The primary work is to support the CHS program of the facility's Business Office. While there are some similarities with work covered by the GS-679, Medical Support Assistant Series, the emphasis of that work is on facilitating/supporting direct patient care rather than arranging and accounting for contract health care. There are aspects of the GS-962, Contact Representative Series, present in the position. While interviewing patients to determine eligibilities is an important part of the job, the tracking of costs and other data is its primary purpose. We find the GS-303, Miscellaneous Clerk and Assistant Series, is most appropriate overall since no other series covers the primary and paramount work of the position. The title is to be constructed by the agency in accordance with the titling instructions contained in the *Introduction to the Position Classification Standards*. The resultant title should include the parenthetical Office Automation (OA) as the position requires a qualified typist and requires knowledge of and involves work using office automation.

The Position Classification Flysheet for the GS-303 Series provides guidance on evaluating positions in this series. Clerical duties are to be evaluated by the *Grade Level Guide for Clerical and Assistance Work* (Guide). Technical duties should be evaluated by reference to standards for one-grade interval work that involves analogous knowledge and skills. We will evaluate the clerical/assistant duties by comparison with the Guide. The work involved with interviewing and explaining benefit options with patients will be compared to the Job Family Position Classification Standard for Assistance Work in the Legal and Kindred Group (JFS), GS-900. This JFS includes criteria for evaluating the work of the GS-962, Contact Representative Series.

Grade determination

Evaluation using the Guide

The Guide provides general criteria to use in determining the grade level of nonsupervisory clerical and assistance work being performed in offices, shops, laboratories, hospitals, and other settings in Federal agencies. The Guide describes the general characteristics of each grade level from GS-1 through GS-7, and uses the two following criteria for grading purposes: *Nature of Assignment* (which includes knowledge required and complexity of the work) and *Level of Responsibility* (which includes supervisory controls, guidelines, and contacts).

Nature of Assignment

At the GS-6 level, clerical work typically involves processing a wide variety of transactions for more than one type of assigned activity or functional specialization. Assignments are subject to different sets of rules, regulations, and procedures. Such issues must be examined that a course of actions has substantive impact on the outcome of the assignment. Work requires comprehensive knowledge of rules, regulations, and other guidelines relating to assignments in

the program area. This knowledge is usually attained through extensive, increasingly difficult, and practical experience and training in the subject matter field. The work also requires ability to interpret and apply regulatory and procedural requirements to process unusually difficult and complicated transactions.

Technical work at the GS-6 level involves providing direct assistance to specialists by performing a portion of their work or responsibility for a stream of products or continuing processes based on direct application of established policies, practices, and criteria. Assignments involve a relatively narrow range of case situations and typically involve identifying issues, problems, or conditions and seeking alternative solutions based on evaluation of the applicable rules, regulations, and procedures. Assignments requiring evaluative judgment are narrowly focused, address a single product or action, and are relatively clear cut. Problems remain stable and resemble past problems or situations. There is often not one absolutely correct solution, only a best or most appropriate one. Work requires practical knowledge of guides and precedent cases relating to a particular area equal to that acquired through considerable work experience or specialized training. It requires skill to recognize the dimensions of a problem and express ideas in writing.

At the GS-7 level, work consists of specialized duties with continuing responsibilities for projects, questions, or problems arising within an area or a program of functional specialty. Assignments involve a wide variety of problems or situations common to the segment or function for which responsible. Decisions or recommendations are based on development and evaluation of information that comes from various sources. The work involves identifying and studying factors or conditions and determining their interrelationships as appropriate to the defined area of work. The work requires knowledge and skill to recognize the dimensions of the problems involved, collect the necessary information, establish the facts, and take or recommend action based upon application or interpretation of established guidelines. It requires practical knowledge, learned through on-the-job training and experience, to deal with the operations, regulations, principles, and peculiarities of the assigned program, function, or activity.

The appellant's duties are comparable to the GS-6 level. The work involves a combination of clerical and technical duties; e.g., entering data into and compiling reports from various automated accounting and tracking systems, arranging transportation and lodging for patients and care givers, issuing purchase orders if care is approved, issuing denial letters if not, resolving payment problems/questions, and identifying alternative sources of funding for IHS patients. Like the GS-6 level, she deals with a variety of transactions where different procedures and rules apply. She must understand and apply the regulations and procedures pertaining to eligibility for CHS and basic eligibility for alternate sources of funding. She must be able to identify requests for payment, verify if referrals were made and care approved, and resolve other payment questions. The appellant monitors daily status and costs for persons being treated in other facilities for management's information. The position does not meet the GS-7 level where assistants have continuing project responsibilities involving increasingly difficult transactions and broader program aspects. While the work requires the appellant to make judgments concerning the CHS eligibility requirements, it does not involve the wider variety of problems/situations typical of assignments at the GS-7 level, e.g., advising the manager on practical and technical aspects of office administration, including budgeting, purchasing, supply management, personnel administration, data processing, and files management.

This factor is evaluated at the GS-6 level.

Level of Responsibility

At the GS-6 level, the supervisor assists with precedent assignments by providing an interpretation of policy or the concepts and theories of the work. Completed work is evaluated for appropriateness and effectiveness in meeting goals. Assistants work under a framework of numerous and varied guidelines, but these are often not completely applicable to the assignment or have gaps in specificity. Employees at this level use judgment in interpreting and adapting guidelines and base their decisions and recommendations on facts and conventional interpretation of guidelines rather than on theory or opinion. Contacts with others are to provide, receive, or develop information in order to identify problems, needs, or issues, and/or to coordinate work efforts or resolve problems.

At the GS-7 level, the supervisor makes assignments by defining objectives, priorities, and deadlines. Employees work independently, using a general understanding of the expected outcomes and the scope of the assignments, and draw upon experience in resolving the more difficult situations that arise. Completed work is evaluated for appropriateness and conformance to policy. Guides, such as regulations, policy statements, and precedent cases, tend to be general and descriptive of intent; and they do not specifically cover all aspects of the assignments. Guidelines apply less to specific actions and more to the operational characteristics and procedural requirements of the program or function. Even though personal contacts for GS-7 employees are often the same as those for GS-6 employees, the GS-7 employees serve as a central point of contact to provide authoritative explanations of requirements, regulations, and procedures and to resolve operational problems or disagreements affecting assigned areas.

The appellant's position meets the GS-6 level in that the objectives and priorities of the work are determined by supervisor/management. The appellant generally works independently in carrying out her day-to-day assignments and completed work is reviewed for appropriateness and conformance to policy and other requirements. The guidelines used include the IHS contract health system manual, the fiscal intermediary's manual (Blue Cross/Blue Shield contractor for billings), Federal Medical Care Recovery Act, Federal Aviation Interactive Reporting System, and instructions for the Resources Patient Management Systems, agency policy, directives, and procedures manuals. Like at the GS-6 level, some guides are not completely applicable or may have gaps, requiring some judgment on the part of the appellant. Her contacts are with service unit professional and para-professional employees, contractors and vendors, third-party alternate resource organizations, regulatory agencies, and patients and their families. She also has contact with employees from the Bureau of Indian Affairs, Department of Veterans Affairs, Social Security Administration, and staff of State vocational rehabilitation and other offices for alternate resources. As at the GS-6 level, these contacts are to provide, receive, and exchange information to identify problems, coordinate work, and/or resolve problems.

The position does not meet the GS-7 level. The appellant does operate with a great deal of independence as a result of her experience on the job. However, the guidelines used are not as numerous as at the GS-7 level since the assignment does not involve the broader subject areas described at that level. Her contacts and their purpose are similar but the supervisor generally serves as the central point of contact for authoritative explanations, etc, as typical at the GS-7 level.

This factor is evaluated at the GS-6 level. With both factors evaluated at the GS-6 level, we find the appellant's position properly classified at the GS-6 level by application of the Guide.

Evaluation using the GS-900 JFS

This standard is written in the Factor Evaluation System format using nine factors. Each factor is evaluated separately and is assigned a point value consistent with factor-level definitions described in the standard. The total number of points for all nine factors is converted to a grade by using the standard's grade conversion table. Under this system, each factor-level description describes the minimum characteristics needed to receive credit for the described level. If a position fails to meet the criteria in a factor-level description in any significant aspect, it must be credited at the next lower level. Conversely, the position may exceed those criteria in some aspects and still not be credited the higher level.

Factor 1, Knowledge Required by the Position

This factor measures the nature and extent of information or facts that the employee must understand to do acceptable work (e.g., steps, procedures, practices, rules, policies, regulations, and principles) and the nature and extent of the skills needed to apply that knowledge.

At Level 1-4, the work requires knowledge of, and skill in applying, an extensive body of rules and procedures gained through extended training or experience to perform interrelated and nonstandard legal support work; examine documents where information and facts are readily verifiable, need little development, required limited searches of reference or file materials, and entail comparisons with explicit criteria. Employees plan, coordinate, and/or resolve problems, use a wide range of office software to prepare documents, and use online legal resources as needed.

In addition to those identified at the lower levels, positions at Level 1-5 require the knowledge and skills to apply comprehensive legal regulations, techniques, and procedures that are not readily understood. Knowledge and skills must be sufficient to perform assistance work requiring extensive searches of records, reference, or historical material and comparisons with complex, voluminous, or broadly written criteria; use specialized, complicated techniques to complete assignments, such as comparing options or identifying conflicts; develop, examine, adjust, reconsider, or authorize settlements; and assist higher graded employees to plan strategies.

The appellant's work requires knowledge comparable to Level 1-4. She must know and be able to explain the IHS policies and procedures pertaining to CHS as well as the basic rules of eligibility for various alternate sources of funding. These duties are basically identical to the illustration provided in the JFS for Level 1-4, Contact Representative. However, the work does not require the appellant to apply the more comprehensive knowledge of a wider variety of options and alternatives, as typical at Level 1-5. At this time, the appellant is making the initial determinations of eligibility for alternative sources of funding and referring the patient/family to the Benefit Coordinator in the Business Office for further assistance in submitting applications for alternative benefits.

Level 1-4 is credited for 550 points.

Factor 2, Supervisory Controls

This factor covers the nature and extent of direct and indirect controls exercised by the supervisor, the employee's responsibility, and the review of completed work. Employee responsibility depends upon the extent to which the employee is expected to develop the sequence and timing of various aspects of the work, to modify or recommend modification of instructions, and to participate in establishing priorities and defining objectives. The degree of review of completed work depends upon the nature and extent of the review.

The appellant's position meets but does not exceed Level 2-3, which is the highest level described in the JFS. At this level, the supervisor makes assignments by outlining or discussing issues and defining objectives, priorities, and deadlines. The supervisor provides advice or additional specific instructions on new or unusual situations that do not have clear precedents. The employee independently plans the work; resolves problems; carries out successive steps of assignments; follows instructions, policies, previous training, or accepted practices; makes adjustments using legal practices and procedures; handles problems that arise in accordance with instructions, policies, and guidelines; and refers controversial issues to the supervisor for direction. The supervisor reviews completed work for technical soundness, appropriateness, and conformity to policy and requirements.

Similar to Level 2-3, the appellant's work is assigned with standing instructions on objectives and priorities. The appellant is responsible for planning and carrying out her assignments in accordance with established procedures, policies, and regulations. Comparable to Level 2-3, the supervisor said the appellant's work methods are seldom reviewed. The appellant will provide the supervisor with the sources used for special reports that are prepared manually.

Level 2-3 is credited for 275 points.

Factor 3, Guidelines

This factor considers the nature of guidelines and the judgment needed to apply them.

At Level 3-2, the employee uses readily available guidelines such as agency policies and precedents that are clearly applicable to most transactions. These guidelines consist of legal regulations, dictionaries and references, computer manuals, office manuals, office policies and procedures, directives, general decisions, and agency guides. The employee uses judgment to determine the most appropriate guides or procedures to follow based on the specific assignment, adapts guides in specific cases and makes minor deviations, and refers issues that do not readily fit or are outside guidelines to the supervisor for resolution.

At Level 3-3, employees use guidelines with gaps in specificity and are not applicable to all work situations. Employees may have to rely on experienced judgment, rather than guides, to fill in gaps, identify information sources, and make working assumptions. The employee uses judgment to select the most appropriate guide and decide how to complete various transactions. For example, they may reconstruct incomplete files, devise more efficient methods for procedural processing; gather and organize information for inquiries; and resolve problems referred by others.

Comparable to Level 3-2, the guides used by the appellant are generally applicable and provide specific instructions. She interviews patients and families to determine eligibility for contract care and possible entitlement to other resources. The CHS criteria are specific while eligibility for other resources may be less clear-cut. As indicated, she will make an initial determination of possible sources based on guidance from Medicare, Medicaid, VA, and other organizations. However, the final determinations are made by those offices. While she does use experienced judgment in identifying possible sources, the work situation does not require the appellant to propose significant deviations from guidelines, reconstruct incomplete files, or resolve problems referred by others, as typical of Level 3-3.

Level 3-2 is credited for 125 points.

Factor 4, Complexity

This factor covers the nature, number, variety, and intricacy of tasks, steps, processes, or methods in the work performed; the difficulty in identifying what needs to be done; and the difficulty and originality involved in performing the work.

At Level 4-2, the work consists of related steps, processes and standard explanations of methods or programs in the function. The documents are factual in nature, usually designed to record specific items of routinely required information, and used for one primary purpose. Employees process documents received; answer questions about applications; obtain missing or incomplete information as needed; compare information; and evaluate sources of information, legal requirements of documentation, etc. Employees use different procedures for evaluating sources of information and to determine whether furnished documentation and information are adequate. However, choices are limited. Illustrations for Contact Representative positions in the JFS describe an on-the-job training situation.

At Level 4-3, which is the highest level described in the JFS, work consists of different and unrelated processes, methods, and sequences of tasks. Employees analyze facts and identify issues; define the problem; determine courses of actions from many alternatives; search, isolate, and determine interrelationships among available information; assess a variety of situations that depend on the particulars of the case and/or submitting party; select appropriate sources and apply them to the problem at hand; evaluate records in relation to legal requirement; develop recommendations for problem resolution, and adjust and authorize settlements. The employee determines what needs to be done. Actions may be complicated where facts are not clearly established and verification or development of information is frequently required. Information on documents can vary and the same document is used for different purposes. Illustrations for Contact Representative positions in the JFS describe providing information concerning alternative options and entitlements on sources of care, medical feasibility of treatment options, billings, claims processing, and entitlement. The employee explains a variety of issues to customers that affect rates, payments, entitlements, waivers, and reconsideration rights. They determine interrelationships of available information and data.

As indicated, the appellant explains eligibility requirements and determines if patients are entitled to contract health care. She is responsible for ascertaining if patients may be eligible for alternate resources. She questions them about employment and possible private insurance coverage; annual salary and family size for consideration of Medicaid; Medicare eligibility -

coverage of Part A and Part B; and based on medical problem, consideration of other program sources – pregnancy, breast and cervical cancer, renal disease, children under 19, etc. She will explain about benefits under alternative sources that may cover items that IHS does not. We find the work fully meets Level 4-3.

Level 4-3 is credited for 150 points.

Factor 5, Scope and Effect

This factor covers the relationships between the nature of work (i.e., the purpose, breadth, and depth of the assignment) and the effect of work products or services both within and outside the organization. Effect measures such things as whether the work output facilitates the work of others, provides timely services of a personal nature, or impacts the adequacy of research conclusions.

The appellant's position meets but does not exceed Level 5-3, which is the highest level described in the JFS. As at this level, the purpose of the work is to advise and assist individuals requesting benefits or services with a variety of problems, questions, or situations in conformance with established criteria. Work affects the accurate and timely attainment of legal documents, rights, or privileges; the accurate and timely resolution of claims; and the economic well-being of individuals requesting benefits, claims, or services. Like the JFS illustration for Contact Representative at Level 5-3, the appellant advises and assists customers with a variety of problems, explains various benefit options, qualifying conditions, and reporting requirements that apply to the customer. Her work affects the operations within the office and the ability to receive benefits/services. The appellant is responsible for timely processing of authorization documents and accurate and courteous dealing with the patients and care providers to provide quality care and program fund control.

Level 5-3 is credited for 150 points.

Factors 6 and 7, Personal Contacts and Purpose of Contacts

Personal contacts include face-to-face and telephone contacts with persons not in the supervisory chain. Levels described under this factor are based on what is required to make the initial contact, the difficulty of communicating with those contacted, and the setting in which the contact takes place. These factors are interdependent. The same contacts selected for crediting Factor 6 must be used to evaluate Factor 7. The appropriate level for personal contacts and the corresponding level for purpose of contacts are determined by applying the point assignment chart for Factors 6 and 7.

Personal Contacts

The appellant's personal contacts meet but do not exceed Level 2 which is the highest level described in the JFS. As at Level 2, the appellant's regular and recurring contacts are with individuals in the same agency and/or with members of the public in a moderately structured setting. Her contacts are with service unit professional and para-professional employees, outside contractors and vendors, persons from alternate source organizations, regulatory agencies, and patients and their families. .

Purpose of Contacts

The purpose of the appellant’s contacts meets but does not exceed Level b which is the highest level described in the JFS. As at Level b, the purpose of contacts is to plan or arrange work efforts, coordinate and schedule activities, resolve problems relating to documents or procedures, provide explanations of why approval was not given, discuss measures that might be taken, and explain alternative options. .

Level 2b is credited for 75 points.

Factor 8, Physical Demands

This factor covers the requirements and physical demands placed on the employee by the work assignment. This includes physical characteristics and abilities, as well as the extent of physical exertion involved in the work.

As at Level 8-1, which is the only level described in the JFS, the appellant’s work is sedentary and free of special physical demands. The work requires some walking, standing, bending, and carrying items such as papers or books. The work does not require any unusual physical effort. Level 8-1 is credited for 5 points.

Factor 9, Work Environment

This factor considers the risks and discomforts in the employee’s physical surroundings. Additionally, any safety regulations related to the work assigned are considered.

As at Level 9-1, which is the only level described in the JFS, the appellant’s work environment consists of an office setting and involves everyday risks or discomforts requiring normal safety precautions typical of an office setting. Level 9-1 is credited for 5 points.

Summary

<i>Factor</i>	<i>Level</i>	<i>Points</i>
1. Knowledge Required by the Position	1-4	550
2. Supervisory Controls	2-3	275
3. Guidelines	3-2	125
4. Complexity	4-3	150
5. Scope and Effect	5-3	150
6. & 7. Personal Contacts and Purpose of Contacts	2b	75
8. Physical Demands	8-1	5
9. Work Environment	9-1	<u>5</u>
<i>Total points</i>		1335

The total of 1335 points falls with the GS-6 grade point range (1105 – 1350)

Summary

By comparison with both the Guide and the GS-900 JFS, the position is graded at the GS-6 level.

Decision

The position is properly classified to the GS-303, Miscellaneous Clerk and Assistant Series, at the GS-6 grade level. The title is to be constructed by the agency. The parenthetical title of (OA) is to be included.