



JOB REQUEST COVER SHEET

Instructions for Using Job Request Cover Sheet: To use this Cover Sheet, click the **Options** button in the Security Warning that appears in the top left section of your tool bar, then select **"Enable this Content"** and click **"Ok."** You should then be able to use the check boxes included below.

Position Information

Series:

Pay Band:

Official Title: Enter Title from SJD

Organizational Title: Enter Organizational Title (if necessary)

Office Location:

HQ Field

Organization: Enter Organization

Division: Enter Division

Is this a Supervisory position? Yes No

Security Clearance required? Yes No **If yes, provide level:**

Is this an Emergency Employee Position? Yes No

FLSA designation:

Each employee is presumed to be FLSA Non-exempt unless the employee clearly meets the requirements for exemption. The burden of proof regarding the exemption status rests with the agency that asserts the exemption. Therefore, please ensure that all appropriate FLSA exemption criteria are met prior to designating a position as Exempt.

Non-exempt Exempt: Executive Administrative Professional Foreign

Does position require financial disclosure? Yes No

Conditions of Employment (please list):

Job Specific Technical Requirements (Please List)

The primary information provided in this section will be technical knowledge, skills, and abilities needed to perform the technical aspects of the work (e.g., Knowledge of human resources programs, policies and procedures).

- Enter Job Specific Technical Requirement
- Enter Job Specific Technical Requirement
- Enter Job Specific Technical Requirement

Additional Job Duties (Please List)

Document those responsibilities specific to how the position will operate within the Program Office.

- Enter Additional Job Duty

- Enter Additional Job Duty
- Enter Additional Job Duty

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 impending regulations.

Printed Name and Title of Selecting Official: _____

Signature of Selecting Official: _____ **Date:** _____