

D.C. OPTIONAL FORM 8 (OF-8)

POSITION DESCRIPTION (Please Read Instructions on the Reverse Side)					1. Agency Position No.				
2. Reason for Submission <input type="checkbox"/> Re-Description <input type="checkbox"/> New <input type="checkbox"/> Re-Establishment <input type="checkbox"/> Other		3. Service <input type="checkbox"/> Department <input type="checkbox"/> Field	4. Employing Office Location		5. Duty Station		6. Enhanced Suitability <input type="checkbox"/> Safety <input type="checkbox"/> Security <input type="checkbox"/> Protection <input type="checkbox"/> None		
Explanation (show any positions replaced)			7. Position Status (Service) <input type="checkbox"/> Career <input type="checkbox"/> Executive <input type="checkbox"/> Legal <input type="checkbox"/> MSS <input type="checkbox"/> Excepted <input type="checkbox"/> Other		9. Employment /Financial Statement Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Subject to Identical Additional Action <input type="checkbox"/> Yes <input type="checkbox"/> No		
			8. Collective Bargaining Unit (CBU) Code:		11. Position is <input type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input type="checkbox"/> Neither	12. FLSA <input type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt	13. Competitive Level Code		14. Job Code
15. Classified/Graded by	Official Title of Position			Pay Plan	Occupational Code		Grade	Initials	Date
a. Final Agency Authority or Designee									
b. Agency or D.C. Department of Human Resources									
c. Intermediate Authority									
d. Field Office									
e. Recommended by Supervisor or Initiating Office									
16. Organizational Title of Position (<i>if different from official title</i>) (<i>optional</i>)				16(a) Employee Name (<i>If applicable</i>)					
17. Department, Agency or Establishment				c. Third Subdivision					
a. First Subdivision				d. Fourth Subdivision					
b. Second Subdivision				e. Fifth Subdivision					
18. Supervisory Certification. "I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational structure. I further certify that this position is necessary to carry out the functions for which I am responsible. This certification is made with the knowledge and understanding that this information is to be used for statutory purposes relating to the appointment and payment of public funds, and that any 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 (<i>optional</i>)				
Signature _____ Date _____					Signature _____ Date _____				
19. Classification / Job Grading Certification. "I certify that this position has been classified/graded as required by D.C. Official Code § 1-611.01 <i>et seq.</i> , in accordance with official standards, or, if no official standards apply directly, consistently with the most applicable official standards."					20. Standards Used in Classifying/Grading Position				
Typed Name and Title of Official Taking Action									
Signature _____ Date _____									
21. Position Review	Signature	Date	Signature	Date	Signature	Date	Signature	Date	Date
a. Employee (<i>optional</i>)									
b. Supervisor									
c. Classifier									
22. Remarks (<i>optional</i>)									
23. Description of Major Duties and Responsibilities (see attachment)									

INSTRUCTIONS FOR COMPLETING THE D.C. OPTIONAL FORM 8 POSITION DESCRIPTION COVER SHEET

In order to comply with the requirements of Chapter 11A of the District Personnel Manual (DPM), Classification, Part II, Subpart 1, District government agencies and human resources offices must complete the items marked by an asterisk (*). Items not marked by an asterisk may be completed at the discretion of the agency.

- *1. Enter position number used by the agency for control purposes.
- *2. To be completed by the certifying human resources officer or the Director of Human Resources' designee.
- *3. Indicate the Collective Bargaining Unit (CBU) Code for the position.
- *4. Enter geographical location, D.C. or state of the position.
- *5. Enter geographical location if different from #4.
- *6. Enter the enhanced suitability designation, if the position is not covered under the enhanced suitability program select none.
- *7 Check one. The following terms have the meaning ascribed:
 - Re-description** — duties and/or responsibilities of an existing position are being changed.
 - New** — the position did not exist previously.
 - Re-establishment** — the position previously existed but had been cancelled.
 - Other** — refers to such things as a change in title or occupational series without a change in duties or responsibilities.
- The "Explanation" section should be completed to indicate the reason "Other" is checked, and to show any position(s) replaced by position number, title, pay plan, occupational code, and grade.
- *8. Check one.
- *9. Check one. Indicate whether the incumbent is required to submit a D.C. Form 35, Confidential Statement of Employment and Financial Interests. See Chapter 18 of the D.C. personnel regulations, Employee Conduct.
- *10. Check one. Indicate whether Identical Additional (IA) positions are permitted. Agencies may show the number of such positions authorized and/or established after the "Yes" block. See Chapter 11A, Classification, Part II, Subpart 1.4(G) of the DPM.
- *11. Check one.
 - A "**Supervisory**" position is one generally occupied by an individual having delegated authority to hire, direct, assign, promote, reward, transfer, furlough, lay off, recall, suspend, discipline, or remove employees.
 - A "**Managerial**" position is one generally occupied by an individual employed by an agency in a position in which the duties and responsibilities influence the policies of the agency.
- *12. Check one to show whether the position is exempt or non-exempt from the overtime provisions of the Fair Labor Standards Act.
- *13. Check one. Indicate the Service of the position. For details review the following chapters in the D.C. personnel regulations: Career Service (Chapter 8); Excepted Service (Chapter 9); Executive Service (Chapter 10); Management Supervisory Service (Chapter 38); and Legal Service (Chapter 36).
- *14. Agencies may use this section for any additional coding requirement.

- *15. Enter classification/job-grading action.
 - For "Official Title of Position" and "Pay Plan," see the applicable classification or job-grading standard. For positions not covered by a published standard, see the General Introduction to "Position Classification Standards for Trades and Labor Occupations," Part 1, Section III for RW, RL, or RS positions.
 - For "Pay Plan" code, use CS for District Service Schedule positions, MS or MW for Management Supervisory Schedule positions, RW, for Regular Wage Service Schedule positions
 - 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 CS positions, or Job Grading Standards, 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., "CS 1310(14)."** The codes are listed and discussed in the General Introduction to the "Position Classification Standards," Section VI.
- 16. Enter the organizational, functional, or working title if it differs from the official title.
- *16a. Enter the name of the incumbent., if applicable.
- *17. Enter the organizational location of the position, starting with the name of the department or agency and, in descending order, show each level down to the actual location of the position.
- *18. The immediate supervisor of the position should certify this statement. At the option of the agency, a higher-level supervisor or manager may certify the statement.
- *19. The authorized official who makes the classification/job grading decision should certify this statement. Depending on agency regulations, this official may be a personnel office representative, or other authorized individual with officially delegated classification/job grading authority.
- *20. Enter the position classification/job grading standard(s) used to classify the position and the date of issuance. For example, "Mail and File series, GS-305, TS-34 January 1979."
- *21. D.C. government agencies and the D.C. Department of Human Resources are required to conduct annual reviews of positions to ensure that each position serviced is evaluated at least once every three (3) years. The evaluation is required to determine whether the position is still necessary and, if so, whether the position is adequate, and the classification/job grading assigned is accurate. Refer to Chapter 11A, Classification, Part II, Subpart 1 of the DPM. Part II, section 1.9 may be used as part of the review process. The employee's initials are optional. The initials of the supervisor and the official with delegated classification authority represent re-certifications of the statements in items 19 and 20, respectively.
- 22. This section may be used for additional coding requirements or for any appropriate remarks.
- *23. On plain paper, type a description of the duties and responsibilities of the position. The sheet must be attached to the Optional Form 8. The position number should be shown on each page attached. For an example of the format to be used in preparing the description of duties, and any requirements for evaluation documentation, refer to Chapter 11A, Classification, Part II, Subpart 1 of the DPM.