

3 FAH-2 H-400 Appendix H

FSN POSITION CLASSIFICATION ANALYSIS WORKSHEETS

(TL:FSNH-4; 8-3-93)

**FSN POSITION CLASSIFICATION
SURVEY TEAM ANALYSIS AND EVALUATION WORKSHEET**

POSITION NUMBER _____ **A&E NO.** _____

AGENCY _____ **ORG SERGMENT** _____ **INCUMBENT** _____

ADDITIONAL IDENTICAL POS. (BY NO.) _____

CURRENT CLASSIFICATION _____

TEAM RECOMMENDED CLASSIFICATION _____

This recommended classification is subject to change. No final classification action may be taken until authorized by headquarters agencies. A copy of the authorizing documentation should be attached to this A&E Worksheet. This recommended classification is based on (check all that apply)

DESK AUDIT _____ **SUPERVISORY AUDIT** _____ **PAPER REVIEW** _____

I. SUPPLEMENTAL POSITION INFORMATION

Use this section to supplement the information provided in the position description, correct or clarify inaccurate and confusing information, or provide any additional information needed for classification purposes. Do not restate or summarize what is described in the PD. If necessary, use additional pages.

SURVEY TEAM ANALYSIS AND EVALUATION WORKSHEET
PAGE 2

II. ANALYSIS AND EVALUATION AS TO SERIES, GRADE, AND TITLE

(Use additional pages if necessary)

III. RECOMMENDED CLASSIFICATION DECISION AND CERTIFICATION

Based on the information in the attached position description, supplemental information in Section I of this Worksheet, and the above analysis and evaluation, this position is recommended for classification as:

(Official title, series code, and grade level)

EVALUATOR _____ **DATE** _____

TEAM LEADER _____ **DATE** _____

**FSN POSITION CLASSIFICATION
POST ANALYSIS AND EVALUATION WORKSHEET**

POSITION NUMBER _____ **A&E NO.** _____

AGENCY _____ **ORG SERGMENT** _____ **INCUMBENT** _____

ADDITIONAL IDENTICAL POS. (BY NO.) _____

CURRENT CLASSIFICATION _____

RECOMMENDED CLASSIFICATION _____

FINAL CLASSIFICATION _____

This classification is based on (check all that apply):

DESK AUDIT _____ **SUPERVISORY AUDIT** _____ **PAPER REVIEW** _____

I. SUPPLEMENTAL POSITION INFORMATION

Use this section to supplement the information provided in the position description, correct or clarify inaccurate and confusing information, or provide any additional information needed for classification purposes. Do not restate or summarize what is described in the PD. If necessary, use additional pages.

**POST ANALYSIS AND EVALUATION WORKSHEET
PAGE 2**

II. ANALYSIS AND EVALUATION AS TO SERIES, GRADE, AND TITLE
(Use additional pages if necessary)

III. FINAL CLASSIFICATION DECISION AND CERTIFICATION

Based on the information in the attached position description, supplemental information in Section I of this Worksheet, and the above analysis and evaluation, this position is recommended for classification as:

(Official title, series code, and grade level)

EVALUATOR _____ **DATE** _____

REVIEWED BY _____ **DATE** _____

APPROVED BY _____ **DATE** _____