

REASON FOR THIS POSITION

1. NEW <input checked="" type="checkbox"/>	2. IDENTICAL ADDITION TO THE ESTABLISHED PD NUMBER (8) <input type="checkbox"/>	3. REPLACES PD NUMBER (8) <input type="checkbox"/>
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POSITION DESCRIPTION COVER SHEET

RECOMMENDED

4. TITLE Statistician (General)	5. PAY PLAN (2) GS	6. SERIES (4) 1530	7. GRADE (2) 14
8. WORKING TITLE (Optional)		9. INCUMBENT (Optional)	

OFFICIAL

10. TITLE STATISTICIAN						
11. PP (2) GS	12. SERIES (4) 1530	13. FUNC.(2)	14. GRADE(2) 14	15. DATE (mm/dd/yyyy) 05/05/2004	16. VA <input checked="" type="checkbox"/> yes <input type="checkbox"/> No	17. CLASSIFIER (Name) William A. Boykins

18. ORGANIZATIONAL STRUCTURE (Agency/Bureau)

1st U.S. Department of Housing and Urban Development	5th Program Support Division
2nd Assistant Secretary for Public and Indian Housing	6th
3rd DAS for Public Housing and Voucher Programs	7th
4th Office of Housing Voucher Programs	8th

SUPERVISOR'S CERTIFICATION

I certify that this is an accurate statement of the major duties and responsibilities of the 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 statute or their implementing regulations.

19. SUPERVISOR'S SIGNATURE <i>Deborah Hernandez</i>	20. DATE (mm/dd/yyyy) 04-12-04	22. SECOND LEVEL SUPERVISOR'S SIGNATURE <i>William O. Russell</i>	23. DATE (mm/dd/yyyy) 04-12-04
21. SUPERVISOR'S NAME Deborah Hernandez	24. SECOND LEVEL SUPERVISOR'S NAME William O. Russell		
21a. SUPERVISOR'S TITLE Director, Office of Housing Voucher Program	24a. SECOND LEVEL SUPERVISOR'S TITLE Deputy Assistant Secretary, Office of Public Housing and Vou		

FACTOR EVALUATION SYSTEM

FACTOR	25. FLD/BMK	26. POINTS	FACTOR	25. FLD/BMK	26. POINTS	
1. Knowledge Required			6. Personal Contacts			
2. Supervisory Controls			7. Purpose of Contacts			
3. Guidelines			8. Physical Demands			
4. Complexity			9. Work Environment			
5. Scope and Effect			TOTAL POINTS			
					GRADE	14

CLASSIFICATION CERTIFICATION

I certify that this position has been classified as required by Title 5, U.S. Code, in conformance with standards published by the OPM or, if no published standard applies directly, consistently with most applicable published standards.

29. SIGNATURE <i>William A. Boykins</i>	30. DATE (mm/dd/yyyy) 05/05/2004
31. NAME William A. Boykins	31a. TITLE Human Resources Specialist
32. REMARKS FPL=14; FLSA=E; BUS CODE=0015; Ref: OPM PCS for Statistician Series, GS-1170, TS-32, 2/61	33. OPM CERTIFICATION NUMBER *see eval for grade determ