

U.S. Office of Personnel Management
Division for Human Capital Leadership & Merit System Accountability
Classification Appeals Program

Dallas Field Services Group
Plaza of the Americas, North Tower
700 North Pearl Street, Suite 525
Dallas, TX 75201

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

Appellant: [appellant]

Agency classification: Social Insurance Specialist
GS-105-12

Organization: Disability Center
Office of the Assistant Regional
Commissioner, Management and
Operations Support
Office of the Regional Commissioner
Office of the Deputy Commissioner,
Operations
Social Security Administration
[city and state]

OPM decision: Social Insurance Specialist, GS-105-12

OPM decision number: C-0105-12-05

/s/ Robert D. Hendler

Robert D. Hendler
Classification and Pay Claims
Program Manager

December 2, 2005

Date

As provided in section 511.612 of title 5, Code of Federal Regulations (CFR), 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.

Decision sent to:

[appellant's name and address]

[name]

Lead Human Resources Specialist

Center for Human Resources

Social Security Region [number]

[address]

Director, Center for Classification and

Organization Management

Social Security Administration

2476 Annex Building

6401 Security Boulevard

Baltimore, MD 21235

Introduction

The Dallas Field Services Group of the U.S. Office of Personnel Management (OPM) accepted a classification appeal on March 21, 2005, from [appellant] whose position is currently classified as a Social Insurance Specialist, GS-105-12. She believes her position should be classified at the GS-13 grade level. The position is assigned to the Disability Center; Office of the Assistant Regional Commissioner, Management and Operations Support; Office of the Regional Commissioner; Office of the Deputy Commissioner, Operations; Social Security Administration (SSA) in [city and state]. We received the agency's complete administrative report on May 11, 2005. We have accepted and decided this appeal under section 5112 of title 5, United States Code (U.S.C.).

Background

The appellant's immediate supervisor at the time the appeal was filed certified to the accuracy of the duties described in the position description (PD) of record, number [number]. The appellant does not believe that the PD describes higher-graded additional duties and responsibilities she performs. The appellant requested her agency review the classification. The Center for Human Resources, SSA Region [number], determined in their audit findings dated June 18, 2004, that the position was appropriately classified as GS-105-12. The SSA Headquarters Center for Classification and Organization Management concurred with the Region [number] findings in a classification appeal decision issued January 6, 2005. The appellant disagreed with that decision based on her belief that the agency misrepresented facts in their decision. She subsequently filed her appeal with OPM.

General issues

The appellant believes she is performing work similar to other positions classified at the GS-13 grade level. By law, we must classify positions solely by comparing their current duties and responsibilities to OPM standards and guidelines (5 U.S.C. 5106, 5107, and 5112). Like OPM, the appellant's agency must classify positions based on comparison to OPM standards and guidelines. In accordance with 5 CFR 511.612, agencies are required to review their own classification decisions for identical, similar, or related positions to ensure consistency with OPM certificates. The agency has the primary responsibility for ensuring that its positions are classified consistently with OPM appeal decisions.

The appellant may formally pursue this matter by writing to her agency headquarters' human resources office and specifying the precise organizational location, series, title, grade, duties, and responsibilities of the positions in question. The agency should explain to her the differences between her position and the others, or grade those positions in accordance with this appeal decision.

Position information

The appellant is responsible for providing analytical staff support to the Regional Commissioner (RC) and the Assistant Regional Commissioner for Management and Operations Support (ARC-

MOS) in carrying out their missions to provide program leadership and technical direction for administration of the insurance, disability, and assistance programs and automated systems operations within the region. Independently or as a member of a team, she plans, develops, implements, and monitors a variety of projects and analyses relating to operations/program analysis, program integrations, systems, and automation support. She carries out complex assignments designed to ensure the integration of operational and program policies affecting her program areas, i.e., the Special Disability Workload (SDW), vocational policy, and childhood disability. SDW refers to situations where title XVI recipients (Supplemental Security Income known as SSI) later become eligible for title II benefits. The appellant plans for the implementation of legislation within the region and coordinates legislative implementation efforts ensuring that regional operating instructions to support the implementation are prepared. She reviews proposals for new or revised program and operating procedures and work processes in her program areas and assesses the impact of these proposals within the region. The appellant provides comments and recommendations concerning proposals for new or revised program and operating procedures and legislation. She serves on workgroups such as those making changes to the general SDW Handbook, reviewing and preparing new vocational rules, and adding and clarifying childhood speech/language medical listings. The appellant develops and implements regional policies, objectives, standards, and procedures. She prepares decision papers and conducts briefings for the RC and ARC-MOS on a variety of projects and initiatives. The appellant is supervised by the Director of the Regional Disability Center, who occupies a GS-105-15 position.

The appellant's PD, number [number], and other material of record furnish additional information about her duties and responsibilities and how they are performed. We find the PD contains the major duties and responsibilities assigned to and performed by the appellant and we hereby incorporate it by reference into this decision.

To help decide this appeal, we conducted telephone audits with the appellant and her supervisor on July 12, 2005. In deciding this appeal, we fully considered the audit findings and all information of record provided by the appellant and her agency.

In her May 20, 2005, letter responding to the agency's administrative report, the appellant states that she spends 25 percent of her daily time performing duties as backup to the Disability Quality Branch Project Manager, a GS-13 position. During the telephone audit, the appellant said she spent 70 percent of her time on Special Disability Workload (SDW), 25 percent on vocational issues, and 5 percent on everything else.

The *Introduction to the Position Classification Standards* (Introduction) states that in most instances, work assigned to and performed by the employee for the majority of time is grade controlling. Work may be grade controlling only if it is officially assigned on a regular and continuing basis, constitutes at least 25 percent of the employee's time, and the higher level of knowledge and skills would be required in recruiting for the position if it became vacant. Work performed only in the absence of another employee cannot be considered paramount for grade level purposes. Our telephone audit did not indicate that the backup duties constituted a major part of the job nor did the record show this to be an issue in the agency's telephone audit. Furthermore, it is a basic classification principle that two positions may not be credited with

performing the same work. Therefore, any backup duties that the appellant performs may not control the classification of her position.

Series, title, and standard determination

The agency has placed the position in the Social Insurance Administration Series, GS-105, for which there is a published position classification standard (PCS), and titled it Social Insurance Specialist. The appellant does not question the series and title. Based on careful analysis of the record, we concur.

The GS-105 PCS is structured in two parts. Part I covers nonmanagerial positions and Part II covers managerial positions that involve responsibility for planning, administering, and managing social insurance programs. The appellant's position is nonmanagerial and involves providing staff support to regional managers in carrying out their responsibilities for regional administration of disability programs. Therefore, the position is properly covered by Part I. Positions covered by Part I are properly titled Social Insurance Specialist, with a parenthetical title at the agency's discretion.

Grade determination

Part I of the GS-105 PCS is written in the Factor Evaluation System (FES) format. Under the FES, positions are placed in grades on the basis of their duties, responsibilities, and the qualifications required as evaluated in terms of nine factors common to nonsupervisory General Schedule positions. A point value is assigned to each factor based on a comparison of the position's duties with the factor-level descriptions in the standard. The factor point values mark the lower end of the ranges for the indicated factor levels. For a position factor to warrant a given point value, it must be fully equivalent to the overall intent of the selected factor-level description. If the position fails in any significant aspect to meet a particular factor-level description in the standard, the point value for the next lower factor level must be assigned, unless the deficiency is balanced by an equally important aspect which meets a higher level. The total points assigned are converted to a grade by use of the grade conversion table in the standard. Positions which significantly exceed the highest factor level or fail to meet the lowest factor level described in a classification standard must be evaluated by reference to the Primary Standard, contained in Appendix 3 of the Introduction. The Primary Standard (PS) is the "standard-for-standards" for FES and is used for supplemental guidance in applying FES PCSs.

The appellant did not indicate which factors she disagrees with in the agency's evaluation. The agency appeal decision addressed only Factor 1 and cited only point values for the remaining factors. The Regional HR office did evaluate all of the factors prior to the filing of the appeal. Factors 2, 3, 4 and 7 were assigned the highest levels described in the PCS. We will address each factor. Because the appellant performs staff work, we will apply those criteria in the PCS to evaluate her work.

Factor 1, Knowledge required by the position

Factor 1 measures the nature and extent of information or facts which the workers must understand to do acceptable work (e.g., steps, procedures, practices, rules, policies, theories, principles, and concepts) and the nature and extent of the skills needed to apply that knowledge. To be used as a basis for selecting a level under this factor, a knowledge must be required and applied.

As at Level 1-7, the appellant's work requires a comprehensive knowledge of social insurance programs to perform the full, unlimited range of functions within an assigned area of responsibility. Work at this level includes analyzing and correcting systemic and operational problems; or developing new or modified systems, policies, and other guidelines in support of program operations. Other typical functions include studying program operation, new legislation, automated systems, management initiatives, and operation of interacting programs and organizations to develop new and modified operating instructions and training material. The appellant reviews proposals for new or revised program and operating procedures and work processes in her program areas and assesses the impact of these proposals within the region. She serves on workgroups such as those making changes to the general SDW Handbook, reviewing and preparing new vocational rules and adding and clarifying childhood speech/language medical listings. This work supports program operations and improves operational and systemic quality characteristic of Level 1-7 duties.

In contrast, Level 1-8 work requires mastery of the principles, concepts, laws, and systems involved in social insurance program administration and of developments in the field sufficient to interpret and apply new laws and to resolve broad policy issues. Work at this level involves application of expert knowledge of one or more social insurance programs and skill to develop new program policy, comprehensive guidelines, or major new systems; or to extend and refine new approaches and methods to deal with large categories of employees, claimants, recipients, beneficiaries, and employers and the self-employed as a result of new legislation, major court decisions, congressional interest, and management initiatives. Typically, employees at this level are considered technical authorities in a program area by peers, operations managers, and policy makers and are called up to perform a key role in resolving unprecedented agency issues that significantly affect social insurance program administration and policy or establish criteria for future agency actions and often affect large numbers of people. They use their knowledge to formulate and analyze options for agency decision memoranda and new guidelines that result from legislation, major decisions by courts, changes in other related programs, or management decisions; to plan, organize, and lead teams in such activities as the preparation or evaluation and testing of major systemic changes in claims processing; to resolve or recommend action on major program issues raised by quality review or operations analysis, Government Accountability Office or Inspector General reviews, or congressional committee concern; or to develop legislation, regulations, or rulings proposals involving broad program areas and to prepare material for congressional testimony and presentation at national or international meetings by agency officials or for release to the national media.

The appellant states that she is "the expert in vocational and child areas." However, the expert guidance given at Level 1-8 concerns new legislation or other major program initiatives. For

example, the SSA Office of General Counsel provides Level 1-8 expert advice on social insurance program issues when it furnishes legislative history and legal opinions papers that evaluate options proposed on major program initiatives for legal compliance and feasibility. Advising individuals on technical procedures with which they may be unfamiliar and for which they seek more experienced advice is appropriately credited to the appellant's position at Level 1-7, which includes exercising advanced technical proficiency and performing the complete range of functions within her assigned area without limitation as to the type of case or degree of difficulty. This pertains to the knowledge that she applies in performing her own assignments or sharing the knowledge that she must apply to do them with others. The appellant develops and implements regional policies, objectives, standards, and procedures. Although the appellant has worked on some new policies and operational procedures, they do not resolve broad policy issues or change the manner in which future policy throughout the agency will be handled.

The appellant states that she has represented the region on several agency-wide workgroups and provided technical assistance to internal and external offices. However, she does not have primary responsibility for interpreting and applying new laws and resolving broad policy issues. The appellant provides technical advice and guidance to regional components in the interpretation of issuances, directives and policy issues. The Central Office is available for her to request clarification in this guidance. She comments on proposals affecting disability program policies and on legislation prepared by the Central Office. This falls short of developing legislation, regulations, or rulings proposals involving broad program areas typical of Level 1-8. One of the illustrations at Level 1-7 describes a Social Insurance Specialist who studies program operations, new legislation, automated systems, management initiatives, and operation of interacting programs and organizations to develop new and modified operating instructions and training material. This is comparable to the appellant's job. The appellant's regular and recurring duties do not require her to develop new program policy, comprehensive guidelines, or major new systems characteristic of Level 1-8. These are functions vested in other SSA organizations and positions. Therefore, Level 1-7 (1,250 points) is credited.

Factor 2, Supervisory controls

This factor covers the nature and extent of direct or indirect controls exercised by the supervisor, the employee's responsibility, and the extent or review of completed work. The agency credited Level 2-4.

At Level 2-4, the supervisor sets the overall objectives and resources available. In project assignments, the supervisor and the employee develop an understanding of the requirements of the project that covers such things as the objectives of the work, its scope, reporting intervals and stages of development, and deadline for its completion. Employees plan and carry out assignments, interpret policy, and determine the methods and contacts. In project or staff work, employees plan and conduct studies; coordinate activities with staff and line management; and analyze, interpret, and explain findings. They keep the supervisor informed of progress and issues involving potentially controversial matters. Completed projects and staff assignments are reviewed by the supervisor for feasibility, effectiveness in achieving objectives, and success in meeting project or program goals.

The appellant's position fully meets but does not exceed Level 2-4 which is the highest level described in the PCS. Like Level 2-4, the appellant is assigned the work in the areas for which she is responsible and she is responsible for the end result. She plans and conducts studies; coordinates activities with staff and line management; and analyzes, interprets, and explains findings with little to no input from her supervisor or team leader. Her work receives the limited technical review typical of this level. Therefore, Level 2-4 (450 points) is credited.

Factor 3, Guidelines

This factor covers the nature of guidelines used and the judgment needed to apply them. The agency credited Level 3-4.

At Level 3-4, guidelines include laws, regulations, policies, court decisions, Congressional hearings and reports, and management decisions, often broadly stated. Because of the need to develop new policies and operating instructions to implement initiatives, the existing policies and guides are often incomplete, contradictory, of limited use, or inadequate. Employees use initiative and resourcefulness in devising new or revised approaches to issues not resolved by use of existing guidelines or in developing, testing, and recommending new methods, policies, and procedures for implementing major program initiatives nationally and regionally.

Like Level 3-4, the appellant's guidelines include agency-wide and regional administrative and technical regulations, policies, instructions, judicial interpretations, and laws. While some guidance such as the Program Operations Management System (POMS) Manual provide specific guidance, the regulations, policies, instructions, judicial interpretations, and laws are stated in broad terms. The appellant must use initiative, resourcefulness, and good judgment in providing technical advice and guidance to regional components in the interpretation of issuances, directives, and policies and providing comments and recommendations for use in establishing agency-wide operating instructions. Therefore, Level 3-4 is credited (450 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. The agency has credited Level 4-5.

At Level 4-4, work involves resolving cases and performing other work that is problem-oriented, e.g., entitlement, benefit, and disability determination complicated by unusual circumstances or events; decisions of other government agencies; medical and vocational considerations; the need to override automated systems to accommodate specific requirements or to overturn previous decisions; or procedural or operational obstacles. Work involves assessing conflicting information, identifying issues, sorting out complicating elements, developing options, and arriving at decisions to resolve the problem with violating program and legal requirements. Complicating features may involve questionable retirement situations; unusual living arrangements, income, and resources; claimed dependency; and potentially incorrect use of benefits by representative payees. Other situations may involve weighing medical evidence and vocational factors; situations where records are lost or nonexistent; facts disputed; or where

mental or physical conditions of claimants, recipients, and beneficiaries frustrate the resolution of the case. In staff assignments, employees seek to resolve specific systemic issues or problems. They develop approaches to fit situations that arise from new legal interpretations or policy requirements, new or revised systems, unusual combinations of circumstances or the involvement of other agencies or organizations. In noncasework assignments, they resolve systemic issues, refine or adapt existing work procedures to increase organizational effectiveness; develop training plans and informational material about program operations and systems; or improve compliance with instructions and procedures to increase operating effectiveness.

At Level 4-5, the work involves analyzing and evaluating broad and significant aspects of agency wide claims, policy or operations to develop new operating instructions and policy, to implement new legislation or court case results, or to resolve major problems in program operations. Other work involves providing agency wide advice and guidance on new systems, policy, operational experiments, and/or precedent case decisions. Features that complicate the work include uncertainties resulting from continuing changes in social insurance programs (legislative, judicial, budgetary, political); unexpected socio-economic, medical or disease phenomena; or other unusual or unexpected developments that require creative investigation, examination, and analysis. Employees explore and sort out subtle or tenuous legal, technical, and/or program related elements. They delve into conflicts among program goals and objectives, governing provisions, and management agenda to make recommendations that change policies and practices. They distill and refine esoteric specifications for others to use; assess constraints, implications, and effects of new or revised automated or manual systems on programs; or develop definitive technical positions.

At Level 4-5, employees develop new information, identify incompletely explored or overlooked issues, and generate innovative analyses of contested issues to resolve seemingly insoluble claims disputes. They originate new methods and techniques to address emerging social, vocational, and medical developments; develop policy proposals and criteria in such areas as providing service to the homeless, determining the disabling characteristics of diseases, and establishing foreign social insurance agreements. They evaluate new policies and methods and originate interpretations that change the way problems are perceived or solved. Their actions establish new ways of accomplishing the agency's social insurance mission, reorder priorities, change operating practices, and improve the effectiveness with which social insurance programs are administered.

At Level 4-4, employees resolve specific systemic issues or problems, refine or adapt existing work procedures to increase organizational effectiveness; develop training plans and informational material about program operations and systems; refine or adapt existing work procedures; or improve compliance with instructions and procedures to increase operating effectiveness. This compares favorably with the appellant's responsibilities. As at that level, she provides comments and recommendations for use in establishing agency-wide operating instructions and disability program policies. While the appellant participates as a regional representative on national working groups and provides comments on proposed policies and instructions, this does not fully meet the requirements of Level 4-5. Unlike Level 4-5, she is not responsible for the decisions on those issues as required for crediting Level 4-5. Those functions

and responsibilities are vested at higher levels in SSA. Level 4-5 subjectivity does not extend to putting forward and discussing ideas in workgroup meetings as suggested by the appellant. It pertains to such complexities as making decision on how to measure the impact of major legislative initiatives over the long-term to determine whether and how well the legislative intent has been achieved. The appellant's regular and recurring work does not involve primary responsibility for the types of functions described at Level 4-5. Therefore, Level 4-4 (225 points) is credited.

Factor 5, Scope and Effect

This factor covers the relationship between the nature of the work, i.e., general breadth, depth, and purpose of the work, and the effect of work products or services, both within and outside the organization. Only the effect of properly performed work may be considered.

At Level 5-4, the purpose of the staff work is to provide program expertise in analyzing, interpreting, and explaining new laws, management initiatives, and court case decisions; troubleshooting program or systems operating problems; and/or developing new or revised system or operating criteria. The work affects groups of claimants, recipients, and beneficiaries; leads to new or modified operating instructions, regulations, rulings, or systems; establishes precedents; affects the operations of other agencies' programs or the operations of State agencies and contractors; or similarly improves the productivity, effectiveness, and efficiency of program operations.

At Level 5-5, the purpose of the work is to analyze and resolve broad program problems and issues of critical importance to the agency; to plan the development and modernization of large systems that support program operations; to analyze major aspects of operations and service to the public; to develop agency-wide strategies and approaches to improving service or increasing productivity; to establish new and innovative methods of operations involving other government agencies or programs; or to develop significant recommendations for legislation, regulations or broad guidelines for program operations. Projects involve coordination of the efforts of major segments of the operational, program policy, and systems components of the agency and, in some cases, of other agencies. The work affects how key officials in the agency carry out programs, the capacity of the agency to resolve critical problems and the extent to which major legislative or court decisions are implemented in a timely and correct manner. Reports typically contain recommendations of major significance to top management and launch new systems initiatives, legislative implementation or major changes in approaches to service or program operations. The policy and procedures or legislative proposals developed or evaluated affect a broad range of agency activities. For example, this might include a region or many or all district offices and processing centers; a class of claimants, recipients or beneficiaries; State agencies making disability determinations; or social insurance agreements with foreign governments.

Comparable to Level 5-4, the purpose of the appellant's work is to provide staff support to the RC and ARC-MOS in their program leadership and technical direction for regional administration of the insurance, disability, and assistance programs and automated systems operations within the region. She presents findings and recommendations that lead to substantial changes in regional program operations. In contrast to Level 5-5, the purpose of the appellant's

work is not to analyze and resolve broad program problems and issues of critical importance to the agency or comparable work as previously described. These functions are vested in higher level SSA components. Unlike Level 5-5, the appellant's regionally oriented technical direction is based on the directives and advice provided by those higher level SSA components. Therefore, Level 5-4 (225 points) is credited.

Factor 6 - Personal Contacts and Factor 7-Purpose of Contacts:

These factors measure the regular and recurring contacts that the appellants have and the directly related purpose of the contacts.

Persons Contacted

At Level 2, contacts are with employees in various parts of the agency; claimants, recipients, and beneficiaries and their representatives; employers in all sectors of the economy; Federal, state, and local government employees; physicians, attorneys, and others. The contacts are routine, such as those required for a general exchange of information in order to resolve entitlement with the public and their representatives in locations outside the office.

At Level 3, contacts are with the public and their representatives in locations outside the office. Contacts may also include representatives of the news media; elected or appointed officials of Federal, State and local governments; representatives of public or private advocacy groups, or professional organizations; staff of Congressional committees, or representatives of foreign governments who are not elected or appointed. These contacts may occur inside or outside of employees' offices. In both situations, the contacts are not routine and may expose the agency to coverage in the media or political vulnerabilities. The purpose and extent of each contact is different, and the role and authority of each party is identified and developed during the course of the contact.

Level 2 is met. The appellant has contacts either via telephone or e-mail with agency employees at various locations, at various levels to include other regional components, field offices, State and local government offices, other regions, the SSA Central Office, the Office of Hearings and Appeals, and the SSA Office of General Counsel. Level 3 is not met. The appellant does not have regular and recurring contacts with the persons or in the situations typical at this level.

This subfactor is evaluated at Level 2.

Purpose of Contacts

The purpose of personal contacts ranges from factual exchanges of information to situations involving significant or controversial issues and differing viewpoints, goals, and objectives. The personal contacts which serve as the basis for the level selected for this factor must be the contacts which are the basis for the level selected for Factor 6.

At Level b, the purpose of the contacts is to question people in order to make decisions on claims and to counsel them on acceptable kinds and sources of evidence to support claims. Employees

obtain information through probing interviews with various parties to determine the veracity and validity of statements and evidence in support of claims. They elicit information on income and resources, contributions to support, and medical conditions. Although the goals of the persons contacted are essentially similar to those of the employee, and their attitudes are basically cooperative, eligibility for, or suspension or termination of benefits may be in question. Other contacts are to plan and coordinate work or to resolve operating problems or technical issues. This last type of contact describes the purpose of many of the appellant's contacts.

At Level c of the PCS, the purpose of contacts is to obtain sensitive information on finances, relationships, medical problems, or treatment; to investigate allegations of fraud; or to recover incorrect claims benefits. Contacts are with people who are often hostile, uncooperative, antagonistic, fearful, concealing information, mentally ill, and possibly dangerous. Despite the behavior of clients, employees must control the interview and keep it on track to achieve the desired objectives. Because of the case-oriented description in the GS-105 PCS, we have referred to the PS. Level 7-3 in the PS describes influencing, motivating, interrogating, or controlling persons or groups. As these persons may be fearful, skeptical, uncooperative, or dangerous, the employee must be skillful in approaching the individual or group in order to obtain the desired effect such as gaining compliance with established policies and regulations by persuasion or negotiation, or gaining information by establishing rapport.

The appellant's work situation does not regularly include direct contacts with clients. Serving in a staff capacity, her contacts are primarily with employees within the agency, including field office and other Regional office staff members. In conducting studies, preparing decision papers and written guidance, and preparing and presenting training, the appellant must attempt to influence and motivate her contacts to accept policies and changes to procedures. The record indicates the purpose of her contacts ranges from exchange of information to conduct of negotiations and/or discussions in such areas as operational analysis, legislative planning, and program policies.

We will concur with the agency determination that this subfactor is evaluated at Level c.

Level 2c is credited for these factors for 145 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 and physical exertion involved in the work. The physical demands placed upon the appellant do not exceed Level 8-1, the only level described in the PCS, where the work is primarily sedentary in nature and requires no special demands. Therefore, Level 8-1 (5 points) is credited.

Factor 9, Work Environment

This factor considers the risks and discomforts in the employee's physical surroundings or the nature of the work assigned and the safety and occupational health regulations required. The appellant's work environment does not exceed Level 9-1, the only level described in the PCS,

where the work is typically performed in an office environment with no unusual risk or discomfort and requires only normal safety precautions. Therefore, Level 9-1 (5 points) is credited.

Summary

Factor	Level	Points
1. <i>Knowledge Required by the Position</i>	1-7	1,250
2. <i>Supervisory Controls</i>	2-4	450
3. <i>Guidelines</i>	3-4	450
4. <i>Complexity</i>	4-4	225
5. <i>Scope and Effect</i>	5-4	225
6. <i>Personal Contacts/7. Purpose of Contacts</i>	2-c	145
8. <i>Physical Demands</i>	8-1	5
6. <i>Work Environment</i>	9-1	<u>5</u>
Total points		2,755

The total of 2,755 points falls within the GS-12 grade level point range (2755 – 3150) in the grade conversion table provided by the PCS.

Decision

The position is properly classified as Social Insurance Specialist, GS-105-12.