

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

San Francisco Field Services Group  
120 Howard Street, Room 760  
San Francisco, CA 94105-0001

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

**Appellant:** [Name of appellant]

**Agency classification:** Program Analyst  
GS-343-9

**Organization:** [Appellant's organization/location]  
Veterans Health Administration  
Department of Veterans Affairs

**OPM decision:** Program Analyst  
GS-343-9

**OPM decision number:** C-0343-09-04

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Robert D. Hendler  
Classification and Pay Claims  
Program Manager

August 17, 2005  
Date

As provided in section 511.612 of title 5, Code of Federal Regulations, 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 (address provided in appendix 4, section H).

As indicated in this decision, our findings show that the appellant's official position description does not meet the standard of adequacy described in section III.E. of the *Introduction to the Position Classification Standards*. Since position descriptions must meet the standard of adequacy, the agency must revise the appellant's position description to reflect our findings. The servicing human resources office must submit a compliance report containing the corrected position description within 30 days of the date of this decision to the San Francisco Field Services Group.

**Decision sent to:**

[Name and address of appellant]

[Address of appellant's servicing human resources office]

Team Leader for Classification  
Office of Human Resources Management and Labor Relations  
Compensation and Classification Service (055), Room 240  
Department of Veterans Affairs  
810 Vermont Ave, NW  
Washington, DC 20420

Deputy Assistant Secretary  
for Human Resources Management (05)  
Department of Veterans Affairs  
810 Vermont Avenue, NW, Room 206  
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## **Introduction**

On January 13, 2005, the San Francisco Field Services Group of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from [name of appellant]. On February 22, 2005, we received the agency's complete administrative report. The appellant's position is classified as Program Analyst, GS-343-9, but she believes it should be graded at the GS-11 level. She works in the [appellant's organization/location], Veterans Health Administration, Department of Veterans Affairs (DVA). We have accepted and decided this appeal under section 5112 of title 5, United States Code (U.S.C.).

This decision is based on a thorough review of all information submitted by the appellant and her agency. In addition, to help decide the appeal we conducted separate telephone interviews with the appellant, her most recent acting supervisor, two of her former acting supervisors, her former permanent supervisor who retired in 2003, the Chief Financial Officer, and the DSS Site Manager with the [name of installation] Healthcare System.

## **General issues**

The appellant makes various statements about her agency's review and evaluation of her position and bases her appeal, in part, on a comparison of her position to higher graded DDS program analyst positions at [names of cities], DVA facilities that she believes are performing the same work. By law, we must make that decision solely by comparing her current duties and responsibilities to OPM standards and guidelines (5 U.S.C. 5106, 5107, and 5112). Since comparison to standards is the exclusive method for classifying positions, we cannot compare the appellant's position to others as a basis for deciding her appeal. Therefore, we have considered the appellant's statements only insofar as they are relevant to making that comparison. Because our decision sets aside any previous agency decision, the classification practices used by the appellant's agency in classifying her position are not germane to the classification appeal process.

Like OPM, the appellant's agency must classify positions based on comparison to OPM standards and guidelines. However, the agency also has primary responsibility for ensuring that its positions are classified consistently with OPM appeal decisions. If the appellant considers her position so similar to the other positions that they should warrant the same classification, she may pursue the matter by writing to her agency's human resources office. In doing so, she should specify the precise organizational location, classification, duties, and responsibilities of the positions in question. If the positions are found to be basically the same as her position, the agency must correct the classification to be consistent with this appeal decision. Otherwise, the agency should explain to her the differences between her position and the other positions.

The appellant believes that her current official position description (PD) [number] does not accurately and fully describe her overall responsibilities, but her supervisor has certified to its accuracy. A PD is the official record of the major duties and responsibilities assigned to a position by an official with the authority to assign work. A position is the duties and responsibilities that make up the work performed by the employee. Classification appeal regulations permit OPM to investigate or audit a position and decide an appeal on the basis of the

actual duties and responsibilities currently assigned by management and performed by the employee. An OPM appeal decision classifies a real operating position, and not simply the PD. This decision is based on the work currently assigned to and performed by the appellant.

The record shows that the appellant's PD is not accurate and does not meet the standards of adequacy addressed in section III.E. of the *Introduction to the Position Classification Standards*. The appellant does not believe that her official PD accurately describes her responsibilities under Factor 2, Supervisory controls. Her official PD states under Factor 2 that:

“The incumbent is under the supervision of the Chief, Fiscal Service. The Chief, Fiscal Service, provides general instructions on the objectives of the DSS project and on the scope of all assignments. The incumbent is responsible for independently planning, coordinating, and selecting between many different approaches or methods. Projects typically require the employee to do detailed investigation or analysis of inter-relationships with other work being done in the service. The work is reviewed for adequacy of professional judgments; compliance with instructions, and projects require that the incumbent demonstrate independence of action in order to properly complete assignments.”

The appellant has not had an on-site supervisor with DSS technical knowledge since 2003 when the supervisor retired. Some of her assignments are recurring assignments, e.g., processing the workload and resource data each month. She also receives assignments from the national DSS office. The [name of service network] Chief Financial Officer, who is responsible for DSS operations within the VISN, will bring the [name of service network] DSS site managers together for VISN-wide standardization of DSS work when he sees a need. The appellant handles the clinical side of the DSS, while her co-worker handles the financial side of DSS. Since there is no site manager, the appellant participates in the VISN DSS Site Manager Group meetings. She responds to requests from the [appellant's installation] services for guidance or information about workload, cost, problems, etc. She reviews her own work through various audits before submitting the data to the Austin Automation Center (AAC) and national DSS office. The results of her work are compared at the VISN DSS and national DSS levels for overall conformance with requirements. She has informed her acting supervisors of problems such as delays in receiving data from the services. The acting supervisors made the appropriate contacts to ensure the data was provided. The acting supervisors administered the appellant's time and leave.

The servicing human resources officer asked the DSS Site Manager at [name of installation] to review the appellant's official PD. The Site Manager's electronic mail response stated that generally DSS positions receive most direction, assistance, and instruction from the VA Central Office (VACO) DSS Program Office and other central office entities, the [name of service network] Chief Financial Officer, and other VISNs that have DSS Teams. This was confirmed in our interviews with the acting supervisors, the [name of service network] Chief Financial Officer, and the DSS Site Manager, [name of installation].

The appellant reports to the Chief, Fiscal Service, position which was filled on a permanent basis in March 2005. For purposes of this classification appeal, we have based our decision on how

the position has been actually supervised for the past year since we must base our decision on an appellant's current duties and responsibilities. Like the VACO October 29, 2004, classification appeal decision, we found that the description of Factors 3 (Guidelines) and 4 (Complexity) did not match the duties performed. This is discussed in the body of our decision below. In addition, the position is currently aligned under the Fiscal Service rather than the Information Support Service as stated in the official PD. In accordance with our findings, the official PD should be amended to reflect the position's actual supervisory controls, organizational location, guidelines, and complexity.

### **Position information**

The appellant administers the DSS program at [appellant's installation]. DSS is a set of programs that uses relational databases to provide clinical and financial decision information that enables managers to improve the tracking of supplies and services provided and their costs. DSS has been implemented throughout the DVA healthcare systems. The appellant's position serves as the DSS clinical workload and resource specialist at the [appellant's installation] with responsibility for the DSS Patient Database Management which includes the following modules: Department Cost Manager, Daily Cost and Resource Profiler, and Clinical Case Manager.

The DSS is an intricate, complex, and evolving computer program. DSS provides management with all costs associated with the delivery of health care services in inpatient and outpatient areas. It relies on preexisting Veterans Health Administration (VHA) databases for information on what care was provided and which patients used it. The VHA databases include the standard Veterans Health Information Systems and Technology Architecture, which records clinical data and documents healthcare encounters, and AAC datasets. DSS integrates data from these sources into a single database. The data can be organized and combined in various ways. For example, the cost of each patient case and of each product and service provided to a patient case can be determined. DSS provides costed patient care data and enables state-of-the-art activity based costing and clinical quality and productivity analysis. DSS is used for process improvement at the VA Medical Center, VISN, and VACO levels. Executive physicians, clinical managers, researchers, and quality managers use DSS for information on individual patients, groups of patients, and patient care trends. Financial managers use DSS for budget forecasting and execution. Facility and executive managers use DSS to formulate strategies for regional budget distribution, performance management, and quality assurance. The appellant indicated that the DSS database serves as a basis for determining the amount of patients' co-payments and that 90 percent of the agency's funding is based on DSS data. The Veterans Equity Resource Allocation budget model rewards efficient use of resources as judged by cost per patient relative to their disease category.

About 25 percent of the appellant's time as a DSS clinical workload and resource specialist is spent processing clinical data packages. This includes scheduling data extraction and transfer of the data to AAC, running DSS jobs to process rejected data, posting data and auditing it, and creating and distributing management reports. About 35 percent of her time is spent on problem resolution, e.g., all DSS clinical data is processed on a monthly basis and she audits the data to ensure accuracy. She has used the DSS tool kit to develop audit tools, e.g., identify problems by statistical outliers such as low volume and high costs. About 15 percent of her time is spent

coordinating, implementing, and developing the Event Capture System which tracks and accounts for procedures and services that are delivered but not handled in any existing computer program. About 25 percent of her time is spent maintaining the DSS program and making changes to the database.

The results of our interviews, the appellant's position description, and other material of record furnish more information about her duties and responsibilities and how they are performed.

### **Series, title, standard and guide determination**

The agency has classified the appellant's position in the Management and Program Analysis Series, GS-343, titling it Program Analyst, and the appellant does not disagree. We concur with the agency's series and title determination.

There are no grade-level criteria provided in the GS-343 standard. Instructions in the standard state that nonsupervisory positions at grade GS-9 and above are to be evaluated by reference to the Administrative Analysis Grade-Evaluation Guide (AAGEG).

### **Grade determination**

The AAGEG is written in the Factor Evaluation System (FES) format, which employs nine factors. Under the FES, each factor level description in a standard describes the minimum characteristics needed to receive credit for the described level. Therefore, if a position fails to meet the criteria in a factor level description in any significant aspect, it must be credited at a lower level. Conversely, the position may exceed those criteria in some aspects and still not be credited at a higher level. Each factor level has a corresponding point value. The total points assigned are converted to a grade by use of the grade conversion table in the standard or guide.

#### *Factor 1, Knowledge required by the position*

This factor measures the kind and nature of knowledge and skills needed and how they are utilized in doing the work.

At Level 1-6, employees apply analytical and evaluative techniques to the identification, consideration, and resolution of issues or problems of a procedural or factual nature. The issues or problems deal with readily observable conditions, written guidelines covering work methods and procedures, and information of a factual nature. Included at this level is knowledge of the theory and principles of management and organization, including administrative practices and procedures common to organizations, e.g., channels of communication, delegation of authority, routing of correspondence, filing systems, and storage of files and records.

Level 1-6 is met. The appellant's position must apply analytical and evaluative techniques to the identification and resolution of workload and resource data issues and problems found in the DSS. The DSS issues and problems relate to coding data, identifying workload, capturing the workload data, training staff to input data, validating the data through audits, implementing updates and creation of a variety of clinical protocols (e.g., dental, mental health, laboratory,

endoscopies, telemedicine, pathology, surgery products) on the software, etc. Last year, the appellant worked with other VISN DSS staff to develop standardized methods of capturing the workload associated with the Assisted Living Pilot Program to achieve valid cost comparisons. She conducts interviews with supervisors and employees in carrying out her duties. However, as intricate and detailed as the appellant's DSS work is in capturing workload and resource data in a variety of clinical operations, the record shows that the issues or problems assigned to the appellant's position are essentially factual in nature and are comparable to Level 1-6.

At Level 1-7, in addition to knowledge required at Level 1-6, assignments require knowledge and skill in applying analytical and evaluative methods and techniques to study the efficiency and effectiveness of program operations carried out by administrative or professional personnel or substantive administrative support functions. This level includes knowledge of pertinent laws, regulations, policies, and precedents which affect the use of program and related support resources in the area being studied. This knowledge is used to plan, schedule, and conduct studies to evaluate and recommend ways to improve the effectiveness and efficiency of work operations, program effectiveness, and/or organizational productivity. Knowledge at this level is applied in developing new or modified work methods, organizational structures, records and files, management processes, staffing patterns, procedures for administering program services, guidelines and procedures, and automating work processes for the conduct of administrative support functions or program operations. Knowledge may also be applied in analyzing and making recommendations concerning the centralization or decentralization of operations.

Level 1-7 is not met. The operational scope of the appellant's position does not require comparable knowledge. The appellant's assignments result in accurate and complete data that are used by higher management levels in support of decisions concerning the efficiency and effectiveness of clinical operations. The appellant's position is not responsible for conducting studies of clinical programs, analyzing the findings, and making recommendations on the organizational structure of a clinical operating program, staffing utilization or staffing patterns, efficacy of work processes, etc. In contrast to Level 1-7 work involving efficiency and effectiveness of programs, the appellant resolves issues on how best to capture data within the parameters of the system. She has used the DSS tool kit to develop procedures to audit data and has run *ad hoc* inquiries (e.g., nursing acuity levels) at the request of higher management levels. However, the record shows that her work involves studies of factual materials rather than studies of program operations and recommendations for substantive changes to those operations as described at Level 1-7.

This factor is evaluated at Level 1-6 and 950 points are credited.

### *Factor 2, Supervisory controls*

This factor measures how the work is assigned, the employee's responsibility for carrying out the work, and how the work is reviewed.

At Level 2-3, the supervisor assigns specific projects in terms of issues, organizations, functions, or work processes to be studied and sets deadlines for completing the work. The supervisor or higher grade analyst provides assistance on controversial issues or on the application of

qualitative or quantitative analytical methods to the study of subjects for which precedent studies are not available. The employee independently plans, coordinates, and carries out the successive steps in fact-finding and analysis of issues necessary to complete each phase of assigned projects. Work problems are normally resolved without reference to the supervisor, in accordance with the body of accepted policies and precedents. Work is reviewed for conformance with overall requirements as well as contribution to the objectives. Findings and recommendations developed by the employee are reviewed prior to release, publication, or discussion with management officials.

Level 2-3 is met. As previously discussed under the “General issues” section, the appellant’s position has reported to a number of acting supervisors for the past year, but none with DSS technical expertise. We found that instead of receiving assignments through a traditional supervisory position, the appellant receives specific assignments that are disseminated to the field from the national DSS office, the VISN, the DSS Web site, and through teleconferences. Assignments are defined with the type of instruction typical of Level 2-3. The appellant participates in the VISN DSS Site Manager monthly meetings to discuss current issues and work on assignments, such as standardizing workload and resource data.

Also like Level 2-3, the appellant independently plans and carries out all phases of her assignments. She normally resolves any problems that arise during the course of her work without supervisory assistance. For example, in the laboratory package, the laboratory blood work is set up to be reported under ambulatory care or as outpatient work, but the manager had his phlebotomists report it under the inpatient category. Salary costs were captured under inpatient, but the workload data continued to be reported under ambulatory care. The appellant interviewed clinical staff to identify the reporting problem and worked with the manager to ensure that the workload and resources were properly credited. In another example, the appellant worked with the mental health department to ensure that the social workers’ clinical workload was properly credited in the DSS. When she is unable to resolve a problem, she contacts the DSS National Helpdesk and other DSS staff for technical assistance. The appellant keeps the supervisor informed of any unexpected issues and controversial findings that are encountered.

Review of her work is also comparable to Level 2-3 where the work must conform to overall requirements. The appellant processes and audits the data, submits it to AAC, and must reconcile rejected data before it becomes part of the national DSS database.

At Level 2-4, within a framework of priorities, funding and overall project objectives (e.g., cost reduction, better workload distribution), the employee and supervisor develop a mutually acceptable project plan which includes identification of the work to be done, the scope of the project, and deadlines for its completion. Within the parameters of the approved plan, the employee has responsibility for planning and organizing the study, estimating costs, coordinating with staff and line management personnel, and conducting all phases of the project. This frequently involves the definitive interpretation of regulations and study procedures, and the initial application of new methods. The employee informs the supervisor of potentially controversial findings, issues, or problems with widespread impact. Completed work is also reviewed critically outside the employee's immediate office by staff and line management

officials whose programs and employees would be affected by implementation of the recommendations.

Level 2-4 is not fully met. The appellant operates with a great deal of independence. However, her assignments are specific in scope and do not have the degree of complexity envisioned at this level. Her assignments are not so complex that they require her to work with her supervisor in developing a plan and establishing project parameters and resources needed. The appellant carries out her day-to-day work independently, developing her own schedule, setting her priorities, coordinating with facility staff and management personnel to properly capture data, and resolving problems in order to accomplish assignments within established deadlines. We did not find that the appellant's position is assigned individual studies of the scope meeting Level 2-4 which require the employee to plan, organize, and conduct the phases of the study and to estimate the funds needed to conduct the study. Review of the appellant's completed work is accomplished through the audit process where the data must meet certain standards before it becomes part of the national DSS database available to high level decision-makers. The limited nature of the work does not require review, comparable to Level 2-4, for feasibility and compatibility with other program requirements. Likewise, the appellant's position is not responsible for studies that result in recommendations of the scope envisioned at Level 2-4.

This factor is evaluated at Level 2-3 and 275 points are assigned.

### *Factor 3, Guidelines*

This factor covers the nature of the guidelines and the judgment needed to apply them.

At Level 3-3, the guidelines consist of standard reference material, texts, and manuals covering the application of analytical methods and instructions and manuals covering the subjects involved. Analytical methods in the guidelines are not always directly applicable to work assignments; however, precedents are available for reference. The employee analyzes the subject and the current guidelines and makes recommendations for change. Included at this level are work assignments where the subject is covered by a wide variety of administrative regulations and procedural guidelines. The employee uses judgment in researching regulations and determining relationships between guidelines and the subject studied.

Level 3-3 is met. The appellant indicated that there are a number of standard guidelines covering the various DSS subsystems and menus. As part of her appeal, the appellant provided copies of national DSS program office Fiscal Year 2005 technical conversion guidelines for database development in several areas. The appellant must set up and/or modify a number of clinical packages. For example, in setting up the new Dental Record Manager, which captures all dental visits and workload, the appellant was responsible for the switchover from the current 40 dental product codes to the 130 special dental product codes. These conversion guidelines described the overall steps she needed to follow for the switchover, but the appellant was responsible for determining specifically what needed to be done.

The appellant also worked with other [name of service network] DSS staff in a collaborative effort to establish standardized policies and methods of workload capture, identifying workload

products, standardized feeder keys, standard relative value units, and other detailed information for an Assisted Living Pilot Program. This assignment falls within the Level 3-3 range as it involved factual information and required the interpretation, adaptation, and the use of judgment in the application of DSS procedural guidelines and precedents for reference. The appellant also did not have sole responsibility for this assignment as it was done collaboratively.

At Level 3-4, guidelines consist of general administrative policies and management and organizational theories which require considerable adaptation or interpretation for application to issues and problems studied. The administrative policies and precedent studies provide a basic outline of the results desired, but do not go into detail as to the methods used to accomplish the project. The administrative guidelines usually cover program goals and objectives of the employing organization. Within the context of broad regulatory guidelines the employee may refine or develop more specific guidelines such as implementing regulations or methods for the measurement and improvement of effectiveness and productivity in the administration of operating programs.

Factor 3 of the appellant's official PD is copied from Level 3-4 of the AAGEG; however, the appellant's actual assignments are not of the scope typical of Level 3-4, and the guidelines she uses include only standard reference materials and operating manuals typical of Level 3-3. The position's guidelines, discussed above, require the use of judgment, but are not as broad as the general administrative policies and management theories typical of Level 3-4.

This factor is evaluated at Level 3-3 and 275 points awarded.

#### *Factor 4, Complexity*

This factor covers the nature, number, variety, and intricacy of the tasks, 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.

At Level 4-3, the work principally involves dealing with problems and relationships of a procedural nature rather than the substance of work operations, issues, or other subjects studied. At this level, the employee analyzes the issues in the assignment, then selects and applies accepted analytical techniques such as task analysis, workload measurement, and trend analysis to resolve procedural problems affecting the efficiency, effectiveness, or productivity of the organization and/or workers studied. Projects usually take place within organizations with related functions and objectives, although organization and work procedures differ from one assignment to the next. Organizational efficiency assignments typically involve observing work in progress to identify and resolve problems in work-flow, work methods and procedures, task distribution, overall workload, forms and recordkeeping, span of control, and organizational structure. When performed, evaluative studies involve measurement of current work output, group productivity and accomplishments, or identification of current resource needs (staff, supplies, equipment, and space). Findings and recommendations are based upon analysis of work observations, review of production records or similar documentation, research of precedent studies, and application of standard administrative guidelines.

Level 4-3 is met. Comparable to that level, the appellant's work involves procedural issues and analyzing factual DSS workload and resource data for a variety of departments and clinics using accepted analytical techniques to ensure that it is accurate. For example, the appellant noted that a particular drug was reported at an unusually high cost of \$1,589 per patient. On further investigation, she found that the cost of an entire vial of medicine was reported instead of the cost per dosage which was \$16 per patient. In another example, the appellant runs ratio reports to audit productivity of direct care departments. If the ratios are not within specified parameters, the appellant must determine if there is a problem with the data such as incomplete workload entry, inaccurate relative value units, inadequate hours for contract labor, or a combination of these problems, and resolve it. In another example, [name of service network] decided not to cost no-shows for appointments. Led by the [name of service network] Chief Financial Officer, the [name of service network] DSS staff worked collaboratively to standardize how this would be accomplished. To implement at [appellant's installation], the appellant manipulated the database involving variable labor categories, variable supplies costs, fixed direct equipment, etc., and checked the data for each department so as to keep costs near zero. The appellant also produces standard reports as well as *ad hoc* reports to management's specifications reporting on a variety of issues, e.g., average cost of a particular type of surgical operation.

At Level 4-4, the work involves gathering information, identifying and analyzing issues, and developing recommendations to resolve substantive problems of effectiveness and efficiency of work operations in a program setting. Subjects and projects assigned at this level usually consist of issues, problems, or concepts that are not always susceptible to direct observation and analysis. Difficulty is encountered in measuring effectiveness and productivity due to variations in the nature of administrative processes studied and information that is conflicting or incomplete or cannot readily be obtained by direct means. At this level, assignments may involve compiling, reconciling, and correlating voluminous workload data from a variety of sources with different reporting requirements and formats, or the data must be carefully cross-checked, analyzed, and interpreted to obtain accurate and relevant information. Characteristic of work at this level is originality in refining existing work methods and techniques for application to the analysis of specific issues or resolution of problems. For example, the employee may revise methods for collecting data on workload, adopt new measures of productivity, or develop new approaches to relate productivity measurements to a performance appraisal system. At Level 4-4 (work illustration), the employee studies, analyzes, and develops methods to improve the accuracy, adequacy, and timeliness of information and systems for disseminating information about the agency's programs and work force to managers at many organizational echelons and/or geographic locations.

Level 4-4 is not met. The appellant's assignments do not routinely involve issues or problems that are difficult to identify through direct observation and analysis, or situations where information is conflicting, incomplete, or difficult to obtain. In contrast to Level 4-4 analysis and development of work improvement methods, the appellant works within the existing DSS where she is responsible for factual workload and resource data concerned with the [appellant's installation].

Portions of Factor 4 of the appellant's official PD are copied from Level 4-5 of the AAGEG; however, Level 4-5 cannot be considered because Level 4-4 is not met.

This factor is evaluated at Level 4-3 and 150 points are credited.

*Factor 5, Scope and effect*

This factor covers the relationship between the nature of the work, i.e., the purpose, breadth, and depth of the assignment, and the effect of work products or services both within and outside the organization.

At Level 5-3, the employees identify, analyze, and make recommendations to resolve conventional problems and situations in workflow, work distribution, staffing, performance appraisal, organizational structure, and/or administration. Employees may be assigned portions of broader studies of largely administrative organizations or participate in the evaluation of program effectiveness at the operating level. Completed reports and recommendations influence decisions by managers concerning the internal administrative operations of the organizations and activities studied.

Level 5-3 is met. The appellant's work involves identifying, gathering, processing, and reviewing clinical workload and resource data, resolving related conventional problems, and producing standard and *ad hoc* reports. The data is used by managers to assist them in making decisions on their operations.

At Level 5-4, the purpose of the work is to assess the productivity, effectiveness, and efficiency of program operations or to analyze and resolve problems in the staffing, effectiveness and efficiency of administrative support and staff activities. Work contributes to the improvement of productivity, effectiveness, and efficiency in program operations and/or administrative support activities at different echelons and/or geographical locations within the organization. Work affects the plans, goals, and effectiveness of missions and programs at these various echelons or locations.

Level 5-4 is not met. The appellant's DSS work is primarily limited to the [appellant's installation] and her work data is fed into the DSS database which is an agency-wide system. The DSS database is used by [appellant's installation] managers and higher level decision-makers to inform their decisions concerning healthcare operations. However, the appellant's position does not assess the efficiency of the agency's program operations, and she is not directly responsible for studying operations at many different echelons and/or geographical locations throughout the agency as envisioned at Level 5-4.

This factor is credited at Level 5-3 and 150 points are awarded.

*Factor 6, Personal contacts and Factor 7, Purpose of contacts*

Factor 6 assesses the level of face-to-face contacts and telephone dialogue with persons not in the supervisory chain. The evaluation criteria is described in four paragraphs labeled 1 through 4.

Level 2 contacts include employees, supervisors, and managers of the same agency, but outside of the immediate office. Level 2 is met. The appellant's personal contacts are with employees, supervisors, and managers within the agency, but outside the appellant's immediate office.

Level 3 contacts include persons outside the agency, which may include business executives, consultants, or contractors and/or the head of the employing agency or program officials several managerial levels removed from the employee. Level 3 is not met. The appellant does not routinely have work contacts with persons outside the agency.

Factor 7 evaluates the purpose of contacts, which can range from factual exchanges of information to situations involving significant or controversial issues and differing viewpoints, goals, or objectives. The evaluation criteria are described in four paragraphs labeled a through d.

At Level b, the purpose of the contacts is to provide advice to managers on noncontroversial organization or program related issues and concerns. Contacts typically involve such matters as identification of decision-making alternatives; appraisals of success in meeting goals; or recommendations for resolving administrative problems.

Level b is met. The appellant advises managers on noncontroversial program issues and concerns, e.g., explaining DSS setup, processes, and procedures and providing them alternatives on how the workload data may be captured or reported.

At Level c, the purpose of the contacts is to influence managers or other officials to accept and implement findings and recommendations on organizational improvement or program effectiveness. Employees may encounter resistance due to such issues as organizational conflict, competing objectives, or resource problems.

Level c is not met. The appellant advises managers on resolving DSS processing and procedural problems. For example, the appellant advised a manager by explaining how DSS worked and the processes involved in capturing social work clinical workload with the mental health patients. The record shows that the appellant is not involved in contacts involving influencing others or where management resistance is present, or in making recommendations on organizational improvement or program effectiveness.

These factors are credited at Level 2-b for a total of 75 points.

#### *Factor 8, Physical demands*

This factor covers the requirements and physical demands placed on the employee by the work assignment.

The appellant's work is primarily sedentary which meets Level 8-1. The work does not meet Level 8-2 where the work requires some physical exertion such as long periods of standing, bending, and stooping.

This factor is evaluated at Level 8-1 and 5 points are 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 regulations required.

Like Level 9-1, the appellant works in an adequately lighted and climate controlled office. The work environment does not meet Level 9-2 where the assignment requires visits to manufacturing, storage, or other industrial areas, involving moderate risks or discomforts. Unlike Level 9-2, the appellant is not required to use protective clothing and gear and observe safety precautions. This factor is evaluated at Level 9-1 and 5 points are credited.

*Summary of FES factors*

<i>Factor</i>	<i>Level</i>	<i>Points</i>
1. Knowledge required by the position	1-6	950
2. Supervisory controls	2-3	275
3. Guidelines	3-3	275
4. Complexity	4-3	150
5. Scope and effect	5-3	150
6. & 7. Personal contacts/Purpose of contacts	2-b	75
8. Physical demands	8-1	5
9. Work environment	9-1	<u>5</u>
<i>Total</i>		1885

A total of 1885 points falls within the GS-9 point range (1855-2100) on the grade conversion table in the AAGEG. Therefore, the appellant's position is graded at the GS-9 level.

**Decision**

The appellant's position is properly classified as Program Analyst, GS-343-9.