ARH

CLASSIFICATION INFORMATION SHEET

Completing Job Facts Information Data Elements for Coversheet

FOR OPERATIONAL USE ONLY

7 AUG 2020

This information sheet will assist in completing the necessary data elements found on the <u>Job Facts</u> <u>Information</u> screen in the Avue Position Classification and Management (PCM) Module. For questions, please email HROM classification at: <u>smb_hqmc_arh_class@usmc.mil</u>.

FIELD	ACTION TO TAKE
POSITION FILE NAME	
Position File Name:	Complete test field with name of file.
PD Number:	Leave Blank (will be completed by HROM Classification
	Advisor).
Document Status:	Leave as "Working"
SUBMITTED AS	
Reason for Submission:	Select from Drop-Down.
Explanation (show any positons replaced):	Provided PD# and title of "Legacy/Old" PD.
Purpose and Role of Your Position (Introductory	Paragraph must contain, (1) where position is located within
Statement):	the organization; (2) to whom the position reports; (3) the
	purpose of the position; and (4) the mission of the organization.
Work Reserved for Federal Government Employees:	Not required
Organizational Level:	Select from Drop-Down
Service Type:	Select from Drop-Down
Computer Job:	Select from Drop-Down
Level of Access:	Not required
Subject to IA Action:	Type "Yes" or "No" in text field.
ORGANIZATIONAL LOCATION	
Organizational Title of the Position (if different from official title):	Complete as appropriate.
Organization Code:	Enter UIC
Department, Agency, or Establishment:	Complete as appropriate.
Agency Use:	Leave Blank
First Subdivision, Second Subdivision, Third	Completed as appropriate.
Subdivision, etc.:	
GEOGRAPHIC LOCATION	
Duty Station:	Complete text field with appropriate City, State (e.g. Quantico,
	VA) or "VARIOUS" if multiple duty stations.
Employing Office Location:	Complete text field with appropriate City, State (e.g. Arlington,
	VA)
REPORTING RELATIONSHIPS	
Name and Title of Competency/Community	Leave Blank (<u>used only</u> for SYSCOM)
Manager:	
Name and Title of Immediate Supervisor:	Signed by immediate supervisor (1st Level Supervisor)
Name and Title of Higher-Level Supervisor:	Signed by second level supervisor.
Name and Title of Performance Appraisal Rater:	Not Required.
Name and Title of Performance Appraisal Reviewer:	Not Required.
Name of Employee (if vacant, specify):	Not Required.



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Position Sensitivity and Risk: Select from Drop-Down (must match PDR determination). ADDITIONAL INFORMATION	REFERENCE INFORMATION	
Type of Background Investigation: Manager Level: Select from Drop-Down Security Clearance Required: FM Certification: If required, select from Drop-Down Available For Telework Select from Drop-Down. Business Unit: Leave blank Type of Appointment: Leave blank Drug Testing Designated Position: Check box if required. Medical Testing Indicator: Leave blank Physical Exam Required: Check box if required. PCA: Leave blank Physical Exam Required: Check box if required. Select Agent Access: Leave blank Limited Term: Leave blank NTE Date: Leave blank NTE Date: Leave blank Complete only if Position is designated DAWIA Acquisition Career Field: Select from Drop-Down. Critical Acquisition Position (CAP) DD-2888 Required: Key Leadership Position (KLP) DD-2889 Required: Competency: Select from Drop-Down. Acquisition Org: Select from Drop-Down.	Position Sensitivity and Risk:	Select from Drop-Down (must match PDR determination).
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