

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

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: Center for Program Support
Office of the Assistant Regional
Commissioner, Management and
Operations Support
Office of 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-0105-12-06

/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, 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

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Introduction

On March 30, 2005, the Dallas Field Service Group of the U.S. Office of Personnel Management (OPM) accepted a classification appeal from {appellant}. The appellant's position is currently classified as a Social Insurance Specialist, GS-105-12. She believes her position should be classified as a Social Insurance Specialist, GS-105-13. The position is assigned to the Center for Program Support; Office of the Assistant Regional Commissioner, Management and Operations Support; Office of the Regional Commissioner; Office of the Deputy Commissioner; 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 believes her current position description (PD) is accurate but believes she is performing work well beyond the scope of the assigned PD and that additional duties and responsibilities coupled with her level of expertise warrant an increase in grade level. She asked that her agency review the classification of her position. The Center for Human Resources, SSA Region [number], determined in their audit findings dated June 5, 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 their classification appeal decision transmitted January 6, 2005. The appellant disagreed with that decision based on her belief that her position should be credited at Level 1-8. The appellant subsequently filed her appeal with OPM.

General issues

The appellant believes she is the sole Supplemental Security Income (SSI) policy expert for the [name] Region and is responsible for performing duties equivalent to other positions classified under PD #[number], Social Insurance Specialist, GS-105-13. She believes this is further fostered by the organizational structure of the Retirement and Survivors Insurance (RSI) and SSI teams within the Program Support Center. The RSI team has two Social Insurance Specialists, GS-105-13 positions. One handles RSI policy and the other handles RSI systems. The SSI Team only has one authorized Social Insurance Specialist, GS-105-13, position that is utilized for both policy and systems responsibilities. The appellant claims she is the sole expert in policy for the SSI Team because she is a senior analyst and her team leader does not have an SSI background, therefore relying on her for information and guidance.

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. While the appellant may believe that she should occupy a policy expert position in her organization, agency management has the authority to

determine the number and types of positions required to accomplish the work of the organization and meet agency goals and have declined to establish such a position.

Position information

The appellant is responsible for providing analytical staff support to the Regional Commissioner (RC) and 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 integration, systems, and automation support. She carries out complex assignments designed to ensure the integration of operational and program policies affecting her program areas.

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 process in her program areas and assesses the impact of these proposals for new or revised program and operating procedures and legislation. She develops and implements regional policies, objectives, standards and procedures and prepares decision papers and conducts briefings for the RC and the ARC-MOS on a variety of projects and initiatives.

The appellant works in these program areas of Supplemental Security Income (SSI): deeming of income (where income or resources of another are determined to be available to a SSI recipient or applicant), income from the U.S. Department of Veterans Affairs, earned and unearned income, and Native American issues. These areas can affect the eligibility and amount of entitlement to SSI. She is responsible for monitoring changes in these areas, revising regional processes as appropriate, and providing advice and assistance to the field offices. Work in these program areas involves approximately 60 to 70 percent of her time. She serves as the regional work incentives coordinator, regional civil monetary penalties coordinator in cases involving false or misleading information provided to SSA, liaison with the U.S. Department of Justice to recover overpayments of SSI, and regional litigation coordinator to assure prompt payment of SSI litigation claims. Each of these functions involves about 5 to 10 percent of her time.

The appellant is supervised by the Director, Program Support Center, who occupies a GS-105-15 position. Approximately half of her work is assigned by the supervisor or team leader while the other half is self generated; e.g., by checking e-mails to determine what needs to be done, by incoming telephone or mail correspondence concerning issues on cases in her assigned areas. The appellant plans and carries out assignments independently or as a member of a team. She brings complex issues to the attention of the team leader or supervisor to keep them abreast of the situation or to involve them in the decision making process and/or to determination if other regions should play a part in resolving the issue(s).

The official PD, number [number], includes much more information about the duties and responsibilities of the position. Both the supervisor and the appellant have certified to the accuracy of the PD, with the exception that the appellant claims she is the technical expert on SSI policy. We find the PD contains the major duties and responsibilities of the appellant's position and we incorporate it by reference into this decision.

To help decide this appeal, position audit questions were sent to the appellant electronically at her request. Her response was received on September 18, 2005. We also conducted a telephone interview with the appellant's supervisor on October 19, 2005. On October 19, 2005, we called the appellant to determine if she would like to provide any updated or additional information relating to more current duties. She did not provide additional information. In deciding this appeal, we carefully considered the audit findings and all information of record furnished by the appellant and her agency, including the PD of record.

Series, title, and standard determination

The agency has placed the appellant's 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 contest the title and series determination and, 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 socials insurance programs. The appellant's position is nonmanagerial and involves providing staff support to the RC, Assistant RC, and the Director of Program Support in carrying out their responsibilities for regional administration of the SSI programs. Therefore, the position is properly covered by Part I. Positions covered by Part I are properly title 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 equivalent important aspect which meets a higher level. The total points are converted to a grade by use of the grade conversion table in the PCS. 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 to the Position Classification Standards*.

The Primary Standard (PS) is the “standard-for-standards” for FES and is used for supplemental guidance in applying FES PCSs.

The agency appeal decision only addressed Factor 1 and cited only point values for the remaining factors. The Regional HR office did evaluate all factors prior to the filing of the appeal. Factors 2, 3, 4, and 7 were assigned the highest levels described in the PCS. In our review, 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.

Like Level 1-7, the appellant’s work requires a comprehensive knowledge of social insurance programs to perform the full, unlimited range of functions within 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.

Typical of Level 1-7, the appellant’s primary duties that require her to develop procedures and provide input or update the Program Operations Management System (POMS) Manual in areas such as the plans for achieving self support, SSI overpayment policy, and earned and unearned income. The appellant drafts regional SSI policies and procedures and provides clarification of national/regional policy to field offices in her assigned program areas. The appellant participates in pilot programs like the SSI Monthly Wage Reporting Project and makes recommendations to improve Social Securities service to the public. These procedures not only support program operations, but also improve operational and systemic quality characteristic of Level 1-7 duties. Typical of that level, these procedures improve processes and clarify operational questions.

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 “SSI policy expert in [city].” 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 opinion 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. 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. Although the appellant has worked on some new 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’s regular and recurring duties do not require her to develop new agency-wide 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 of 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 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 POMS manual provides 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 and field office 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.

Comparable to Level 4-4, the appellant is responsible for the review of and providing input and recommendations on draft SSI policies sent to the regions for comments and drafting regional policies and guidance for the field offices. She participates in drafting national POMS

instructions and prepares guides and operational instructions for field offices on routine and complex processes in her area. These include how to process cases from Administrative Law Judge's, SSI overpayment policy, and foster child care provisions.

The appellant provided examples of work she considers to involve national policy. She participated in a pilot program of an automated system for SSI monthly wage reporting. Her primary role involved handling the problems with the PIN/Password voice recognition telephone system to enable recipients and deemors to report monthly earnings. This small pilot program gathered data between May and December 2003 from a total of 1,300 participants within both the [names of two regions]. The [names of two regions] were clustered from May 1997 until January 2004. The appellant was involved in the coordination of participants and resolving questions to facilitate the pilot. She participated in a national study relating to earned and unearned income which was mandated by the Foster Care Independence Act of 1999 that addresses the transition of children in foster care toward independence when they become 18. Her work involved analysis of eight claims which were representative of the [two regions]. She submitted her analysis of those cases along with recommendation which may result in changes to national policy in this area. She also proposed a clarification of POMS in this subject area.

We find her participation as a regional representative on various working groups and providing comments on proposed policies and instruction 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 decisions 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 the 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 analyzes, interprets, and prepares instructional/procedural guides and issues by-weekly SSI Program Note Reminders for use within all field offices with the Dallas and Denver Regions to explain new laws and regulations. She presents findings and recommendations that lead to substantial changes in program operations with regard to earned and unearned income. 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 4-5; 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, Federal, State and local Government offices, other regions, the general public, 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 depicted 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 offices 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 concur with the agency determination that this subfactor is evaluated at Level c.

Factors 6 and 7 are credited at Level 2c (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</i> /7. <i>Purpose of Contacts</i>	2c	145
8. <i>Physical Demands</i>	8-1	5
9. <i>Work Environment</i>	9-1	<u>5</u>
Total points		2,755

A total of 2,755 points fall within the GS-12 grade level point range (2,755 - 3,150) points in the grade conversion table provided by the PCS.

Decision

The proper classification of the appellant's position is Social Insurance Specialist, GS-105-12.