

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) LETTER, ELIZABETH FELA				2. Social Security Number (b)(6)		3. Date of Birth (b)(6)		4. Effective Date 06/05/2022			
FIRST ACTION					SECOND ACTION						
5-A. Code 170		5-B. Nature of Action EXC APPT			6-A. Code		6-B. Nature of Action				
5-C. Code Y7M		5-D. Legal Authority SCH C, 213.3316. AGENCY- UNIQUE SCHEDULE C AU			6-C. Code		6-D. Legal Authority				
5-E. Code ZLM		5-F. Legal Authority OPM FORM 1019 DATED 05-31-2022			6-E. Code		6-F. Legal Authority				
7. FROM: Position Title and Number					15. TO: Position Title and Number SENIOR ADVISOR, OVERSIGHT PD:GS0650 POSITION:00478910						
8. Pay Plan		9. Occ. Code		10. Grade or Level		11. Step or Rate		12. Total Salary		13. Pay Basis	
GS		0301		15		01		\$148,484.00		PA	
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.	
\$112,890.00		\$35,594.00		\$148,484.00		\$0		\$112,890.00		\$35,594.00	
20C. Adj. Basic Pay		20D. Other Pay		22. Name and Location of Position's Organization OFFICE OF THE SECRETARY OF HEALTH AND HUMAN SERVICES OFFICE OF THE ASSISTANT SECRETARY FOR LE WASHINGTON DC USA							
\$148,484.00		\$0									
EMPLOYEE DATA											
23. Veterans Preference (b)(6)				24. Tenure 3				25. Agency Use		26. Veterans Preference for RIF (b)(6)	
27. FEGLI (b)(6)				28. Annuitant Indicator (b)(6)				29. Pay Rate Determinant (b)(6)			
30. Retirement Plan (b)(6)				31. Service Comp. Date (Leave) (b)(6)		32. Work Schedule F FULL TIME		33. Part-Time Hours Per Biweekly Pay Period			
POSITION DATA											
34. Position Occupied 2			35. FLSA Category E			36. Appropriation Code 21990365		37. Bargaining Unit Status 8888			
38. Duty Station Code 110010001					39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST COLUMBIA DC USA						
40. Agency Data		41.		42.		43.		44. PAR NUMBER:			
45. Remarks APPOINTMENT IS INDEFINITE. APPOINTMENT AFFIDAVIT EXECUTED 06-06-2022. CREDITABLE MILITARY SERVICE: (b)(6) PREVIOUS RETIREMENT COVERAGE: (b)(6) (b)(6) FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB): (b)(6) SEND YOUR COMPLETED SF-2809 TO ERD.NEWEMPLOYEE. ORIENTATION@HHS.GOV FOR PROCESSING. TO COMPARE PLANS AND OBTAIN ADDITIONAL INFORMATION, VISIT WWW.OPM.GOV/INSURE FLEXIBLE SPENDING ACCOUNT (FSA): (b)(6) (b)(6) TO OBTAIN ADDITIONAL INFORMATION AND TO ENROLL, VISIT WWW.FSAFEDS.COM . ONLINE ENROLLMENT IS MANDATORY.											
46. Employing Department or Agency DEPARTMENT OF HEALTH AND HUMAN SERVICES					50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TISA TOLLIVER SUPERVISORY, HUMAN RESOURCES S						
47. Agency Code HE10		48. Personnel Office ID 1704		49. Approval Date 06/14/2022							