NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000255

FPM Supp. 296-33, Subci	n. 4													
1. Name (Last, First, Middle)						2. Social Security Number 3. Date of Birth								
O CONNOR, KIMBERLY ANN					(b)(6)		(b)	(6)		06/23	3/2021			
FIRST ACTION						ND ACTIO								
5-A. Code 5-B. Nature of Action 146 SES NONCAREER APPT						6-	B. Nature of	Action						
	5-D. Legal Authority				6-C. Code	6-	-D. Legal Au	ıthority						
V4L	5 USC 3394(A)				6-E. Code									
5-E. Code 5-F. Legal Authority AWM OPM FORM 1652						6-	-F. Legal Au	thority						
7. FROM: Position Title and Number						osition Title and UTIVE SECR 80 085796		FFICE	оғ тне	SEC				
8. Pay Plan 9. Occ. Code	10. Grade or Level 11.	Step or Rate 12.	Total Salary	13. Pay Basis	16. Pay Plai	17. Occ. Code 0301	de 18. Grade or Level 19.Step or 00 00			Rate 20. Total Salary/Award 21. Pay Basis 183,100.00 PA				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic	c Pay	12D. Other Pay	20A. Basic I	-	20B. Locali	ity Adj.	dj. 20C. Adj. Basic Pay 20D. Other Pay			Pay		
	.00 on of Position's Organi			.00	183,10	0.00 and Location of l	.00			100.00	.00			
					OSEM Imm Off EXECUT	IATE OFFICE of the Sec TIVE SECRET	TARY		TARY					
EMPLOYEE I					24 Tenun			25 A gas	an Ha	26 Voton	ana Duafauan	no fou DIE		
23. Veterans Preference b)(6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other						24. Tenure 25. Agency Use (b)(6) 0 - None 2 - Conditional				26. Veterans Preference for RIF				
				ble/30%	(b)(6)					(b)(6)				
27. FEGLI	3 – 10–Point/Disability 4 – 10–Point/Compensabl		-Point/Other -Point/Compensal	ble/30%			- Indefinite				ate Determi	ant		
2 - 5-Point				ble/30%		1 - Permanent 3 -					ate Determii	ant		
27. FEGLI b)(6) 30. Retirement Plan		e 6 – 10-	-Point/Compensal	Comp. Date (Leave	28. Annuit	1 - Permanent 3 -				29. Pay R	Time Hours			
2-5-Point 27. FEGLI b)(6) 30. Retirement Plan (b)(6)	4 – 10–Point/Compensabl	e 6 – 10-	-Point/Compensal		28. Annuit	1 - Permanent 3 -				29. Pay R		Per		
2-5-Point 27. FEGLI b)(6) 30. Retirement Plan (b)(6) POSITION DA	4 – 10-Point/Compensabl	e 6 – 10-	Point/Compensal	Comp. Date (Leave	28. Annuit	1 - Permanent 3 - tant Indicator Schedule FULL TIME				29. Pay R 33. Part-	Time Hours Biweekly Pay Period	Per		
2-5-Point 27. FEGLI b)(6) 30. Retirement Plan (b)(6) POSITION DA 34. Position Occupied	4 – 10–Point/Compensabi	e 6 – 10-	31. Service 6	Comp. Date (Leave	28. Annuit	1 - Permanent 3 - cant Indicator Schedule				29. Pay R 33. Part-	Time Hours Biweekly	Per		
2-5-Point 27. FEGLI b)(6) 30. Retirement Plan (b)(6) POSITION DA 34. Position Occupiet 1 - Competitive Se 2 - Excepted Servi	4 - 10-Point/Compensabl ATA d ervice 3 - SES General ice 4 - SES Career Reser	e 6 – 10-	31. Service (35. FLSA C)	Comp. Date (Leave dategory - Exempt - Nonexempt	28. Annuit e) 32. Work F 36. Appro	1 - Permanent 3 - tant Indicator Schedule FULL TIME priation Code	- Indefinite			29. Pay R 33. Part-	Time Hours Biweekly Pay Period	Per		
27. FEGLI b)(6) 30. Retirement Plan (b)(6) POSITION DA 34. Position Occupied	4 - 10-Point/Compensabl ATA d ervice 3 - SES General ice 4 - SES Career Reser	e 6 – 10-	31. Service (35. FLSA C (b)(6) E N (39. Duty Sta	Comp. Date (Leave lategory - Exempt	28. Annuit e) 32. Work F 36. Appro	1 - Permanent 3 - tant Indicator Schedule FULL TIME priation Code	- Indefinite			29. Pay R 33. Part-	Time Hours Biweekly Pay Period	Per		
2-5-Point 27. FEGLI b)(6) 30. Retirement Plan (b)(6) POSITION DA 34. Position Occupied 1 - Competitive Se 2 - Excepted Servi 38. Duty Station Code	4 - 10-Point/Compensabl ATA d ervice 3 - SES General ice 4 - SES Career Reser	e 6 – 10-	31. Service (35. FLSA C (b)(6) E N (39. Duty Sta	Comp. Date (Leave Category - Exempt - Nonexempt attion (City - Coun	28. Annuit e) 32. Work F 36. Appro	1 - Permanent 3 - tant Indicator Schedule FULL TIME priation Code	- Indefinite			29. Pay R 33. Part-	Time Hours Biweekly Pay Period	Per		
27. FEGLI D)(6) 30. Retirement Plan (b)(6) POSITION DA 34. Position Occupies 3	4-10-Point/Compensable ATA d ervice 3-SES General ice 4-SES Career Reserve 41. AFFIDAVIT EXISTED FOR 5 USC LOYEES' HEALT DAYS FROM THE F-2809 TO MANUEL PLANS AND GET	ved 42. XECUTED C 3502 I TH BENEF HE DATE 6) T MORE II P LIFE II NROLLED IRE TO E TO (b)(6) AND USE RE/LIFE. NT (FSA): HE DATE	35. FLSA C (b)(6 N 39. Duty Sta WASHING 06/23/2 S NOT A ITS (FE OF HIRE ID)(6 NFORMAT NSURANC IN BASI LECT OP THE FE	Comp. Date (Leave Leave	28. Annuit 28. Annuit 36. Appro ty – State or C F COLUMB TO THE S . SEND Y . YOU HA ERAGE . S ATOR, VI	1-Permanent 3- Internation Indicator Schedule FULL TIME Priation Code Overseas Location BIA DC 44. SENIOR EXE COUR AVE 60 SEND ESIT	n)			29. Pay R 33. Part-	Time Hours Biweekly Pay Period	Per		
27. FEGLI b)(6) 30. Retirement Plan (b)(6) POSITION DA 34. Position Occupiete 3 1- Competitive Se 2- Excepted Servi 38. Duty Station Cod 11-0010-001 40. Agency Data 45. Remarks APPOINTMENT TENURE AS U SERVICE. FEDERAL EMP YOU HAVE 60 COMPLETED S. TO COMPARE WWW.OPM.GOV FEDERAL EMP YOU ARE AUT DAYS FROM T YOUR COMPLE TO GET MORE HTTP://WWW. FLEXIBLE SP YOU HAVE 60 *** REMARKS	4-10-Point/Compensable ATA dervice 3-SES General ice 4-SES Career Reserve 41. AFFIDAVIT EX SED FOR 5 USC LOYEES' HEALT DAYS FROM THE F-2809 TO MANUAL FROM THE DATE OF HEALT OMATICALLY EN HE DATE OF HEALT ON THE DATE OF HEALT OF HEALT OF HEALT ON THE DAYS FROM THE CONTINUED ON THE CONTINUED	ved 42. XECUTED C 3502 I TH BENEF HE DATE 6) T MORE II P LIFE II NROLLED IRE TO E TO (b)(6) AND USE RE/LIFE. NT (FSA): HE DATE	35. FLSA C (b)(6 N 39. Duty Sta WASHING 06/23/2 S NOT A ITS (FE OF HIRE ID)(6 NFORMAT NSURANC IN BASI LECT OP THE FE	Comp. Date (Leave Leave	28. Annuit 28. Annuit 36. Appro ty – State or C F COLUMB TO THE S . SEND Y . YOU HAERAGE. S ATOR, VI TER THAN	1-Permanent 3- Internation Indicator Schedule FULL TIME Priation Code Overseas Location SIA DC 44. SENIOR EXE COUR SENIOR EXE	n) ECUTIVE		roving Off	29. Pay R 33. Part-	Time Hours Biweekly Pay Period	Per		
27. FEGLI D)(6) 30. Retirement Plan (b)(6) POSITION DA 34. Position Occupied 3	4-10-Point/Compensable ATA dervice 3-SES General ice 4-SES Career Reserve 41. AFFIDAVIT EX SED FOR 5 USC LOYEES' HEALT DAYS FROM THE F-2809 TO MANUAL FROM THE DATE OF HEALT OMATICALLY EN HE DATE OF HEALT ON THE DATE OF HEALT OF HEALT OF HEALT ON THE DAYS FROM THE CONTINUED ON THE CONTINUED	ved 42. XECUTED C 3502 I IH BENEF HE DATE (A) I MORE II PROLLED IRE TO E TO (In/16) AND USE RE/LIFE. NT (FSA): HE DATE N THE NE.	35. FLSA C (b)(6 N 39. Duty Sta WASHING 06/23/2 S NOT A ITS (FE OF HIRE ID)(6 NFORMAT NSURANC IN BASI LECT OP THE FE	Comp. Date (Leave Leave	28. Annuit 28. Annuit 36. Appro ty - State or C F COLUMB TO THE S . SEND Y . YOU HA ERAGE . S ATOR, VI TER THAN 50. Signa ELECT	1-Permanent 3- Eant Indicator Schedule FULL TIME Priation Code Overseas Location SIA DC 44. SENIOR EXE COUR	n) ECUTIVE tion and Titl	BY:	roving Off	29. Pay R 33. Part-	Time Hours Biweekly Pay Period	Per		

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000256

1. Name (Last, First O CONNOR, KIN	, Middle)	2. Social Security No. (b)(6)	umber	3. Date of Bir (b)(6)	th	4. Effective 06/23/					
FIRST ACTIO		SECOND ACT	ION			0.0.201					
5-A. Code 146	5-B. Nature of Action SES NONCAREER A	6-A. Code		ure of Action							
5-C. Code V4L	5-D. Legal Authority 5 USC 3394(A)			6-C. Code	6-D. Leg	gal Authority					
5-E. Code AWM	5-F. Legal Authority OPM FORM 1652			6-E. Code	6-F. Leg	gal Authority					
7. FROM: Position	Title and Number			15. TO: Position Title EXECUTIVE SE 91014280 085796	CRETAR		E OF THE	SEC			
8. Pay Plan 9. Occ. Coo	de 10. Grade or Level 11. Step	13. Pay Basis	16. Pay Plan 17. Occ. 0 ES 0301	1.4 (0.0)			Level 19.Step or Rate 20. Total Salary/Award 21. Pay Basis 00 183,100.00 PA				
12A. Basic Pay	12B. Locality Adj. 12C	C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay 20B. Locality Ad 183,100.00 .00				. Basic Pay	.00 Other	Pay	
14. Name and Locat	tion of Position's Organizatio	on		22. Name and Location IMMEDIATE OFF OSEM Imm Off of the Sec EXECUTIVE SECT	ICE OF T	THE SECRI					
EMPLOYEE 23. Veterans Prefero				24. Tenure		25. Age	ency Use	26. Veterar	ıs Preferenc	e for RIF	
1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensable	5 – 10–Point/Other 6 – 10–Point/Compensa	ble/30%	(b)(6) - None - Permanent	2 – Conditio 3 – Indefinit	nal		(b)(6)	is i reieren		
27. FEGLI (b)(6)				28. Annuitant Indicate	r			29. Pay Ra	te Determin	ant	
30. Retirement Plan	1	31. Service	Comp. Date (Leave)) 32. Work Schedule				33. Part-T	ime Hours	Per	
(b)(6)				F FULL TIN	1E		Biweekly Pay Period				
POSITION D	ATA								ruy remou		
34. Position Occupi		35. FLSA C		36. Appropriation Cod	le			37. Bargair	ning Unit St	atus	
3 1 - Competitive 2 - Excepted Ser		(D)(O) N	- Exempt - Nonexempt		8888						
38. Duty Station Co 11-0010-001	de			y – State or Overseas Loo CCOLUMBIA DC	cation)						
40. Agency Data	41.	42.	43.	44.							
TO ENROLL ON/AFTER OF OPEN SEASON WWW.FSAFED FEDERAL DENTED FEDERAL DENTED FEDERAL DENTED FOR MATERIAL OF THE OPEN	S CONTINUED *** IN A HEALTH CARE CT 1ST YOU WILL N. TO GET MORE I .COM. ONLINE ENR NTAL AND VISION O DAYS FROM THE AL DENTAL AND/OR N AND ENROLL ONL IS MANDATORY. INGS PLAN (TSP): IGIBLE TO CONTRI T THE RATE OF 3% ON AMOUNT, COMPL ERS EMPLOYEES ON CONTRIBUTION OF	BE ELIGIBLE NFORMATION A OLLMENT IS M PROGRAM (FED DATE OF HIRE VISION PLAN INE, VISIT W BUTE TO TSP. TO INCREAS ETE A TSP-1 LY: YOU WILL 1% OF YOUR P	TO ENROLL IND ENROLL OF ANDATORY. VIP): TO ENROLL TO GET MOWN.BENEFEDS YOU ARE AUE OR DECREA	URING THE FSA ONLINE, VISIT IN A ORE G.COM ONLINE UTOMATICALLY ASE YOUR T TO (D)(6) LY RECEIVE AN A		6)					
	S CONTINUED ON T	HE NEXT PAGE	* * *								
46. Employing Depa HOMELAND S	urtment or Agency	HE NEXT PAGE	***	50. Signature/Auther			proving Off	icial			

Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Sunp. 296–33. Subch. 4

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000257

FPM Supp. 296-33, Subc	h. 4													
1. Name (Last, First, Middle)						2. Social Security Number			3. Date of Birth		4. Effective Date			
O CONNOR, KIMBERLY ANN						(b)(6)			(b)(6)	06/23/2021				
FIRST ACTIO	N					SECON	D ACT	ION						
5-A. Code 146	5-B. Nature of Action SES NONCAREER APPT								ature of Action					
5-C. Code V4L	5-D. Legal Authority 5 USC 3394(A)					6-C. Code		6-D. L	egal Authority					
5-E. Code AWM	5-F. Legal Authority OPM FORM 1652					6-E. Code			egal Authority					
7. FROM: Position T	itle and Number					EXECU	sition Title TIVE SE 30 085796	CRETA	iber RY, OFFICE	OF THE	SEC			
8. Pay Plan 9. Occ. Code	10. Grade or Level 11. S	tep or Rate 12.	Total Salary	13. Pay Bas	sis	16. Pay Plan ES				19.Step or Ra	or Rate 20. Total Salary/Award 21. Pay Basis 183,100.00 PA			
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basi	c Pay	12D. Other Pay	,				B. Locality Adj.	20C. Adj	j. Basic Pay 20D. Other Pay			
•	.00	•		.00		183,100			.00	_	100.00	.00		
14. Name and Locati	on of Position's Organiz	ation				IMMEDL OSEM Imm Off o EXECUT	ATE OFF	ICE OF	ion's Organizat THE SECRE Y PP 13 2021					
EMPLOYEE I	DATA													
23. Veterans Prefere	1Ce 3 – 10–Point/Disability	5 - 10-	-Point/Other			24. Tenure	- None	2 – Condi		ncy Use	26. Veteran	s Preferenc	ce for RIF	
$(b)(6) \qquad \begin{array}{c} 1 - \text{None} \\ 2 - 5 - \text{Point} \end{array}$	4 – 10–Point/Compensable		-Point/Compensa	ble/30%		(b)(6)	- Permanent	3 – Indefi			(b)(6)			
27. FEGLI						28. Annuita	nt Indicato	r			29. Pay Rat	e Determin	ant	
(b)(6)														
30. Retirement Plan (b)(6)			31. Service	Comp. Date (Le	eave)		chedule FULL TIM	ΙE				me Hours Biweekly Pay Period		
POSITION DA	ATA				_							,		
34. Position Occupie	d ervice 3 – SES General		(-/(-/	Category - Exempt - Nonexempt		36. Approp	riation Cod	le			37. Bargain	ing Unit St	atus	
38. Duty Station Cod 11-0010-001		ed	39. Duty St	ation (City – Co	-			ation)			0000			
40. Agency Data	41.	42.	WASHIN	43.	OI .	COLUMBI	44.							
40. Agency Data	41.	42.		43.			44.							
MATCHING. T FEDERAL LON YOU HAVE 60 USING THE A INFORMATION APPLY ONLIN ALL INFORMA	CONTINUED ** O GET INFORMA' G TERM CARE II DAYS FROM TH. BBREVIATED UN. AND APPLY ON. E OR DOWNLOAD TION SUBJECT SONNEL FOLDER	TION, V NSURANC E DATE DERWRIT LINE, V AN APP TO VERI	E PROGR OF HIRE ING APP ISIT WW LICATIC	AM (FLTC) TO APPLY LICATION. W.LTCFEDS	IP) Y FO . TO S.CO	OR COVE	RAGE ORE MAY							
46. Employing Department or Agency						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY:								
HOMELAND SE														
47. Agency Code	AA 48. Personnel Office ID 49. Approval Date 06/24/2021							NICOLE C. BARKSDALE-PERRY EXECUTIVE DIRECTOR, HRMS						