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

NOTIFICATION OF PERSONNEL ACTION

| FPM Supp. 296-33, Sub- | cn. 4 | | | | | | | | | | | | |
|--|--|--------------------------------|-----------------------------|-------------------------------|--|-------------|----------------------------|----------------------------------|-------------------|------------|---------------|--|--|
| 1. Name (Last, First, Middle) | | | | | 2. Social Security Number | | | rth | 4. Effective Date | | | | |
| REZAEEROD, PANIZ NMN | | | | | (b) (6) | | | (b) (6) | | | 01/20/2021 | | |
| FIRST ACTIO | ON | ND ACT | ION | | ···· | | | | | | | | |
| 5-A. Code 5-B. Nature of Action | | | | | de | 6-B. Na | ature of Action | 1 | | | | | |
| 190 | PROVISIONAL APPT NTE 05-19-21 | | | | | | | | | | | | |
| 5-C. Code | 5-D. Legal Authority | | | | 6-C. Code 6-D. Legal Authority | | | | | | | | |
| Y9K 5-E. Code | SCH C, 213.3302(A) 5-F. Legal Authority | | | | 6-E. Code 6-F. Legal Authority | | | | | | | | |
| 5-E. Code 5-F. Legal Authority | | | | | ac | O F.L | egai Authority | , | | | | | |
| 7. FROM: Position | 7. FROM: Position Title and Number | | | | | | ber | | | | | | |
| | | | | | 15. TO: Position Title and Number SENIOR ADVISOR TO THE SECRETARY OF THE INTERIOR 10000000 IGS1528 | | | | | | | | |
| 8. Pay Plan 9. Occ. Cod | e 10. Grade or Level 11. Step or R | ate 12. Total Salary | 13. Pay Basis | 16. Pay Pi | | | . Grade or Level | 19.Step or Rat | e 20. Total Sal | ary/Award | 21. Pay Basis | | |
| | | | | GS | 0301 | | 13 | 01 | \$103690 | .00 | PA | | |
| 12A. Basic Pay | 12B. Locality Adj. 12C. Ad | j. Basic Pay | 12D. Other Pay | 20A. Basic | : Pay | 20 | B. Locality Adj. | 20C. Adj. | Basic Pay | 20D. Other | Pay | | |
| | | | | \$7946 | 58.00 | | \$24222.00 | \$1036 | 590.00 | \$0.00 | | | |
| 14. Name and Location of Position's Organization 22. Name and Location of Position's Organization 23. Name and Location of Position's Organization | | | | | | | | | | | | | |
| IN01 SECRETARY'S IMMEDIATE OFFICE | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | WASHINGTON,DC | | | | | | | | |
| | | | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | |
| 23. Veterans Prefere | 24. Tenu | re 0 - None | 2 - Condi | | gency Use | 26. Veteran | (b) (6) | | | | | | |
| 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 | | | | | 1 - Permanent | 3 - Indefi | inite | | YES | (0) (0) | NO . | | |
| 27. FEGLI | 28. Annuitant Indicator 29. Pay Rate Determinant | | | | | | | | | | | | |
| (b) (6) (b) (c) (d) (d) | | | | | | | | | | | | | |
| 30. Retirement Plan | 31. Service | 31. Service Comp. Date (Leave) | | | | | | 33. Part-Time Hours Per Biweekly | | | | | |
| (b) (6) | | 12/26/201 | 12/26/2016 | | F FULL-TIME | | | | Pay Period | | | | |
| POSITION DATA | | | | | | | | | | | | | |
| 34. Position Occupie | 35. FLSA (| Category | 36. Appropriation Code | | | | 37. Bargaining Unit Status | | | | | | |
| 2 1 - Competitive S | | | : – Exempt I – Nonexempt | | | | | 8888 | | | | | |
| 38. Duty Station Co | | 39. Duty St | ation (City - County | - State or Overseas Location) | | | | | | | | | |
| 11-0010-001 | | WASHIN | GTON,DISTRICT | OF CO | LUMBIA | | | | | | | | |
| 40. Agency Data | 41. | 42. | 43. | | 44. | | | | | | | | |
| FUNC CLS 00 | (b) (6) | EDUC LVL 13 | SUPV ST | TAT 8 | POS | ITION S | SENSITIVIT | Y HIGH RI | SK | | | | |
| 45. Remarks APPOINTMENT IS ON A PROVISIONAL BASIS. YOU ARE ELIGIBLE FOR RETIREMENT COVERAGE AND FOR HEALTH BENEFITS | | | | | | | | | | | | | |
| AND LIFE INSURANCE. IF YOUR PERFORMANCE IS SATISFACTORY, AND YOU MEET ALL LEGAL QUALIFICATIONS, AND | | | | | | | | | | | | | |
| OTHER APPLICABLE REQUIREMENTS, YOU MAY BE CONVERTED TO A NONTEMPORARY APPOINTMENT BEFORE THIS APPOINTMENT | | | | | | | | | | | | | |
| EXPIRES. APPOINTMENT AFFIDAVIT EXECUTED 01/20/21. | | | | | | | | | | | | | |
| CREDITABLE MILITARY SERVICE: (b) (6) | | | | | | | | | | | | | |
| PREVIOUS RETIREMENT COVERAGE: PREVIOUSLY COVERED | | | | | | | | | | | | | |
| EMPLOYEE IS AUTOMATICALLY COVERED UNDER (b) (6) | | | | | | | | | | | | | |
| HEALTH BENEFITS COVERAGE CONTINUES. FROZEN SERVICE NONE | | | | | | | | | | | | | |
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| 46. Employing Department or Agency 50. Signature/Authentication and Title of Approving Official | | | | | | | | | | | | | |
| IN - OFC OF THE SECRETARY | | | | | 210364806 / ELECTRONICALLY SIGNED BY: | | | | | | | | |
| 47. Agency Code | 48. Personnel Office ID 49. Approval Date | | | | GARY P. HARDAWAY | | | | | | | | |
| IN01 | 43.42 | | | | DECLATION | | | | | | | | |