

NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | | | | | | | | |
|--|-------------------------|---|---------------------------|--|---|---|--|---|---------------------------------|---------------------|-------------------------------------|------------------------|-------------------------------------|----|
| 1. Name (Last, First, Middle) SALAZAR, FELICIA A | | | | 2. Social Security Number (b) (6) | | 3. Date of Birth (b) (6) | | 4. Effective Date 12/03/2021 | | | | | | |
| FIRST ACTION | | | | | SECOND ACTION | | | | | | | | | |
| 5-A. Code 846 | | 5-B. Nature of Action INDIVIDUAL TIME OFF AWARD | | | 6-A. Code | | 6-B. Nature of Action | | | | | | | |
| 5-C. Code | | 5-D. Legal Authority | | | 6-C. Code | | 6-D. Legal Authority | | | | | | | |
| 5-E. Code | | 5-F. Legal Authority | | | 6-E. Code | | 6-F. Legal Authority | | | | | | | |
| 7. FROM: Position Title and Number | | | | | 15. TO: Position Title and Number SPEECH WRITER 10500000 IGS1538 | | | | | | | | | |
| 8. Pay Plan | | 9. Occ. Code | 10. Grade or Level | 11. Step or Rate | 12. Total Salary | 13. Pay Basis | 16. Pay Plan | | 17. Occ. Code | 18. Grade or Level | 19. Step or Rate | 20. Total Salary/Award | 21. Pay Basis | |
| | | | | | | | | | | | | 40HRS | | |
| 12A. Basic Pay | | 12B. Locality Adj. | 12C. Adj. Basic Pay | | 12D. Other Pay | | 20A. Basic Pay | | 20B. Locality Adj. | 20C. Adj. Basic Pay | 20D. Other Pay | | | |
| 14. Name and Location of Position's Organization | | | | | 22. Name and Location of Position's Organization IN01 SECRETARY'S IMMEDIATE OFFICE OFFICE OF COMMUNICATION WASHINGTON,DC | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | |
| 23. Veterans Preference | | | | | 24. Tenure | | | 25. Agency Use | 26. Veterans Preference for RIF | | | | | |
| <input checked="" type="checkbox"/> | 1 - None | 3 - 10-Point/Disability | 5 - 10-Point/Other | 2 - 5-Point | 4 - 10-Point/Compensable | 6 - 10-Point/Compensable/30% | 3 | 0 - None | 2 - Conditional | | <input checked="" type="checkbox"/> | YES | <input checked="" type="checkbox"/> | NO |
| 27. FEGLI (b) (6) | | | | | 28. Annuity Indicator (b) (6) | | | 29. Pay Rate Determinant (b) (6) | | | | | | |
| 30. Retirement Plan (b) (6) | | | | 31. Service Comp. Date (Leave) 06/22/2018 | | 32. Work Schedule F FULL-TIME | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | |
| 34. Position Occupied | | | | 35. FLSA Category | | 36. Appropriation Code | | | 37. Bargaining Unit Status | | | | | |
| 2 | 1 - Competitive Service | 3 - SES General | 2 - Excepted Service | 4 - SES Career Reserved | E | E - Exempt | N - Nonexempt | | | | 8888 | | | |
| 38. Duty Station Code 11-0010-001 | | | | 39. Duty Station (City - County - State or Overseas Location) WASHINGTON, DISTRICT OF COLUMBIA | | | | | | | | | | |
| 40. Agency Data FUNC CLS 00 | | 41 (b) (6) | 42. EDUC LVL 13 | | 43. SUPV STAT 8 | | 44. POSITION SENSITIVITY HIGH RISK | | | | | | | |
| 45. Remarks EMPLOYEE DUTY STATION IS IN REGION 01 - NORTH ATLANTIC - APPALACHIAN | | | | | | | | | | | | | | |
| 46. Employing Department or Agency IN - OFC OF THE SECRETARY | | | | | 50. Signature/Authentication and Title of Approving Official 212539677 / ELECTRONICALLY SIGNED BY: RACHAEL C. CRESPO SUPVY HUMAN RESOURCES SPECIALIST | | | | | | | | | |
| 47. Agency Code IN01 | | 48. Personnel Office ID 4342 | | 49. Approval Date 11/30/2021 | | | | | | | | | | |