

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>SOLTIS, ELIZABETH M</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>03/28/2021</b>						
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>									
5-A. Code <b>002</b>		5-B. Nature of Action <b>CORRECTION</b>			6-A. Code <b>915</b>		6-B. Nature of Action <b>HEALTH BENEFITS COVERAGE</b>							
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 <b>COUNSELOR TO THE SECRETARY 66428057 C21285</b>									
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		
							<b>GS</b>	<b>0301</b>	<b>15</b>	<b>06</b>	<b>168,150.00</b>	<b>PA</b>		
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					
<b>.00</b>				<b>.00</b>	<b>128,870.00</b>		<b>39,280.00</b>	<b>168,150.00</b>	<b>.00</b>					
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization <b>OFFICE OF THE SECRETARY</b>									
					<b>DL SO0000000000000000 PP 19 2021</b>									
<b>EMPLOYEE DATA</b>														
23. Veterans Preference					24. Tenure			25. Agency Use		26. Veterans Preference for RIF				
<b>I</b>	1 - None 2 - 5-Point		3 - 10-Point/Disability 4 - 10-Point/Compensable		5 - 10-Point/Other 6 - 10-Point/Compensable/30%		<b>3</b>	0 - None 1 - Permanent	2 - Conditional 3 - Indefinite			YES <input type="checkbox"/>	X <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
27. FEGLI <b>(b) (6)</b>					28. Annuitant Indicator <b>9 NOT APPLICABLE</b>			29. Pay Rate Determinant <b>0 NOT APPLICABLE</b>						
30. Retirement Plan <b>K FERS AND FICA</b>					31. Service Comp. Date (Leave) <b>06/07/2010</b>		32. Work Schedule <b>F FULL TIME</b>			33. Part-Time Hours Per Biweekly Pay Period				
<b>POSITION DATA</b>														
34. Position Occupied					35. FLSA Category			36. Appropriation Code		37. Bargaining Unit Status				
<b>2</b>	1 - Competitive Service 2 - Excepted Service		3 - SES General 4 - SES Career Reserved		<b>E</b>	E - Exempt N - Nonexempt				<b>8888</b>				
38. Duty Station Code <b>11-0010-001</b>					39. Duty Station (City - County - State or Overseas Location) <b>WASHINGTON DIST OF COLUMBIA DC</b>									
40. Agency Data		41.		42.		43.		44.						
45. Remarks THIS ACTION IS THE RESULT OF AN AUTOMATIC SYSTEM UPDATE. (b) (6) <b>(b) (6)</b> (b) (6) PLEASE CONTACT YOUR HUMAN RESOURCES OFFICE IF YOU HAVE ANY QUESTIONS. CORRECTS ITEM 31 FROM KF CORRECTS ITEM 30 FROM 01/20/2021														
46. Employing Department or Agency <b>DEPARTMENT OF LABOR</b>					50. Signature/Authentication and Title of Approving Official <b>ELECTRONICALLY SIGNED BY: DEMEATRIC GAMBLE PERSONNEL OFFICER</b>									
47. Agency Code <b>DLAA</b>		48. Personnel Office ID <b>1193</b>		49. Approval Date <b>03/28/2021</b>										