|   | of Personnel M<br>296–33, Subch  |  |  | NOTIFI                       | CATION O       | F PER   | SONNE   | LAC     | TION                    |                      |                                |                              |                         |  |  |
|---|--|--|--|------------------------------|----------------|---|---|---------|-------------------------|----------------------|--------------------------------|------------------------------|-------------------------|--|--|
| 1. Name (Last, First, Middle)   |  |  |  |                              |                |   | 2. Social Security Number 3. Date of Birth  |         |                         | th                   | 4. Effective Date              |                              |                         |  |  |
| JONES, KABRILLEN TERESE   |  |  |  |                              |                |   | i)  |         | (b)(6)                  |                      | 02/22/2                        | 021                          |                         |  |  |
| FIRST ACTION  |  |  |  |                              |                |   | SECOND ACTION   |         |                         |                      |                                |                              |                         |  |  |
| 5-A. Coo<br>170   |  | 5–B. Nature of Action<br>EXC APPT  | 6–A. Code 6–B. Nature of Action                      |                              |                |   |   |         |                         |                      |                                |                              |                         |  |  |
|   | 5-C. Code         5-D. Legal Authority           Y7M         SCH C, 213.33SCH C 213.3317 |  |  |                              |                |   | 6–C. Code 6–D. Legal Authority  |         |                         |                      |                                |                              |                         |  |  |
| 5-E. Code 5-F. Legal Authority  |  |  |  |                              |                |   | de  | 6-F. I  | Legal Authority         |                      |                                |                              |                         |  |  |
| 7. FROM: Position Title and Number  |  |  |  |                              |                |   | 15. TO: Position Title and Number<br>SPECIAL ASSISTANT  |         |                         |                      |                                |                              |                         |  |  |
|   |  |  |  |                              | EH GS60845     |   |   |         |                         |                      |                                |                              |                         |  |  |
| 8. Pay Plan   | 9. Occ. Code   | 10. Grade or Level 11  | . Step or Rate 12                                    | . Total Salary               | 13. Pay Basis  | 16. Pay Pl<br>GS                              | lan 17. Occ.<br>0301  |         | 8. Grade or Level<br>14 | 19.Step or Rat<br>01 | te 20. Total Sala<br>\$122530. |                              | 21. Pay Basis<br>PA     |  |  |
| 12A. Basic Pa   | ay   | 12B. Locality Adj.   | 12C. Adj. Bas  | ic Pay                       | 12D. Other Pay | 20A. Basi                                     | c Pay   | 2       | 0B. Locality Adj.       | 20C. Adj.            | Basic Pay                      | 20D. Other                   | Pay                     |  |  |
|   |  |  |  |                              |                | \$939   | 07.00   |         | \$28623.00              | \$1225               | 530.00                         | \$0.00                       |                         |  |  |
|   |  |  |  |                              |                |   | WASHINGTON,DC   |         |                         |                      |                                |                              |                         |  |  |
| EMPL  | OYEE D   | ATA  |  |                              |                |   |   |         |                         |                      |                                |                              |                         |  |  |
| 1         1 - None         3 - 10 - Point/Disability         5 - 10 - Point/Other           1         2 - 5 - Point         4 - 10 - Point/Compensable         6 - 10 - Point/Compensable/30% |  |  |  |                              |                |   | 24. Tenure     25. Agency Use     26. Veterans Preference for RIF       3     1 - Permanent     3 - Indefinite     YES     X     NO |         |                         |                      |                                |                              |                         |  |  |
| 27. FEGLI   |  |  |  |                              |                |   | 28. Annuitant Indicator<br>9 NOT APPLICABLE   |         |                         |                      |                                | 29. Pay Rate Determinant     |                         |  |  |
| C0 BASIC ONLY 30. Retirement Plan 31. Service Comp. Date (Leave)  |  |  |  |                              |                |   |   |         |                         |                      |                                | 0<br>33. Part–Time Hours Per |                         |  |  |
| KF   FERS-FRAE & FICA   02/22/2021  |  |  |  |                              |                | F FULL-TIME                                   |   |         |                         |                      | Biweekly<br>Pay Period         |                              |                         |  |  |
| POSIT   | ION DA   | ТА   |  |                              |                |   |   |         |                         |                      |                                |                              |                         |  |  |
| 34. Positio   | on Occupied  | L  |  | 35. FLSA Ca                  | tegory         | 36. App                                       | ropriation Co   | de      |                         |                      | 37. Bargaini                   | ing Unit Sta                 | itus                    |  |  |
| 1 - Competitive Service         3 - SES General         E - Exempt           2 - Excepted Service         4 - SES Career Reserved         E         N - Nonexempt                             |  |  |  |                              |                |   |   |         |                         |                      | 8888                           |                              |                         |  |  |
| 38. Duty Station Code39. Duty Station (City - Count11-0010-001WASHINGTON,DISTRIC  |  |  |  |                              |                |   |   | cation) |                         |                      |                                |                              |                         |  |  |
| 40. Agency  |  | 41.  | 42.  |                              | 43.            |   | 44.<br>POS  | TION    | SENSITIVITY             | VNONCEN              |                                | NW DI                        |                         |  |  |
| CREDI<br>PREVI<br>FROZE<br>EMPLO<br>OPM F<br>DATE   | NTMENT<br>TABLE N<br>OUS RET<br>N SERVI<br>YEE IS<br>ORM 101<br>OF LAST                  | VET STAT X<br>AFFIDAVIT E<br>MILITARY SER<br>TIREMENT COV<br>ICE 0000<br>AUTOMATICAL<br>19 DATED 2/1<br>T EQUIVALENT | XECUTED<br>VICE: NC<br>ERAGE: N<br>LY COVEF<br>8/21. | NE<br>IEVER COV<br>RED UNDEF | VERED          | S-RAE   | OR FERS   | -FRAE   |                         |                      |                                |                              |                         |  |  |
| 46. Employing Department or Agency<br>ED - OFC OF SPEC ED/REHAB SV  |  |  |  |                              |                |   | 50. Signature/Authentication and Title of Approving Official<br>210498936 / ELECTRONICALLY SIGNED BY:                               |         |                         |                      |                                |                              |                         |  |  |
| 47. Agency Code48. Personnel Office ID49. Approval DateEDEH130602/24/2021   |  |  |  |                              |                | ANTONIA HARRIS<br>CHIEF HUMAN CAPITAL OFFICER |   |         |                         |                      |                                |                              |                         |  |  |
| 5-Part 50-3   | 16   |  | 2  | OPE Conv                     | Long-Term Reco |   |   |         |                         |                      | Editions Prior                 | to 7/91 Are N                | ot Usable After 6/30/93 |  |  |

Standard Form 50