

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) PALM, JOSEPH SALVADOR	2. Social Security Number (b)(6)	3. Date of Birth (b)(6)	4. Effective Date 05/22/2022
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FIRST ACTION	SECOND ACTION
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5-A. Code 170	5-B. Nature of Action EXC APPT	6-A. Code	6-B. Nature of Action
5-C. Code Y7M	5-D. Legal Authority SCH C, 213.3316. AGENCY- UNIQUE SCHEDULE C AU	6-C. Code	6-D. Legal Authority
5-E. Code ZLM	5-F. Legal Authority OPM FORM 1019 DATED 05-03-2022	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number	15. TO: Position Title and Number REGIONAL DIRECTOR, REGION VII, KANSAS CITY MO PD:HHS417 POSITION:00307518
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8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan GS	17. Occ. Code 0301	18. Grade or Level 15	19. Step or Rate 01	20. Total Salary/Award \$132,838.00	21. Pay Basis PA
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay \$112,890.00	20B. Locality Adj. \$19,948.00	20C. Adj. Basic Pay \$132,838.00	20D. Other Pay \$0				

14. Name and Location of Position's Organization	22. Name and Location of Position's Organization OFFICE OF THE SECRETARY OF HEALTH AND HUMAN SERVICES OFFICE OF THE REGIONAL DIRECTOR, REGION KANSAS CITY KS USA
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EMPLOYEE DATA

23. Veterans Preference (b)(6) 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/50%	24. Tenure 3 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF (b)(6)
27. FEGLI (b)(6)	28. Annuitant Indicator (b)(6)	29. Pay Rate Determinant (b)(6)	
30. Retirement Plan (b)(6)	31. Service Comp. Date (Leave) (b)(6)	32. Work Schedule F FULL TIME	33. Part-Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied 2 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved	35. FLSA Category E E - Exempt N - Nonexempt	36. Appropriation Code 21070560	37. Bargaining Unit Status 8888
38. Duty Station Code 202820209		39. Duty Station (City - County - State or Overseas Location) KANSAS CITY WYANDOTTE KS USA	

40. Agency Data	41.	42.	43.	44. PAR NUMBER:
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45. Remarks
 FEDERAL DENTAL AND VISION PROGRAM (FEDVIP): (b)(6) TO OBTAIN ADDITIONAL INFORMATION AND TO ENROLL, VISIT WWW.BENEFEDS.COM. ONLINE ENROLLMENT IS MANDATORY. APPOINTMENT IS INDEFINITE. APPOINTMENT AFFIDAVIT EXECUTED 05/23/2022. CREDITABLE MILITARY SERVICE: (b)(6) PREVIOUS RETIREMENT COVERAGE: (b)(6)
 FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB): (b)(6) SEND YOUR COMPLETED SF-2809 TO ERD.NEWEMPLOYEE.ORIENTATION@HHS.GOV FOR PROCESSING. TO COMPARE PLANS AND OBTAIN ADDITIONAL INFORMATION, VISIT WWW.OPM.GOV/INSURE FLEXIBLE SPENDING ACCOUNT (FSA): (b)(6) IF HIRED ON/AFTER OCT 1ST YOU WILL BE ELIGIBLE TO ENROLL DURING THE FSA OPEN SEASON. TO OBTAIN ADDITIONAL INFORMATION AND TO ENROLL, VISIT WWW.FSAFEDS.COM. ONLINE ENROLLMENT IS MANDATORY.
 FEDERAL LONG TERM CARE INSURANCE PROGRAM (FLTCIP): (b)(6) TO OBTAIN ADDITIONAL INFORMATION AND APPLY
 *** REMARKS CONTINUED ON THE NEXT PAGE ***

46. Employing Department or Agency DEPARTMENT OF HEALTH AND HUMAN SERVICES	50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TISA TOLLIVER SUPERVISORY, HUMAN RESOURCES S
47. Agency Code HE10	48. Personnel Office ID 1704
49. Approval Date 06/01/2022	

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45. Remarks
 ***REMARKS CONTINUED ***
 ONLINE, VISIT WWW.LTCFEDS.COM . FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI): (b)(6) SEND YOUR COMPLETED SF-2817 TO ERD.NEWEMPLOYEE.ORIENTATION@HHS.GOV FOR PROCESSING. TO OBTAIN ADDITIONAL INFORMATION AND ACCESS THE FEGLI CALCULATOR, VISIT WWW.OPM.GOV/HEALTHCARE-INSURANCE/LIFE

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