

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>FREUND, JEFFREY RALPH</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>(b) (6)</b>		5-B. Nature of Action <b>(b) (6)</b>			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 <b>DIRECTOR, OFFICE OF LABOR-MGMT STANDAR 66428126 ES2112</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>ES</b>	<b>0301</b>	<b>00</b>	<b>00</b>	<b>183,100.00</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>183,100.00</b>		<b>.00</b>	<b>183,100.00</b>	<b>.00</b>	
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization <b>OFFICE OF LABOR MANAGEMENT STANDARDS OFFICE OF LABOR-MANAGEMENT STA</b>							
					<b>DL OL0100000000000000 PP 07 2021</b>							
<b>EMPLOYEE DATA</b>												
23. Veterans Preference <b>1</b> 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%						24. Tenure <b>0</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite			25. Agency Use		26. Veterans Preference for RIF <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
27. FEGLI <b>(b) (6)</b>						28. Annuitant Indicator <b>9</b> NOT APPLICABLE			29. Pay Rate Determinant <b>0</b> NOT APPLICABLE			
30. Retirement Plan <b>KF FERS (FRAE)</b>				31. Service Comp. Date (Leave) <b>01/20/2021</b>		32. Work Schedule <b>F FULL TIME</b>		33. Part-Time Hours Per Biweekly Pay Period				
<b>POSITION DATA</b>												
34. Position Occupied <b>3</b> 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserve				35. FLSA Category <b>E</b> E - Exempt N - Nonexempt		36. Appropriation Code			37. Bargaining Unit Status <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>(b) (6)</b> <b>(b) (6)</b> <b>(b) (6)</b> . PLEASE CONTACT YOUR HUMAN RESOURCES OFFICE IF YOU HAVE ANY QUESTIONS.												
46. Employing Department or Agency <b>DEPARTMENT OF LABOR</b>						50. Signature/Authentication and Title of Approving Official <b>ELECTRONICALLY SIGNED BY:</b>						
47. Agency Code <b>DL0L</b>		48. Personnel Office ID <b>1193</b>		49. Approval Date <b>03/28/2021</b>		<b>DEMEATRIC GAMBLE PERSONNEL OFFICER</b>						