NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000118

1. Name (Last, First,		2. Social Security Number 3. Date of Birth				th	4. Effective Date							
HOBART, PATRICK D W					(b)(6)			(b)(6) 05/10/2021						
FIRST ACTIO	SECOND ACTION													
5-A. Code	5-B. Nature of Action	6-A. Code	;	6-B. Nature	e of Action									
170	EXC APPT													
5-C. Code Y7M	5-D. Legal Authority SCH C 213 3311	6-C. Code	,	6-D. Legal	Authority									
5-E. Code	5-F. Legal Authority			6-E. Code	6-E. Code 6-F. Legal Authority									
7. FROM: Position	15. TO: Position Title and Number SPECIAL ASSISTANT TO THE CHIEF OF STAF 91008179 085276													
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan GS	17. Occ. C	ode 18. Gra		or Level 19.Step or Rat		ary/Award 0	21. Pay Basis PA			
12A. Basic Pay	12B. Locality Adj. 12C. Adj00	Basic Pay	12D. Other Pay	20A. Basic Pay 20B. Loc 66,829.00 20,36			ocality Adj. 69.00	20C. Adj. I 87,198	-	20D. Other	Pay			
EMPLOYEE	ion of Position's Organization	of Position's ICE OF TH usel	E SECRI											
23. Veterans Prefere				24. Tenur	e		25. Age	ency Use	26. Veterans Preference for RIF					
(b)(6) 1 - None 2 - 5-Point	2 20 20 20 20 20 20 20 20 20 20 20 20 20	- 10–Point/Other - 10–Point/Compensable/	30%	(b)(6)	– None – Permanent	2 - Conditional			(b)(6)					
27. FEGLI				28. Annuitant Indicator					29. Pay Rate Determinant					
(b)(6)		*** ** * * **		22 West	Cabadala									
(b)(6)		31. Service Co	mp. Date (Leave)	F FULL TIME					33. Part-Time Hours Per Biweekly Pay Period					
POSITION D	ATA													
34. Position Occupied 35. FLSA Category 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved (b)(6) E - Exempt N - Nonexempt					36. Appropriation Code					37. Bargaining Unit Status 8888				
38. Duty Station Co. 11-0010-001	de		on (City – County ON DIST OF			ation)								
40. Agency Data	41. 4	2.	43.		44.									
45.Remarks APPOINTMENT AFFIDAVIT EXECUTED 05/10/2021 (b)(6) FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB): YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO ENROLL. SEND YOUR COMPLETED SF-2809 TO (61/63) TO COMPARE PLANS AND GET MORE INFORMATION, VISIT WWW.OPM.GOV/INSURE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI): YOU ARE AUTOMATICALLY ENROLLED IN BASIC COVERAGE. YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO ELECT OPTIONAL COVERAGE. SEND YOUR COMPLETED SF-2817 TO (61/63) TO GET MORE INFORMATION AND USE THE FEGLI CALCULATOR, VISIT HTTP://WWW.OPM.GOV/INSURE/LIFE. FLEXIBLE SPENDING ACCOUNT(FSA): *** REMARKS CONTINUED ON THE NEXT PAGE ***														
46. Employing Depa	50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY:													
47. Agency Code	HOMELAND SECURITY 47. Agency Code 48. Personnel Office ID 49. Approval Date						NICOLE C. BARKSDALE-PERRY							
HSAA	5500	05/11/2021		EXECUTIVE DIRECTOR, HRMS										

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000119

FPM Supp. 296-33, Sub-	ch. 4												
1. Name (Last, First,	Middle)							3. Date of Bi	rth	4. Effective Date			
HOBART, PATRICK D W					(b)	(b)(6)				05/10/2021			
FIRST ACTIO	ON				SECO	ND ACTI	ON						
5-A. Code 170	5-B. Nature of Action EXC APPT					6-A. Code 6-B. Nature of Action			n				
5-C. Code Y7M	5-D. Legal Authority SCH C 213 3311					6-C. Code 6-D. Legal Authority							
5-E. Code	6-E. Coo	6-E. Code 6-F. Legal Authority											
7. FROM: Position	Title and Number				SPEC	Position Title a IAL ASSIST 179 085276			IEF OF ST	AF			
8. Pay Plan 9. Occ. Code 10. Grade or Level 11. Step or Rate 12. Total Salary 13. Pay Basis					16. Pay Pl GS	17. Occ. Co	ode 18	. Grade or Level	19.Step or R		21. Pa 87,198.00 P		
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basi	c Pay	12D. Other Pay	20A. Basic	Basic Pay		B. Locality Adj.	20C. Ad	j. Basic Pay	20D. Other	r Pay	
	.00					9.00		20,369.00	87,1	.00			
EMPLOYEE	DATA				OSEM Off of the	DIATE OFFI ne Gen Coun	sel		RETARY				
23. Veterans Prefere					24. Tenu	re		25. Aş	gency Use	26. Veteran	s Preferen	ce for RIF	
(b)(6) 1 - None 2 - 5-Point	3 – 10-Point/Disability 4 – 10-Point/Compensable		-Point/Other -Point/Compens	able/30%	(b)(6) 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite					(b)(6)			
27. FEGLI					28. Annu	l itant Indicator				29. Pay Rate Determinant			
(b)(6)													
30. Retirement Plan (b)(6)			31. Service	Comp. Date (Leave)	32. Work Schedule					33. Part-Time Hours Per Biweekly			
(D)(O)					F FULL TIME					Pay Period			
POSITION DA													
34. Position Occupie			35. FLSA (_	36. Appropriation Code					37. Bargaining Unit Status			
2 2 - Excepted Ser		ved		E – Exempt K – Nonexempt						8888			
38. Duty Station Cod 11-0010-001	le			ation (City – County GTON DIST OF			ation)						
40. Agency Data	41.	42.		43.		44.							
45. Remarks A*** REMARKS CONTINUED *** YOU HAVE 60 DAYS FROM THE DATE OF HIRE BUT NO LATER THAN OCT 1ST TO ENROLL IN A HEALTH CARE OR DEPENDENT CARE FSA. IF HIRED ON/AFTER OCT 1ST YOU WILL BE ELIGIBLE TO ENROLL DURING THE FSA OPEN SEASON. TO GET MORE INFORMATION AND ENROLL ONLINE, VISIT WWW.FSAFED.COM. ONLINE ENROLLMENT IS MANDATORY. FEDERAL DENTAL AND VISION PROGRAM (FEDVIP): YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO ENROLL IN A SUPPLEMENTAL DENTAL AND/OR VISION PLAN. TO GET MORE INFORMATION AND ENROLL ONLINE, VISIT WWW.BENEFEDS.COM ONLINE ENROLLMENT IS MANDATORY. THRIFT SAVINGS PLAN (TSP): YOU ARE ELIGIBLE TO CONTRIBUTE TO TSP. YOU ARE AUTOMATICALLY ENROLLED AT THE RATE OF 3%. TO INCREASE OR DECREASE YOUR CONTRIBUTION AMOUNT, COMPLETE A TSP-1 AND SEND IT TO (D)(6) FERS EMPLOYEES ONLY: YOU WILL IMMEDIATELY RECEIVE AN AGENCY *** REMARKS CONTINUED ON THE NEXT PAGE ***													
46. Employing Department or Agency HOMELAND SECURITY						nature/Authent TRONICAL			pproving Of	ficial			
47. Agency Code	48. Personnel Office I	D	49. Appro	val Date	NICOLE C. BARKSDALE-PERRY								
HSAA	5500		05/11/20	21	EXEC	UTIVE DIRI	ЕСТОІ	R, HRMS					

Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296–33. Subch. 4

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000120

FPM Supp. 296-33, Sul	bch. 4													
1. Name (Last, First, Middle)							2. Social Security Number			rth	4. Effective Date			
HOBART, PATRICK D W						(b)(6)			(b)(6)		05/10/2021			
FIRST ACTION	ON					SECO	ND ACT	ION						
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 3311	6-C. Code 6-D. Legal Authority												
5-E. Code	6-E. Cod	6-E. Code 6-F. Legal Authority												
7. FROM: Position	Title and Number					SPEC	Position Title IAL ASSIS 179 085276	TANT T	nber ГО ТНЕ СНІ	EF OF STA	AF			
8. Pay Plan 9. Occ. Code 10. Grade or Level 11. Step or Rate 12. Total Salary 13. Pay Basis							n 17. Occ.	Code 18	. Grade or Level	19.Step or Ra	te 20. Total Sal	ary/Award	21. Pay Basis	
						GS	0301		12	01	87,198.0	0	PA	
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basi	c Pay	12D. Other P	ay	20A. Basic	Pay	20	B. Locality Adj.	20C. Adj.	Basic Pay	20D. Other	r Pay	
	.00			.00		66,82	0.00		20,369.00	87,19	.00			
74. Name and Esca	tion of Position's Organiza					IMMEI OSEM Off of th	DIATE OFI ne Gen Cou	FICE OF	ion's Organiza THE SECR PP 10 2021					
EMPLOYEE	DATA													
23. Veterans Prefer (b)(6) 1 - None 2 - 5-Point	ence 3 – 10–Point/Disability		-Point/Other -Point/Compensa	ble/30%		24. Tenu (b)(6)	re 0 – None 1 – Permanent	2 – Cond 3 – Indef	itional	ency Use	26. Veterans Preference for RIF (b)(6)			
27. FEGLI						28. Annuitant Indicator 29. Pay Rate Determinant								
(b)(6)														
30. Retirement Plan (b)(6)	n		31. Service	Comp. Date (Leave)		Schedule				33. Part-Time Hours Per Biweekly			
						F	FULL TI	ИЕ				Pay Period	1	
POSITION D														
34. Position Occupi			35. FLSA C	ategory - Exempt		36. Appr	opriation Co	de			37. Bargaining Unit Status			
2 2 - Excepted Se		d	(b)(6) $_{\rm N}$	- Nonexempt							8888			
38. Duty Station Co 11-0010-001	ode			ntion (City = 0 GTON DIS				cation)						
40. Agency Data	41.	42.	WASHING	43.		COLUM	44.							
40. Agency Data		12.		10.			1							
AUTOMATIC MATCHING. FEDERAL LO YOU HAVE 6 USING THE INFORMATIO	S CONTINUED **, CONTRIBUTION OF TO GET INFORMAT NG TERM CARE IN 0 DAYS FROM THE ABBREVIATED UNI N AND APPLY ONI NE OR DOWNLOAD	F 1% OF TION, V NSURANC E DATE DERWRIT LINE, V	ISIT WW E PROGR OF HIRE ING APP ISIT WW	W.TSP.GG AM (FLTG TO APPEL LICATION W.LTCFEN	OV/F CIP) LY F N. T	ORMS/T OR COV O GET	SPBK08. ERAGE MORE							
46. Employing Department or Agency HOMELAND SECURITY									and Title of Ap	proving Offi	icial			
47. Agency Code	48. Personnel Office ID		49. Approv	al Date		ELECTRONICALLY SIGNED BY: NICOLE C. BARKSDALE-PERRY								
HSAA	5500		05/11/202			EXECUTIVE DIRECTOR, HRMS								