

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000247

1. Name (Last, First, Middle) NEITZEL, BETH C				2. Social Security Number (b)(6)		3. Date of Birth (b)(6)		4. Effective Date 05/03/2021					
FIRST ACTION					SECOND ACTION								
5-A. Code 146		5-B. Nature of Action SES NONCAREER APPT			6-A. Code		6-B. Nature of Action						
5-C. Code V4L		5-D. Legal Authority 5 USC 3394(A)			6-C. Code		6-D. Legal Authority						
5-E. Code AWM		5-F. Legal Authority OPM FORM 1652			6-E. Code		6-F. Legal Authority						
7. FROM: Position Title and Number					15. TO: Position Title and Number SENIOR COUNSELOR TO THE SECRETARY 91006457 085183								
8. Pay Plan		9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary		13. Pay Basis	16. Pay Plan ES	17. Occ. Code 0301	18. Grade or Level 00	19. Step or Rate 00	20. Total Salary/Award 183,100.00	21. Pay Basis PA
12A. Basic Pay		12B. Locality Adj. .00	12C. Adj. Basic Pay		12D. Other Pay .00		20A. Basic Pay 183,100.00		20B. Locality Adj. .00	20C. Adj. Basic Pay 183,100.00	20D. Other Pay .00		
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Imm Off of the Sec HS OS0101000000000000 PP 09 2021								
EMPLOYEE DATA													
23. Veterans Preference (b)(6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%					24. Tenure (b)(6) 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite			25. Agency Use	26. Veterans Preference for RIF (b)(6)				
27. FEGLI (b)(6)					28. Annuitant Indicator			29. Pay Rate Determinant					
30. Retirement Plan (b)(6)			31. Service Comp. Date (Leave)		32. Work Schedule F FULL TIME			33. Part-Time Hours Per Biweekly Pay Period					
POSITION DATA													
34. Position Occupied 3 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved			35. FLSA Category (b)(6) E - Exempt N - Nonexempt		36. Appropriation Code			37. Bargaining Unit Status 8888					
38. Duty Station Code 11-0010-001			39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC										
40. Agency Data		41.	42.	43.		44.							
45. Remarks APPOINTMENT AFFIDAVIT EXECUTED 05/03/2021 (b)(6) FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB): YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO ENROLL. SEND YOUR COMPLETED SF-2809 TO (b)(6) (b)(6) 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 (b)(6) (b)(6) 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 Department or Agency HOMELAND SECURITY					50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: NICOLE C. BARKSDALE-PERRY EXECUTIVE DIRECTOR, HRMS								
47. Agency Code HSAA		48. Personnel Office ID 5500		49. Approval Date 05/04/2021									

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45. Remarks *** 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 (b)(6) (b)(6) FERS EMPLOYEES ONLY: YOU WILL IMMEDIATELY RECEIVE AN AGENCY *** REMARKS CONTINUED ON THE NEXT PAGE ***													
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45. Remarks *** REMARKS CONTINUED *** AUTOMATIC CONTRIBUTION OF 1% OF YOUR PAY AND QUALIFY FOR UP TO 4% MATCHING. TO GET INFORMATION, VISIT WWW.TSP.GOV/FORMS/TSPBK08.PDF FEDERAL LONG TERM CARE INSURANCE PROGRAM (FLTCIP) YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO APPLY FOR COVERAGE USING THE ABBREVIATED UNDERWRITING APPLICATION. TO GET MORE INFORMATION AND APPLY ONLINE, VISIT WWW.LTCFEDS.COM. YOU MAY APPLY ONLINE OR DOWNLOAD AN APPLICATION.															
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