Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management

## NOTIFICATION OF PERSONNEL ACTION

PM Supp. 296-33, Sub	Cii. 4									10.77779.077			
1. Name (Last, First, Middle)					2. Social Security Numb			3. Date of Bir	rth		4. Effective Date		
SIMMONS, NICHOLAS  EXPERT A CENTON					(b)(6)		ION	(b)(6)		04/12/2021			
TRST ACTIO					6-A. Co	ND ACT		Nature of Action					
5-A. Code 170	5-B. Nature of Action EXC APPT					ie	6-B. N	sature of Action					
5-C. Code Y7M	5-D. Legal Authority SCH C, 213.3317				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 SENIOR ADVISOR							
Pay Plan 9. Occ. Cod	e 10. Grade or Level 11	Total Salary	13. Pay Basis	EA   GS60850						21. Pay Basis PA			
A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic	: Pay	12D. Other Pay	20A. Basic \$1104	Pay 160.00	2	0B. Locality Adj. \$33668.00		j. Basic Pay 4128.00	20D. Other P	ay	
						NGTON,DO		SECRETARY					
MPLOYEE 1  3. Veterans Prefere					24. Tenu	Po		25 Ag	oney Uso	26 Votors	ns Profesence	for DIF	
1   1 - None   3 - 10-Point/Disability   5 - 10-Point/Other   2 - 5-Point   4 - 10-Point/Compensable   6 - 10-Point/Compensable/30%					24. Tenure 2- Conditional 3						26. Veterans Preference for RIF  YES X NO		
27. FEGLI					28. Annu	itant Indicate	or				ate Determina	nt	
C0 BASIC ONLY  30. Retirement Plan 31. Service Comp. Date (Leave)					9 NOT APPLICABLE 0 32. Work Schedule 33. Part-Time Hours Per							_	
KF FERS-FRAE & FICA			04/12/2021		F				33. Part-Time Hours Per Biweekly		r		
POSITION D.					_						Pay Period		
34. Position Occupied 35. FLSA Category						36. Appropriation Code 37. Bargaining Unit Status							
2 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				- Exempt - Nonexempt					8888				
88. Duty Station Co. 11-0010-001	de			ation (City – County GTON,DISTRICT			cation)						
0. Agency Data	41. VET STAT X	42. EDU	C LVL 17	43. SUPV ST	TAT 8	44. POS	ITION	SENSITIVIT	V NONSE	NSITIVE/	LOW RI		
CREDITABLE PREVIOUS RE FROZEN SERVE EMPLOYEE IS OPM FORM 10 WITHIN 60 I FEDERAL EME HAVE BEEN E OPTIONAL LI CONTRIBUTIO BASIC PAY E	T AFFIDAVIT E MILITARY SER ETIREMENT COV /ICE 0000 S AUTOMATICAL D19 DATED 04/ DAYS OF HIRE PLOYEE LONG T ENROLLED IN B IFE INSURANCE DN ELECTION, EACH PAY PERI ST EQUIVALENT	VICE: NOI ERAGE: NI LY COVERI 02/21. YOU ARE I ERM CARE ASIC LIFI YOU MY YOU ARE I	NE EVER CO ED UNDE ELIGIBL INSURA E INSUR AY WAIV AUTOMAT	VERED  R FERS, FERS  E TO ENROLL  NCE PROGRAM  ANCE COVERAGE  E YOUR COVES  ICALLY ENROSE	IN A USING GE. W RAGE A	FEDERAL AN ABBI ITHIN 6 T ANY T	HEAL REVIA DAY IME.	TH BENEF	RWRITIN E YOU A YOU MAR	NG APPLI ARE ELIC KE YOUR	CATION. GIBLE TO OWN TSP	YOU ELECT	
46. Employing Depar ED - IMMEDIA 47. Agency Code	rtment or Agency TE OF OF SECY  48. Personnel Office	ID	49. Approv	ral Date	210767		TRON	and Title of Ap					