

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) GULLETT, MICHELLE A				2. Social Security Number (b)(6)		3. Date of Birth (b)(6)		4. Effective Date 10/23/2022		
FIRST ACTION					SECOND ACTION					
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, 213.3312			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 SPEECHWRITER 10500000 IGS1613					
8. Pay Plan GS		9. Occ. Code 0301		10. Grade or Level 12		19. Step or Rate 01		20. Total Salary/Award \$89834.00		21. Pay Basis PA
12A. Basic Pay \$68299.00		12B. Locality Adj.		12C. Adj. Basic Pay		20A. Basic Pay \$68299.00		20B. Locality Adj. \$21535.00		20C. Adj. Basic Pay \$89834.00
12D. Other Pay		20D. Other Pay \$0.00								
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization IN01 SECRETARY'S IMMEDIATE OFFICE OFFICE OF COMMUNICATION WASHINGTON,DC					
EMPLOYEE DATA										
23. Veterans Preference (b)(6)				24. Tenure 3			25. Agency Use		26. Veterans Preference for RIF (b)(6) YES (b)(6) NO	
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) 11/17/2019		32. Work Schedule F FULL-TIME			33. Part-Time Hours Per Biweekly Pay Period		
POSITION DATA				34. Position Occupied 2			35. FLSA Category E		36. Appropriation Code 8888	
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON, DISTRICT OF COLUMBIA						
40. Agency Data FUNC CLS 00		41. (b)(6)		42. EDUC LVL 13		43. SUPV STAT 8		44. POSITION SENSITIVITY HIGH RISK		
45. Remarks APPOINTMENT AFFIDAVIT EXECUTED 10/24/22. CREDITABLE MILITARY SERVICE: (b)(6) PREVIOUS RETIREMENT COVERAGE: (b)(6) EMPLOYEE DUTY STATION IS IN REGION 01 - NORTH ATLANTIC - APPALACHIAN EMPLOYEE IS AUTOMATICALLY COVERED UNDER (b)(6) ELIGIBLE TO ELECT HEALTH BENEFITS COVERAGE WITHIN 60 DAYS OF THE EFFECTIVE DATE OF THIS PERSONNEL ACTION. AN ELECTION MUST BE MADE EVEN IF IT'S TO DECLINE HEALTH BENEFITS COVERAGE. IF YOU DON'T MAKE AN ELECTION, YOU ARE CONSIDERED TO HAVE DECLINED COVERAGE.										
46. Employing Department or Agency IN - OFC OF THE SECRETARY					50. Signature/Authentication and Title of Approving Official 222174996 / ELECTRONICALLY SIGNED BY:					
47. Agency Code IN01		48. Personnel Office ID 4342		49. Approval Date 10/17/2022		ERICA J. WILLIAMS HUMAN RESOURCES SPECIALIST				