

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) SIKORSKYJ, LUCIAN D				2. Social Security Number (b)(6)		3. Date of Birth (b)(6)		4. Effective Date 07/19/2021							
FIRST ACTION					SECOND ACTION										
5-A. Code 002		5-B. Nature of Action CORRECTION			6-A. Code 170		6-B. Nature of Action EXC APPT								
5-C. Code		5-D. Legal Authority			6-C. Code Y7M		6-D. Legal Authority SCH C 213 3311								
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 POLICY ADVISOR 91017777 085462										
8. Pay Plan		9. Occ. Code		10. Grade or Level		11. Step or Rate		12. Total Salary		13. Pay Basis					
GS		0301		15		07		172,500.00		PA					
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	
.00						.00		132,552.00		39,948.00		172,500.00		.00	
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM OFFICE OF POLICY COUNTERTERR & THREAT PREV PLCY HS OS0112070000000000 PP 16 2021										
EMPLOYEE DATA															
23. Veterans Preference					24. Tenure			25. Agency Use		26. Veterans Preference for RIF					
(b)(6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%					(b)(6) 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite					(b)(6)					
27. FEGLI					28. Annuitant Indicator			29. Pay Rate Determinant							
(b)(6)															
30. Retirement Plan			31. Service Comp. Date (Leave)		32. Work Schedule			33. Part-Time Hours Per Biweekly Pay Period							
(b)(6)					F FULL TIME										
POSITION DATA															
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			(b)(6) E - Exempt N - Nonexempt						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															
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APPOINTMENT AFFIDAVIT EXECUTED 7/19/2021															
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FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB): YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO ENROLL. SEND YOUR COMPLETED SF-2809 TO 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 WWW.OPM.GOV/INSURE/LIFE. *** 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 07/30/2021											

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45. Remarks *** REMARKS CONTINUED *** FLEXIBLE SPENDING ACCOUNT (FSA) : 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 *** REMARKS CONTINUED ON THE NEXT PAGE ***															
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45. Remarks *** REMARKS CONTINUED *** .FERS EMPLOYEES ONLY: YOU WILL IMMEDIATELY RECEIVE AN AGENCY 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. ALL INFORMATION SUBJECT TO VERIFICATION UPON RECEIPT OF THE MERGED RECORDS PERSONNEL FOLDER.											
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5-C. Code QWM		5-D. Legal Authority REG 531.207			6-C. Code		6-D. Legal Authority					
5-E. Code ZLM		5-F. Legal Authority E O 14061			6-E. Code		6-F. Legal Authority					
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