

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000283

1. Name (Last, First, Middle) POWELL, JONATHAN M				2. Social Security Number (b)(6)		3. Date of Birth (b)(6)		4. Effective Date 06/23/2021															
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 DIRECTOR OF SPEECHWRITING, OPA 91014268 085797																	
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 Off of Public Affairs																	
						HS OS0107000000000000 PP 13 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 06/23/2021 TENURE AS USED FOR 5 USC 3502 IS NOT APPLICABLE TO THE SENIOR EXECUTIVE SERVICE. 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): YOU HAVE 60 DAYS FROM THE DATE OF HIRE BUT NO LATER THAN OCT 1ST *** 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 06/24/2021																			

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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 DIRECTOR OF SPEECHWRITING, OPA 91014268 085797				
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.	12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.
		.00			.00		183,100.00		.00
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Off of Public Affairs HS OS0107000000000000 PP 13 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	(b)(6)	0 - None	2 - Conditional	(b)(6)	
(b)(6)	2 - 5-Point	4 - 10-Point/Compensable		6 - 10-Point/Compensable/30%	(b)(6)	1 - Permanent	3 - Indefinite	(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				
34. Position Occupied				35. FLSA Category		36. Appropriation Code		37. Bargaining Unit Status	
3	1 - Competitive Service	3 - SES General		(b)(6)	E - Exempt			8888	
	2 - Excepted Service	4 - SES Career Reserved			N - Nonexempt				
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 *** REMARKS CONTINUED *** 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) (b)(6). PERS EMPLOYEES ONLY: YOU WILL IMMEDIATELY RECEIVE AN AGENCY AUTOMATIC CONTRIBUTION OF 1% OF YOUR PAY AND QUALIFY FOR UP TO 4% *** 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 06/24/2021					

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40. Agency Data		41.		42.		43.		44.						
45. Remarks *** REMARKS CONTINUED *** 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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