

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) MALIK, MAYSOON MIRGHANI	2. Social Security Number (b)(6)	3. Date of Birth (b)(6)	4. Effective Date 06/05/2022
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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, 213.3316. AGENCY- UNIQUE SCHEDULE C AU	6-C. Code	6-D. Legal Authority
5-E. Code ZLM	5-F. Legal Authority OPM FORM 1019 DATED 04-28-2022	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number	15. TO: Position Title and Number ADVISOR, PUBLIC EDUCATION CAMPAIGN PD:HGS157 POSITION:00478940				
8. Pay Plan GS	9. Occ. Code 0301	10. Grade or Level 14	11. Step or Rate 01	12. Total Salary/Award \$126,233.00	13. Pay Basis PA
12A. Basic Pay \$95,973.00	12B. Locality Adj. \$30,260.00	12C. Adj. Basic Pay \$126,233.00	12D. Other Pay \$0		
14. Name and Location of Position's Organization			22. Name and Location of Position's Organization OFFICE OF THE SECRETARY OF HEALTH AND HUMAN SERVICES OFFICE OF ASSISTANT SECRETARY FOR PUBLIC WASHINGTON DC USA		

EMPLOYEE DATA			
23. Veterans Preference (b)(6)	24. Tenure 3	25. Agency Use	26. Veterans Preference for RIF (b)(6)
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) (b)(6)	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 21990322	37. Bargaining Unit Status 8888
38. Duty Station Code 110010001		39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST COLUMBIA DC USA	

40. Agency Data	41.	42.	43.	44. PAR NUMBER:
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45. Remarks
 FEDERAL DENTAL AND VISION PROGRAM (FEDVIP): (b)(6)
 (b)(6) TO OBTAIN ADDITIONAL INFORMATION AND TO ENROLL, VISIT WWW.BENEFEDS.COM. ONLINE ENROLLMENT IS MANDATORY.
 APPOINTMENT IS INDEFINITE.
 APPOINTMENT AFFIDAVIT EXECUTED 06-06-2022.
 CREDITABLE MILITARY SERVICE: (b)(6)
 PREVIOUS RETIREMENT COVERAGE: (b)(6)
 FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB): (b)(6) SEND YOUR COMPLETED SF-2809 TO ERD.NEWEMPLOYEEORIENTATION@HHS.GOV FOR PROCESSING. TO COMPARE PLANS AND AND OBTAIN ADDITIONAL INFORMATION, VISIT WWW.OPM.GOV/INSURE FLEXIBLE SPENDING ACCOUNT (FSA): (b)(6)
 (b)(6) TO OBTAIN ADDITIONAL INFORMATION AND TO ENROLL, VISIT WWW.FSAFEDS.COM . ONLINE ENROLLMENT IS MANDATORY.
 FEDERAL LONG TERM CARE INSURANCE PROGRAM (FLTCIP): (b)(6)
 (b)(6) TO OBTAIN ADDITIONAL INFORMATION AND APPLY
 *** REMARKS CONTINUED ON THE NEXT PAGE ***

46. Employing Department or Agency DEPARTMENT OF HEALTH AND HUMAN SERVICES	50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TISA TOLLIVER SUPERVISORY, HUMAN RESOURCES S
47. Agency Code HE10	48. Personnel Office ID 1704
49. Approval Date 06/15/2022	

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45. Remarks
 ***REMARKS CONTINUED ***
 ONLINE, VISIT WWW.LTCFEDS.COM . FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI): (b)(6) SEND YOUR COMPLETED SF-2817 TO ERD.NEWEMPLOYEE. ORIENTATION@HHS.GOV FOR PROCESSING. TO OBTAIN ADDITIONAL INFO AND ACCESS THE FEGLI CALCULATOR, VISIT WWW.OPM.GOV/HEALTHCARE-INSURANCE/LIFE

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