Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296–33, Subch. 4

| 11 M Supp. 270 55, Sub   | Cii. 4  |   |   |  |         |   |              |                                  |                     |  |  |  |  |
|--|---|---|---|--|---------|---|--------------|----------------------------------|---------------------|--|--|--|--|
| 1. Name (Last, First,  |   |   |   |  |         | te of Birth 4. Effective Date                           |              |                                  |                     |  |  |  |  |
| VINOGRAD, SAN  |   | (b)(6) <b>02/05/2021</b>  |   |  |         |   |              |                                  |                     |  |  |  |  |
| FIRST ACTIO  | ON  |   |   | SECOND ACT   | ION     |   |              |                                  |                     |  |  |  |  |
| 5-A. Code  | 5-B. Nature of Action   |   |   | 6-A. Code  | 6-B. Na | ture of Action  |              |                                  |                     |  |  |  |  |
| 190  | PROVISIONAL APPT NTE  | 06/05/21  |   |  |         |   |              |                                  |                     |  |  |  |  |
| 5-C. Code<br>Y7M   | 5-D. Legal Authority<br>SCH C 213.33XX  |   |   | 6-C. Code  | 6-D. L  | egal Authority  |              |                                  |                     |  |  |  |  |
| 5-E. Code  | 5-F. Legal Authority  |   |   | 6-E. Code 6-F. Legal Authority                         |         |   |              |                                  |                     |  |  |  |  |
| J. Code  | J. Degai Authority  |   |   |  |         |   |              |                                  |                     |  |  |  |  |
| 7. FROM: Position  | Fitle and Number  |   |   | 15. TO: Position Titl<br>SENIOR ADVS<br>90991155 08388 | OR      | ber   |              |                                  |                     |  |  |  |  |
| 8. Pay Plan 9. Occ. Cod  | e 10. Grade or Level 11. Step or Rate   | · ·   |   |  |         | Rate 20. Total Salary/Award 21. Pay Basis 144,128.00 PA |              |                                  |                     |  |  |  |  |
| 12A. Basic Pay   | 12B. Locality Adj. 12C. Adj. E  | asic Pay  | 12D. Other Pay  | 20A. Basic Pay   | 20      | B. Locality Adj.  | 20C. Adj.    | C. Adj. Basic Pay 20D. Other Pay |                     |  |  |  |  |
|  | .00   |   | .00   | 110,460.00   | 3       | 33,668.00   | 144,1        | 28.00                            | .00                 |  |  |  |  |
| 14. Name and Locat   | 22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Imm Off of the Sec  HS OS010100000000000 PP 03 2021   |   |   |  |         |   |              |                                  |                     |  |  |  |  |
| EMPLOYEE   | DATA  |   |   |  |         |   |              |                                  |                     |  |  |  |  |
| 23. Veterans Prefere (b)(6)  1 - None 2 - 5-Point  | 3 – 10–Point/Disability 5 –<br>4 – 10–Point/Compensable 6 –   | 24. Tenure<br>(b)(6) 0 - None<br>1 - Permanent                          | 26. Veterans P<br>(b)(6)  | ns Preference for RIF                                  |         |   |              |                                  |                     |  |  |  |  |
| 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<br>reekly |  |  |  |  |
| (b)(6)   |   |   |   | F FULL TI  | ME      |   |              |                                  | Period              |  |  |  |  |
| POSITION D   | ATA   |   |   |  |         |   |              |                                  |                     |  |  |  |  |
| 34. Position Occupio   |   | 35. FLSA C  | ategory   | 36. Appropriation Co                                   | de      |   |              | 37. Bargaining Unit Status       |                     |  |  |  |  |
| 2 1 - Competitive S<br>2 - Excepted Ser  |   |   | - Exempt<br>- Nonexempt   |  |         |   |              | 8888                             |                     |  |  |  |  |
| 38. Duty Station Coo<br>11-0010-001  | de  |   |   | y - State or Overseas Lo<br>COLUMBIA DC                | cation) |   |              |                                  |                     |  |  |  |  |
| 40. Agency Data  | 41. 42  |   | 43.   | 44.  |         |   |              |                                  |                     |  |  |  |  |
| OPF MAINTAL (b)(6)  FEDERAL EMP YOU HAVE 60 COMPLETED S TO COMPARE WWW.OPM.GOV FEDERAL EMP YOU ARE AUT DAYS FROM T YOUR COMPLE TO GET MORE HTTP://WWW. | PLOYEES' HEALTH BENE<br>D DAYS FROM THE DATE<br>FEF-2809 TO VIRGINIA.<br>PLANS AND GET MORE<br>PLOYEES' GROUP LIFE<br>TOMATICALLY ENROLLED<br>THE DATE OF HIRE TO<br>ETED SF-2817 TO (b)(6)<br>E INFORMATION AND US<br>COPM.GOV/INSURE/LIFE<br>S CONTINUED ON THE N | EFITS (FE OF HIRE HARRIS H INFORMAT INSURANC IN BASI ELECT OP BE THE FE | HB): TO ENROLL. Q.DHS.GOV ION, VISIT E (FEGLI): C COVERAGE. TIONAL COVE | YOU HAVE 60<br>ERAGE. SEND                             |         |   |              |                                  |                     |  |  |  |  |
| 46. Employing Depart   |   |   |   | 50. Signature/Autho                                    |         |   | oroving Offi | icial                            |                     |  |  |  |  |
|  |   | 40.   | al Data   |  |         |   |              |                                  |                     |  |  |  |  |
| 47. Agency Code<br>HSAA  | 48. Personnel Office ID  49. Approval Date  NICOLE C. BARKSDALE-PERRY  5500  02/16/2021  ACTING EXECUTIVE DIRECTOR HRMS   |   |   |  |         |   |              |                                  |                     |  |  |  |  |

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| F1 14 5upp. 220 55, 5ub   | CII. 4   |  |   |  |   |  |  |                           |                       |                      |                      |               |                              |                       |                     |
|---|--|--|---|--|---|--|--|---------------------------|-----------------------|----------------------|----------------------|---------------|------------------------------|-----------------------|---------------------|
| 1. Name (Last, First, Middle)   |  |  |   |  |   |  | 2. Social Security Number 3. Date of Bir |                           |                       | of Birt              | th 4. Effective Date |               |                              |                       |                     |
| VINOGRAD, SAMANTHA E  |  |  |   |  |   |  | (b)(6) <b>02/05/2021</b>                 |                           |                       |                      |                      |               |                              |                       |                     |
| FIRST ACTIO   | ON   |  |   |  |   | SECO   | NI                                       | D ACT                     | ION                   |                      |                      |               |                              |                       |                     |
| 5-A. Code   | 5-B. Nature of Action  |  |   |  |   | 6-A. Co  | de                                       |                           | 6-B. N                | ature of A           | ction                |               |                              |                       |                     |
| 190   | PROVISIONAL APPT NTE 06/05/21  |  |   |  |   |  |  |                           |                       |                      |                      |               |                              |                       |                     |
| 5-C. Code   | 5-D. Legal Authority   |  |   |  |   | 6-C. Co  | de                                       |                           | 6-D. I                | egal Auth            | ority                |               |                              |                       |                     |
| Y7M<br>5-E. Code  | SCH C 213.33XX   |  |   |  |   | 6-F Co   | 6-E. Code 6-F. Legal Authority           |                           |                       |                      |                      |               |                              |                       |                     |
| 5-E. Code   | 5-F. Legal Authority   |  |   |  |   | o a sagar samurity                                       |  |                           |                       |                      |                      |               |                              |                       |                     |
| 7. FROM: Position   | Fitle and Number   |  |   |  |   | 15. TO:  | Posi                                     | tion Title                | and Nun               | nber                 |                      |               |                              |                       |                     |
|   |  |  |   |  |   |  |  | ADVSI0<br>083881          |                       |                      |                      |               |                              |                       |                     |
| 8. Pay Plan 9. Occ. Coo   | le 10. Grade or Level 11. Step o   | r Rate 12.   | . Total Salary  | 13.  | . Pay Basis   | 16. Pay P  | lan                                      | 17. Occ. 0<br>0301        | Code 18               | . Grade or l         | Level                | 19.Step or 01 | Rate 20. Total Sa<br>144,128 | -                     | 21. Pay Basis<br>PA |
| 12A. Basic Pay  | 12B. Locality Adj. 12C.  | Adj. Basi  | c Pay   |  | ther Pay  | 20A. Basi  | c Pay                                    | ,                         | 20                    | B. Locality          | Adj.                 | 20C. A        | dj. Basic Pay                | 20D. Othe             | r Pay               |
|   | .00  |  |   |  |   |  | 60.0                                     | )0                        |                       | 33,668.00            | 0                    | 144           | 4,128.00                     | .00                   |                     |
| 14. Name and Local  | ion of Position's Organizatio  | n  |   |  |   | IMMEI<br>OSEM<br>Imm O                                   | DIA'                                     | TE OFF                    | ICE OF                | ion's Orga<br>THE SI | ECRE                 |               |                              |                       |                     |
| EMPLOYEE  | DATA   |  |   |  |   |  |  |                           |                       |                      |                      |               |                              |                       |                     |
| 23. Veterans Prefere  | ence   | 5 - 10   | Belest/Other  |  |   | 24. Tenu   |  |                           |                       |                      | 5. Age               | ncy Use       |                              | ns Preferen           | ce for RIF          |
| (b)(6) 1 - None<br>2 - 5-Point  | 3 – 10–Point/Disability<br>4 – 10–Point/Compensable  |  | –Point/Other<br>–Point/Compensab  | le/30%   |   | (b)(6)   |  | None<br>Permanent         | 2 - Cond<br>3 - Indef |                      |                      |               | (b)(6)                       |                       |                     |
| 27. FEGLI   |  |  |   |  |   | 28. Annu   | iitan                                    | t Indicate                | r                     |                      |                      |               | 29. Pay Ra                   | te Determi            | nant                |
| (b)(6)  |  |  |   |  |   |  |  |                           |                       |                      |                      |               |                              |                       |                     |
| 30. Retirement Plan   | 1  |  | 31. Service C   | Comp. I  | Date (Leave)  | 32. Worl   | k Sch                                    | hedule                    |                       |                      |                      |               | 33. Part-T                   | ime Hours<br>Biweekly | Per                 |
| (b)(6)  |  |  |   |  |   | F  | FU                                       | ULL TIN                   | 1E                    |                      |                      |               |                              | Pay Period            | ı                   |
| POSITION D  | ATA  |  |   |  |   |  |  |                           |                       |                      |                      |               |                              |                       |                     |
| 34. Position Occupi   |  |  | 35. FLSA Ca   |  |   | 36. Appr   | ropri                                    | iation Cod                | le                    |                      |                      |               | 37. Bargai                   | ning Unit S           | tatus               |
| 2 1 - Competitive<br>2 - Excepted Ser   |  |  |   | - Exempt<br>- Nonexen  | npt   |  |  |                           |                       |                      |                      | 8888          |                              |                       |                     |
| 38. Duty Station Co   | de   |  | 39. Duty Sta  |  |   |  |  |                           | cation)               |                      |                      |               |                              |                       |                     |
| 11-0010-001   |  |  | WASHING   | TON  | DIST OF   | COLUM  | BIA                                      | A DC                      |                       |                      |                      |               |                              |                       |                     |
| 40. Agency Data   | 41.  | 42.  |   |  | 43.   |  |  | 44.                       |                       |                      |                      |               |                              |                       |                     |
| FLEXIBLE SI YOU HAVE 6 TO ENROLL ON/AFTER OF OPEN SEASON WWW.FSAFED FEDERAL DEN YOU HAVE 6 SUPPLEMENT INFORMATION ENROLLMENT THRIFT SAV YOU ARE ELE ENROLLED A CONTRIBUTION | S CONTINUED *** PENDING ACCOUNT() DAYS FROM THE I IN A HEALTH CARE CT 1ST YOU WILL I N. TO GET MORE II COM. ONLINE ENRO NTAL AND VISION I DAYS FROM THE I AL DENTAL AND/OR N AND ENROLL ONLI IS MANDATORY. INGS PLAN (TSP): IGIBLE TO CONTRI THE RATE OF 3% ON AMOUNT, COMPLI S CONTINUED ON THE | OATE OR D BE EL NFORM DLLME PROGR DATE VISI INE, BUTE TO | EPENDEN: JGIBLE : ATION AN NT IS MA AM (FED OF HIRE ON PLAN VISIT WA TO TSP. INCREASE TSP-1 A | T CAI TO EI ND EI ANDA: VIP) TO I . TO WW.BI  YOU E OR AND S | RE FSA. NROLL D NROLL C TORY. : ENROLL GET MC ENEFEDS  ARE AU DECRE | IF HI<br>DURING<br>ONLINE,<br>IN A<br>ORE<br>G.COM C     | NL CA                                    | D<br>E FSA<br>ISIT<br>INE |                       | S                    |                      |               |                              |                       |                     |
| 46. Employing Depa<br>HOMELAND S  |  |  |   |  |   | _  |  |                           |                       | and Title            |                      | proving O     | Official                     |                       |                     |
|   |  |  | 40. 1   | 1 Dec  |   |  |  |                           |                       | GNED BY              |                      |               |                              |                       |                     |
| 47. Agency Code   | 48. Personnel Office ID  |  | 49. Approva   | u Date   |   | NICOLE C. BARKSDALE-PERRY ACTING EXECUTIVE DIRECTOR HRMS |  |                           |                       |                      |                      |               |                              |                       |                     |

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|   | ch. 4  |  |                             |  |                         |  |              |               |                        |         |  |  |  |
|---|--|--|-----------------------------|--|-------------------------|--|--------------|---------------|------------------------|---------|--|--|--|
| 1. Name (Last, First,                             | Middle)  | 2. Social Security Nur   | mber                        | 3. Date of Birt  | h                       | 4. Effective Date                            |              |               |                        |         |  |  |  |
| VINOGRAD, SAM                                     | MANTHA E   | (b)(6)   | (b)(6) (b)(6) <b>02/05</b>  |  |                         |  |              |               |                        |         |  |  |  |
| FIRST ACTIO                                       | ON   |  | SECOND ACTI                 | ON   |                         |  |              |               |                        |         |  |  |  |
| 5-A. Code   | 5-B. Nature of Action  |  |                             | 6-A. Code  | 6-B. Na                 | ture of Action                               |              |               |                        |         |  |  |  |
| 190   | PROVISIONAL APPT NTE   | 06/05/21   |                             |  |                         |  |              |               |                        |         |  |  |  |
| 5-C. Code<br>Y7M                                  | 5-D. Legal Authority<br>SCH C 213.33XX   |  |                             | 6-C. Code 6-D. Legal Authority   |                         |  |              |               |                        |         |  |  |  |
| 5-E. Code   | 5-F. Legal Authority   | 6-E. Code 6-F. Legal Authority   |                             |  |                         |  |              |               |                        |         |  |  |  |
|   |  |  |                             |  |                         |  |              |               |                        |         |  |  |  |
| 7. FROM: Position T                               | itle and Number  | 15. TO: Position Title and Number<br>SENIOR ADVSIOR<br>90991155 083881 |                             |  |                         |  |              |               |                        |         |  |  |  |
| 8. Pay Plan 9. Occ. Code                          | 10. Grade or Level 11. Step or Rate  | 16. Pay Plan 17. Occ. Co<br>GS 0301                                    |                             |  |                         | Rate 20. Total Salary/Award 21. Pay Basis PA |              |               |                        |         |  |  |  |
| 12A. Basic Pay                                    | 12B. Locality Adj. 12C. Adj. H   | 12D. Other Pay   | 20A. Basic Pay              | 20   | B. Locality Adj.        | 20C. Adj.                                    | Basic Pay    | 20D. Other P  | ay                     |         |  |  |  |
|   | .00  |  | 110,460.00                  | 3  | 33,668.00               | 144,1  | 28.00        | .00           |                        |         |  |  |  |
| 14. Name and Escau                                | on of Position's Organization  |  |                             | 22. Name and Location IMMEDIATE OFFI OSEM Imm Off of the Sec  HS OS0101000000000 | CE OF                   | THE SECRE                                    |              |               |                        |         |  |  |  |
| EMPLOYEE I  |  |  |                             |  |                         |  |              |               |                        |         |  |  |  |
| 23. Veterans Preferer (b)(6) 1 - None 2 - 5-Point | 3 – 10–Point/Disability 5 -  | 10-Point/Other   | blo/20%                     | 24. Tenure<br>(b)(6) 0 - None<br>1 - Permanent                                   | 2 – Condi<br>3 – Indefi |  | ncy Use      | (b)(6)        | s Preference           | for RIF |  |  |  |
| 27. FEGLI   | 4 – 10–Point/Compensable 6 -   | 10-Folilo Compensa   | 1016/30 76                  | 28. Annuitant Indicator 29. Pay Rate Determinant                                 |                         |  |              |               |                        | nt      |  |  |  |
| (b)(6)  |  |  |                             |  |                         |  |              | 2272 113 2111 |                        |         |  |  |  |
| 30. Retirement Plan                               |  | 31. Service  | Comp. Date (Leave)          | 32. Work Schedule  |                         |  |              |               | ime Hours Pe           | r       |  |  |  |
| (b)(6)  |  |  |                             | F FULL TIM   | E                       |  |              |               | Biweekly<br>Pay Period |         |  |  |  |
| POSITION DA                                       | ATA  |  |                             |  |                         |  |              |               |                        |         |  |  |  |
| 34. Position Occupie                              | d  | 35. FLSA (   | Category                    | 36. Appropriation Code   | 2                       |  |              | 37. Bargain   | ning Unit Stat         | us      |  |  |  |
| 2 1 - Competitive S<br>2 - Excepted Serv          |  |  | : – Exempt<br>: – Nonexempt |  |                         |  |              | 8888          |                        |         |  |  |  |
| 38. Duty Station Cod                              |  |  |                             | y – State or Overseas Loca   | tion)                   |  |              |               |                        |         |  |  |  |
| 11-0010-001                                       |  | WASHIN   | GTON DIST OF                | COLUMBIA DC  |                         |  |              |               |                        |         |  |  |  |
| 40. Agency Data                                   | 41. 42   |  | 43.                         | 44.  |                         |  |              |               |                        |         |  |  |  |
|   |  |  |                             |  |                         |  |              |               |                        |         |  |  |  |
| AUTOMATIC C                                       | CONTINUED *** FERS EMPLOYEES ONI CONTRIBUTION OF 1% (  | F YOUR F   | AY AND QUAL                 | JIFY FOR UP TO   | 4%                      | ENCY   |              |               |                        |         |  |  |  |
| AUTOMATIC C                                       | FERS EMPLOYEES ONICONTRIBUTION OF 1% (CONTRIBUTION), CONTRIBUTION, CONTR | F YOUR F   | AY AND QUAL                 | JIFY FOR UP TO   | 4%<br>DF                | and Title of App                             | proving Offi | icial         |                        |         |  |  |  |
| HQ.DHS.GOV. AUTOMATIC C MATCHING. T               | FERS EMPLOYEES ONICONTRIBUTION OF 1% (CONTRIBUTION), CONTRIBUTION, CONTR | F YOUR F   | AY AND QUAI                 | JIFY FOR UP TO ORMS/TSPBK08.P  | 4%<br>DF<br>ication a   | and Title of App<br>NED BY:                  | proving Offi | icial         |                        |         |  |  |  |

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| 47. Agency Code  | 48. Personnel Office                             | ID                         | 49. Appro                        | val Date                      |       | NICOL  | E C. BARK                      | SDAL     | E-PERRY                  |             |                       |                |         |  |  |
|--|--|----------------------------|----------------------------------|-------------------------------|-------|--|--------------------------------|----------|--------------------------|-------------|-----------------------|----------------|---------|--|--|
| HOMELAND SECURITY  |  |                            |                                  |                               |       |  | ELECTRONICALLY SIGNED BY:      |          |                          |             |                       |                |         |  |  |
| 46. Employing Depa   | rtment or Agency                                 |                            |                                  |                               |       | 50. Signa  | uture/Authen                   | tication | and Title of Ap          | proving Off | īcial                 |                |         |  |  |
| TENURE AS SERVICE.   | USED FOR 5 US                                    | SC 3502 I                  | S NOT A                          | APPLICABL                     | E TO  | THE S  | SENIOR E                       | XECU     | TIVE                     |             |                       |                |         |  |  |
| 45.Remarks<br>HEALTH BENI<br>VETERAN PRI<br>(b)(6)   | EFITS COVERAGEFERENCE IS N                       | GE CONTIN                  | NUES.                            | O THE SE                      | NIOF  | R EXECU  | JTIVE SE                       | ERVIC    | Е.                       |             |                       |                |         |  |  |
| 40. Agency Data  | 41.  | 42.                        |                                  | 43.                           |       |  | 44.                            |          |                          |             |                       |                |         |  |  |
| 38. Duty Station Co<br>11-0010-001   | de   |                            |                                  | ation (City – Co<br>GTON DIST |       |  |                                | ation)   |                          |             |                       |                |         |  |  |
| 3 1 - Competitive<br>2 - Excepted Ser  |  | erved                      | (b)(6)                           | E – Exempt<br>N – Nonexempt   |       | 8888   |                                |          |                          |             |                       |                |         |  |  |
| POSITION D  34. Position Occupi  |  |                            | 35. FLSA (                       | Category                      |       | 36. Appro  | priation Cod                   | e        |                          |             | 37. Bargai            | ning Unit Stat | us      |  |  |
| (b)(6)   | A T A  |                            |                                  |                               |       | F  | FULL TIM                       | E        |                          |             |                       | Pay Period     |         |  |  |
| 30. Retirement Plan  | ı  |                            | 31. Service                      | Comp. Date (Lo                | eave) | 32. Work   | Schedule                       |          |                          |             | 33. Part-T            | Time Hours Pe  | r       |  |  |
| 27. FEGLI<br>(b)(6)  |  |                            |                                  |                               |       | 28. Annui  | ant Indicato                   | r        |                          |             | 29. Pay Ra            | te Determina   | nt      |  |  |
| (b)(6) 1 - None<br>2 - 5-Point   | 3 – 10–Point/Disability<br>4 – 10–Point/Compensa |                            | 0-Point/Other<br>0-Point/Compens | able/30%                      |       | (b)(6) 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite |                                |          |                          |             | (b)(6)                |                |         |  |  |
| 23. Veterans Prefere   | ence   | F _ 44                     | -Point/Oth                       |                               |       | 24. Tenur  |                                | 2.0      |                          | ency Use    |                       | ns Preference  | for RIF |  |  |
| EMDI OVER  | DATA   |                            |                                  |                               |       | HS OS01  | 010000000                      | 00000    | PP 05 2021               |             |                       |                |         |  |  |
|  |  |                            |                                  |                               |       | OSEM   | of the Sec                     | ICE OI   | THE SECRI                | EIAKY       |                       |                |         |  |  |
|  | tion of Position's Orga                          |                            |                                  |                               |       |  |                                |          | tion's Organizat         |             |                       |                |         |  |  |
| 12A. Basic Pay<br>110,460.00   | 12B. Locality Adj.<br>33,668.00                  | 12C. Adj. Bas<br>144,128.0 |                                  | .00                           | y     | 20A. Basic l<br>183,10                                       | •                              |          | 0B. Locality Adj.<br>.00 |             | . Basic Pay<br>100.00 | 20D. Other P   | ay      |  |  |
| GS   | 15   | 01                         | 144,128.00                       | PA                            |       | 16. Pay Plan<br>ES   | 0301                           |          | 00                       | 00          | 183,100               | 0.00           | PA      |  |  |
| SENIOR ADVSIOR<br>90991155 083881<br>8. Pay Plan   9. Occ. Code   10. Grade or Level   11. Step or Rate   12. Total Salary   13. Pay Basis |  |                            |                                  |                               |       | SENIOR COUNSELOR TO THE SECRETARY<br>90996335 084422         |                                |          |                          |             |                       |                |         |  |  |
| AWM OPM FORM 1652  7. FROM: Position Title and Number  |  |                            |                                  |                               |       | 15. TO: Position Title and Number                            |                                |          |                          |             |                       |                |         |  |  |
| V4L<br>5-E. Code   | 5 USC 3394(A) N<br>5-F. Legal Authority          |                            |                                  |                               |       | 6-E. Code 6-F. Legal Authority                               |                                |          |                          |             |                       |                |         |  |  |
| 5-C. Code  | CONV TO SES NONCAREER APPT 5-D. Legal Authority  |                            |                                  |                               |       |  | 6-C. Code 6-D. Legal Authority |          |                          |             |                       |                |         |  |  |
| 5-A. Code<br>546   | 5-B. Nature of Actio                             |                            | D ADDT                           |                               |       | 6-A. Code 6-B. Nature of Action                              |                                |          |                          |             |                       |                |         |  |  |
| FIRST ACTIO  | ON   |                            |                                  |                               |       | SECO   | ND ACT                         | ON       |                          |             |                       |                |         |  |  |
| VINOGRAD, SAMANTHA E   |  |                            |                                  |                               |       |  | (b)(6) <b>02/14/2021</b>       |          |                          |             |                       |                |         |  |  |
| 1. Name (Last, First   | , Middle)  |                            |                                  |                               |       | 2. Socia   | Security Nu                    | mber     | 3. Date of Bir           | th          | 4. Effectiv           | e Date         |         |  |  |