NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000097

11 M Suppl 270 30, 548					0 757 240 44		440,000				
1. Name (Last, First FOX, ALEXAND		2. Social S	ecurity Number	3. Date of (b)(6)							
FIRST ACTIO	ON	SECOND ACTION									
5-A. Code	5-B. Nature of Action	6-A. Code 6-B. Nature of Action									
170	EXC APPT										
5-C. Code Y7M	5-D. Legal Authority SCH C 213 3311		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 SCHEDULER TO THE SECRETARY 91010735 085584								
8. Pay Plan 9. Occ. Coo	le 10. Grade or Level 11. Step	o or Rate 12. Total Salary	13. Pay Basis	16. Pay Plan GS	17. Occ. Code 0301	18. Grade or Le	vel 19.Step or Ra	alary/Award 21. Pay Basis PA			
12A. Basic Pay			12D. Other Pay .00	20A. Basic Pay		20B. Locality A	-	. Basic Pay	20D. Other Pay		
14	.00 tion of Position's Organizat	79,468.00	d Location of P	24,222.00		590.00	.00				
				IMMEDIATE OFFICE OF THE SECRETARY OSEM Imm Off of the Sec HS OS010100000000000 PP 11 2021							
EMPLOYEE											
(b)(6) 1 - None	3 - 10-Point/Disability	5 - 10-Point/Other		24. Tenure 25. Agency Use (b)(6) 0 - None 2 - Conditional			Agency Use	26. Veterans Preference for RIF (b)(6)			
2 - 5-Point 27. FEGLI	4 – 10–Point/Compensable	6 – 10–Point/Compensab	1e/50%	1 - Permanent 3 - Indefinite 28. Annuitant Indicator				29. Pay Rate Determinant			
(b)(6)								22.143	Deter minum		
30. Retirement Plan (b)(6)	ı	Comp. Date (Leave)		hedule ULL TIME			33. Part-Time Hours Per Biweekly				
POSITION D	ATA			Pay Period					Pay Period		
34. Position Occupi		35. FLSA Ca	ategory	36. Appropriation Code					37. Bargaining Unit Status		
•	1 - Competitive Service 3 - SES General (F-VC) E - Exe							8888			
38. Duty Station Co 11-0010-001	tion (City – County TON DIST OF)							
40. Agency Data	41.	42.	43.		44.						
45. Romark: APPTINTMENT AFFIDAVIT EXECUTED 06/02/2021. FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB): YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO ENROLL. SEND YOUR COMPLETED SF-2809 TO (D)(6) (D)(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 (D)(6) (D)(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 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 *** REMARKS CONTINUED ON THE NEXT PAGE ***											
46. Employing Department or Agency HOMELAND SECURITY					50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY:						
47. Agency Code	48. Personnel Office ID	NICOLE C. BARKSDALE-PERRY									
HSAA	5500	06/03/202	1	EXECUTIVE DIRECTOR, HRMS							

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

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000098

FPM Supp. 296-33, Sub	ch. 4											
1. Name (Last, First, Middle)					2. Social Security Number 3. Date of Birth			h	4. Effective Date			
FOX, ALEXANDRA R					(b)(6)				06/02/2021			
FIRST ACTIO	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 3311				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 Ti SCHEDULER 91010735 0855	TO THE S						
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11. S	Step or Rate 12.	Total Salary	13. Pay Basis	16. Pay Plan 17. Occ. Code 18. Grade or Level 19. Step GS 0301 13 01				r Rate 20. Total Salary/Award 21. Pay Basis 103,690.00 PA			
12A. Basic Pay	12B. Locality Adj. 12C. Adj. Bas		: Pay	12D. Other Pay	20A. Basic Pay 20B. Locality Adj.				j. Basic Pay	20D. Other	Pay	
	.00				79,468.00 24,222.00 103,690.00 .00							
EMPLOYEE	DATA				IMMEDIATE OF OSEM Imm Off of the South	ec		JANI				
23. Veterans Prefere					24. Tenure		25. Age	ncy Use	26. Veteran	s Preferenc	e for RIF	
(b)(6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensable		Point/Other Point/Compense	ble/30%	(b)(6) 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite				(b)(6)			
27. FEGLI					28. Annuitant Indic			29. Pav Rate Determinant				
(b)(6)												
30. Retirement Plan			31. Service	Comp. Date (Leave)	_		33. Part-Time Hours Per Biweekly					
(b)(6)					F FULL T			Pay Period				
POSITION D. 34. Position Occupio			25 87 64 4		20.1				27 B			
1 – Competitive S		-	35. FLSA (= Exempt	36. Appropriation (37. Bargaining Unit Status 8888				
2 2 - Excepted Ser		ved		- Nonexempt	- State or Overseas I		8888					
38. Duty Station Co. 11-0010-001	1e				COLUMBIA DC	ocation)						
40. Agency Data	41.	42.		43.	44.							
OPEN SEASON WWW.FSAFED. FEDERAL DEN YOU HAVE 60 SUPPLEMENTA INFORMATION ENROLLMENT THRIFT SAVI YOU ARE ELI ENROLLED AT CONTRIBUTION (b)(6) AUTOMATIC (MATCHING. TEDERAL LON	CONTINUED ** I. TO GET MORE COM. ONLINE E ITAL AND VISIC DAYS FROM TH AL DENTAL AND/ I AND ENROLL C IS MANDATORY. INGS PLAN (TSP GIBLE TO CONT THE RATE OF DON AMOUNT, COM FERS EMPLOYE CONTRIBUTION C TO GET INFORMA IG TERM CARE I	E INFORMA ENROLLMEI ON PROGRA HE DATE (OR VISIO ONLINE, V TRIBUTE (3%. TO (HPLETE A EES ONLY OF 1% OF ATION, V INSURANCE	NT IS MAM (FED OF HIRE ON PLAN VISIT WIST WIST WIST WIST WIST WOUR FIRST WE PROOF	ANDATORY. IVIP): TO ENROLL TO GET MO WW.BENEFEDS YOU ARE AU E OR DECREA AND SEND IT ILL IMMEDIA AY AND QUAL W.TSP.GOV/F AM (FLTCIP)	IN A RE .COM ONLINE TOMATICALLY SE YOUR TO (h)(6) TELY RECEIVE IFY FOR UP T	AN AGE	ENCY					
46. Employing Department or Agency HOMELAND SECURITY					50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY:							
47. Agency Code HSAA	48. Personnel Office II 5500	D	49. Appro-		NICOLE C. BARKSDALE-PERRY EXECUTIVE DIRECTOR, HRMS							

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

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000099

FPM Supp. 296-33, Subo	ch. 4													
1. Name (Last, First, Middle)						2. Social Security Number		3. Date of Birth		4. Effective Date				
FOX, ALEXANDRA R						(b)(6)		(b)(6)	06/02/2021		2021			
FIRST ACTION						SECOND ACTION								
5-A. Code 170							6–B. Na	ture of Action						
5-C. Code Y7M	5-D. Legal Authority SCH C 213 3311	6-C. Code	6-C. Code 6-D. Legal Authority											
5-E. Code	5-F. Legal Authority				6-E. Code	6-E. Code 6-F. Legal Authority								
7. FROM: Position T	Fitle and Number				15 TO. B	osition Title ar	d Numl	· · ·						
7. FROM: Toshloli I	The and Number				SCHE	DULER TO '35 085584								
8. Pay Plan 9. Occ. Code 10. Grade or Level 11. Step or Rate 12. Total Salary 13. Pay Basis						17. Occ. Coo			19.Step or Ra	tep or Rate 20. Total Salary/Award 21. Pay Basis 1 103,690.00 PA				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basi	ic Pay	12D. Other Pay	20A. Basic	Pay	20H	. Locality Adj.	20C. Adj.	Basic Pay	20D. Other	Pay		
	.00				79,468	79,468.00 24,222.00 103,					.00			
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Imm Off of the Sec HS OS010100000000000 PP 11 2021								
EMPLOYEE I														
23. Veterans Prefere	3 - 10-Point/Disability		-Point/Other		24. Tenur (b)(6)	(b)(6) 0 - None 2 - Conditional					26. Veterans Preference for RIF (b)(6)			
27. FEGLI	4 - 10-Point/Compensable	6 - 10-	-Point/Compensal	ole/30%		1 - Permanent 3 - Indefinite 28. Annuitant Indicator					29. Pay Kate Determinant			
(b)(6)					20. Allilui	tant mulcator				29. Fay Kau	e Determin	ant		
30. Ketirement Plan			31. Service (Comp. Date (Le	ave) 32. Work	Scneaule				33. Part-Ti	me Hours l	er		
(b)(6)					F						Biweekly Pay Period			
POSITION DA	ATA										uy reriou			
34. Position Occupie			35. FLSA C	ategory	36. Appro	36. Appropriation Code					37. Bargaining Unit Status			
2 1 - Competitive S				- Exempt							8888			
2 2 - Excepted Service 4 - SES Career Reserved N - Nonexempt 38. Duty Station Code 39. Duty Station (City - County							tion)			1				
11-0010-001			WASHING	TON DIST	OF COLUME	SIA DC								
40. Agency Data	41.	42.		43.		44.								
45.Remarks *** REMARKS CONTINUED *** 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.														
YOU HAVE 60 USING THE A INFORMATION APPLY ONLIN ALL INFORMA	DAYS FROM THATED UN ABBREVIATED UN AND APPLY ON THE OR DOWNLOAD ATION SUBJECT	HE DATE NDERWRIT NLINE, V DAN APP TO VERI	ING APP ISIT WW LICATIO	LICATION. W.LTCFEDS N.	TO GET N	MORE J MAY	GED							
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YOU HAVE 60 USING THE A INFORMATION APPLY ONLIN ALL INFORMA RECORDS PER	D DAYS FROM TEABBREVIATED UNITED AND APPLY ON THE OR DOWNLOAD ATTION SUBJECT RESONNEL FOLDER	HE DATE IDERWRIT NLINE, V AN APP TO VERI	ING APP ISIT WW LICATIO	LICATION. W.LTCFEDS N. N UPON RE	TO GET N S.COM. YOU CCEIPT OF 50. Sign: ELECT	MORE J MAY THE MERO	cation a	NED BY:	proving Offi	icial				