

**NOTIFICATION OF PERSONNEL ACTION**

DHS-001-01896-000097

<b>1. Name (Last, First, Middle)</b> FOX, ALEXANDRA R				<b>2. Social Security Number</b> (b)(6)		<b>3. Date of Birth</b> (b)(6)		<b>4. Effective Date</b> 06/02/2021	
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>				
<b>5-A. Code</b> 170		<b>5-B. Nature of Action</b> EXC APPT			<b>6-A. Code</b>		<b>6-B. Nature of Action</b>		
<b>5-C. Code</b> Y7M		<b>5-D. Legal Authority</b> SCH C 213 3311			<b>6-C. Code</b>		<b>6-D. Legal Authority</b>		
<b>5-E. Code</b>		<b>5-F. Legal Authority</b>			<b>6-E. Code</b>		<b>6-F. Legal Authority</b>		
<b>7. FROM: Position Title and Number</b>					<b>15. TO: Position Title and Number</b> SCHEDULER TO THE SECRETARY 91010735 085584				
<b>8. Pay Plan</b>		<b>9. Occ. Code</b>	<b>10. Grade or Level</b>		<b>11. Step or Rate</b>	<b>12. Total Salary</b>		<b>13. Pay Basis</b>	
GS		0301	13		01	103,690.00		PA	
<b>12A. Basic Pay</b>		<b>12B. Locality Adj.</b>	<b>12C. Adj. Basic Pay</b>		<b>12D. Other Pay</b>		<b>20A. Basic Pay</b>		<b>20B. Locality Adj.</b>
.00					.00		79,468.00		24,222.00
							103,690.00		.00
<b>14. Name and Location of Position's Organization</b>					<b>22. Name and Location of Position's Organization</b> IMMEDIATE OFFICE OF THE SECRETARY OSEM Imm Off of the Sec  HS OS0101000000000000 PP 11 2021				
<b>EMPLOYEE DATA</b>									
<b>23. Veterans Preference</b> (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>24. Tenure</b> (b)(6) 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite		<b>25. Agency Use</b>	<b>26. Veterans Preference for RIF</b> (b)(6)	
<b>27. FEGLI</b> (b)(6)					<b>28. Annuitant Indicator</b>		<b>29. Pay Rate Determinant</b>		
<b>30. Retirement Plan</b> (b)(6)			<b>31. Service Comp. Date (Leave)</b>		<b>32. Work Schedule</b> F FULL TIME			<b>33. Part-Time Hours Per Biweekly Pay Period</b>	
<b>POSITION DATA</b>									
<b>34. Position Occupied</b> 2 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved			<b>35. FLSA Category</b> (b)(6) E - Exempt N - Nonexempt		<b>36. Appropriation Code</b>			<b>37. Bargaining Unit Status</b> 8888	
<b>38. Duty Station Code</b> 11-0010-001			<b>39. Duty Station (City - County - State or Overseas Location)</b> WASHINGTON DIST OF COLUMBIA DC						
<b>40. Agency Data</b>		<b>41.</b>	<b>42.</b>		<b>43.</b>		<b>44.</b>		
<b>45. Remarks</b> APPOINTMENT 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 (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 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 ***									
<b>46. Employing Department or Agency</b> HOMELAND SECURITY					<b>50. Signature/Authentication and Title of Approving Official</b> ELECTRONICALLY SIGNED BY: NICOLE C. BARKSDALE-PERRY EXECUTIVE DIRECTOR, HRMS				
<b>47. Agency Code</b> HSAA		<b>48. Personnel Office ID</b> 5500		<b>49. Approval Date</b> 06/03/2021					

**NOTIFICATION OF PERSONNEL ACTION**

DHS-001-01896-000098

<b>1. Name (Last, First, Middle)</b> FOX, ALEXANDRA R				<b>2. Social Security Number</b> (b)(6)		<b>3. Date of Birth</b> (b)(6)		<b>4. Effective Date</b> 06/02/2021					
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>								
<b>5-A. Code</b> 170		<b>5-B. Nature of Action</b> EXC APPT			<b>6-A. Code</b>		<b>6-B. Nature of Action</b>						
<b>5-C. Code</b> Y7M		<b>5-D. Legal Authority</b> SCH C 213 3311			<b>6-C. Code</b>		<b>6-D. Legal Authority</b>						
<b>5-E. Code</b>		<b>5-F. Legal Authority</b>			<b>6-E. Code</b>		<b>6-F. Legal Authority</b>						
<b>7. FROM: Position Title and Number</b>					<b>15. TO: Position Title and Number</b> SCHEDULER TO THE SECRETARY 91010735 085584								
<b>8. Pay Plan</b>		<b>9. Occ. Code</b>	<b>10. Grade or Level</b>	<b>11. Step or Rate</b>	<b>12. Total Salary</b>		<b>13. Pay Basis</b>	<b>16. Pay Plan</b> GS	<b>17. Occ. Code</b> 0301	<b>18. Grade or Level</b> 13	<b>19. Step or Rate</b> 01	<b>20. Total Salary/Award</b> 103,690.00	<b>21. Pay Basis</b> PA
<b>12A. Basic Pay</b>		<b>12B. Locality Adj.</b> .00	<b>12C. Adj. Basic Pay</b>		<b>12D. Other Pay</b> .00		<b>20A. Basic Pay</b> 79,468.00		<b>20B. Locality Adj.</b> 24,222.00	<b>20C. Adj. Basic Pay</b> 103,690.00	<b>20D. Other Pay</b> .00		
<b>14. Name and Location of Position's Organization</b>					<b>22. Name and Location of Position's Organization</b> IMMEDIATE OFFICE OF THE SECRETARY OSEM Imm Off of the Sec  HS OS0101000000000000 PP 11 2021								
<b>EMPLOYEE DATA</b>													
<b>23. Veterans Preference</b>					<b>24. Tenure</b>			<b>25. Agency Use</b>	<b>26. Veterans Preference for RIF</b>				
(b)(6)	1 - None	3 - 10-Point/Disability	5 - 10-Point/Other	6 - 10-Point/Compensable/30%	(b)(6)	0 - None	2 - Conditional		(b)(6)				
(b)(6)	2 - 5-Point	4 - 10-Point/Compensable				1 - Permanent	3 - Indefinite						
<b>27. FEGLI</b> (b)(6)					<b>28. Annuitant Indicator</b>			<b>29. Pay Rate Determinant</b>					
<b>30. Retirement Plan</b> (b)(6)			<b>31. Service Comp. Date (Leave)</b>		<b>32. Work Schedule</b> F FULL TIME			<b>33. Part-Time Hours Per Biweekly Pay Period</b>					
<b>POSITION DATA</b>													
<b>34. Position Occupied</b>			<b>35. FLSA Category</b>		<b>36. Appropriation Code</b>			<b>37. Bargaining Unit Status</b>					
2	1 - Competitive Service	3 - SES General	(b)(6)	E - Exempt				8888					
	2 - Excepted Service	4 - SES Career Reserved		N - Nonexempt									
<b>38. Duty Station Code</b> 11-0010-001			<b>39. Duty Station (City - County - State or Overseas Location)</b> WASHINGTON DIST OF COLUMBIA DC										
<b>40. Agency Data</b>	<b>41.</b>	<b>42.</b>	<b>43.</b>	<b>44.</b>									
<b>45. Remarks</b> *** REMARKS CONTINUED *** 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) 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) *** REMARKS CONTINUED ON THE NEXT PAGE ***													
<b>46. Employing Department or Agency</b> HOMELAND SECURITY					<b>50. Signature/Authentication and Title of Approving Official</b> ELECTRONICALLY SIGNED BY: NICOLE C. BARKSDALE-PERRY EXECUTIVE DIRECTOR, HRMS								
<b>47. Agency Code</b> HSAA		<b>48. Personnel Office ID</b> 5500		<b>49. Approval Date</b> 06/03/2021									

**NOTIFICATION OF PERSONNEL ACTION**

DHS-001-01896-000099

1. Name (Last, First, Middle) <b>FOX, ALEXANDRA R</b>				2. Social Security Number <b>(b)(6)</b>		3. Date of Birth <b>(b)(6)</b>		4. Effective Date <b>06/02/2021</b>					
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>								
5-A. Code <b>170</b>		5-B. Nature of Action <b>EXC APPT</b>			6-A. Code		6-B. Nature of Action						
5-C. Code <b>Y7M</b>		5-D. Legal Authority <b>SCH C 213 3311</b>			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 <b>SCHEDULER TO THE SECRETARY 91010735 085584</b>								
8. Pay Plan		9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary		13. Pay Basis	16. Pay Plan <b>GS</b>	17. Occ. Code <b>0301</b>	18. Grade or Level <b>13</b>	19. Step or Rate <b>01</b>	20. Total Salary/Award <b>103,690.00</b>	21. Pay Basis <b>PA</b>
12A. Basic Pay		12B. Locality Adj. <b>.00</b>	12C. Adj. Basic Pay		12D. Other Pay <b>.00</b>		20A. Basic Pay <b>79,468.00</b>		20B. Locality Adj. <b>24,222.00</b>	20C. Adj. Basic Pay <b>103,690.00</b>	20D. Other Pay <b>.00</b>		
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization <b>IMMEDIATE OFFICE OF THE SECRETARY OSEM Imm Off of the Sec  HS OS0101000000000000 PP 11 2021</b>								
<b>EMPLOYEE DATA</b>													
23. Veterans Preference <b>(b)(6)</b> 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>(b)(6)</b> 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite			25. Agency Use	26. Veterans Preference for RIF <b>(b)(6)</b>				
27. FEGLI <b>(b)(6)</b>					28. Annuitant Indicator			29. Pay Rate Determinant					
30. Retirement Plan <b>(b)(6)</b>			31. Service Comp. Date (Leave)		32. Work Schedule <b>F FULL TIME</b>			33. Part-Time Hours Per Biweekly Pay Period					
<b>POSITION DATA</b>				34. Position Occupied <b>2</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved		35. FLSA Category <b>(b)(6)</b> E - Exempt N - Nonexempt		36. Appropriation Code		37. Bargaining Unit Status <b>8888</b>			
38. Duty Station Code <b>11-0010-001</b>				39. Duty Station (City - County - State or Overseas Location) <b>WASHINGTON DIST OF COLUMBIA DC</b>									
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.													
46. Employing Department or Agency <b>HOMELAND SECURITY</b>					50. Signature/Authentication and Title of Approving Official <b>ELECTRONICALLY SIGNED BY: NICOLE C. BARKSDALE-PERRY EXECUTIVE DIRECTOR, HRMS</b>								
47. Agency Code <b>HSAA</b>		48. Personnel Office ID <b>5500</b>		49. Approval Date <b>06/03/2021</b>									