

**NOTIFICATION OF PERSONNEL ACTION**

1. Name (Last, First, Middle) <b>GARRIOTT, WIZIPAN NMN</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>10/25/2021</b>						
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>									
5-A. Code <b>146</b>		5-B. Nature of Action <b>SES NON-CAREER APPT</b>			6-A. Code		6-B. Nature of Action							
5-C. Code <b>V4L</b>		5-D. Legal Authority <b>5 U.S.C. 3394(A) NONCAREER</b>			6-C. Code		6-D. Legal Authority							
5-E. Code <b>AWM</b>		5-F. Legal Authority <b>OPM FORM 1652 DTD 09/14/21</b>			6-E. Code		6-F. Legal Authority							
7. FROM: Position Title and Number					15. TO: Position Title and Number <b>PRINCIPAL DEPUTY ASSISTANT SECRETARY- INDIAN AFFAIRS 50000000 ES01551</b>									
8. Pay Plan		9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary		13. Pay Basis	16. Pay Plan		17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis
								<b>ES</b>		<b>0301</b>	<b>00</b>	<b>00</b>	<b>\$175000.00</b>	<b>PA</b>
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay		20D. Other Pay
								<b>\$175000.00</b>		<b>\$0.00</b>		<b>\$175000.00</b>		<b>\$0.00</b>
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization <b>IN01 ASST SECY-INDIAN AFFAIRS  WASHINGTON,DC</b>									
<b>EMPLOYEE DATA</b>														
23. Veterans Preference					24. Tenure			25. Agency Use	26. Veterans Preference for RIF					
<input type="checkbox"/> None	1 - None	3 - 10-Point/Disability		5 - 10-Point/Other	0 - None	2 - Conditional		<input type="checkbox"/> YES	<input type="checkbox"/> NO					
<input type="checkbox"/> 2-5-Point	2 - 5-Point	4 - 10-Point/Compensable		6 - 10-Point/Compensable/30%	1 - Permanent	3 - Indefinite		<b>(b) (6)</b>	<b>(b) (6)</b>					
27. FEGLI					28. Annuitant Indicator			29. Pay Rate Determinant						
<b>(b) (6)</b>					<b>(b) (6)</b>			<b>(b) (6)</b>						
30. Retirement Plan				31. Service Comp. Date (Leave)		32. Work Schedule		33. Part-Time Hours Per Biweekly Pay Period						
<b>(b) (6)</b>				<b>10/25/2021</b>		<b>F FULL-TIME</b>								
<b>POSITION DATA</b>														
34. Position Occupied			35. FLSA Category		36. Appropriation Code			37. Bargaining Unit Status						
3	1 - Competitive Service	3 - SES General	E	E - Exempt				<b>8888</b>						
2 - Excepted Service	4 - SES Career Reserved	S - Nonexempt												
38. Duty Station Code <b>11-0010-001</b>				39. Duty Station (City - County - State or Overseas Location) <b>WASHINGTON, DISTRICT OF COLUMBIA</b>										
40. Agency Data <b>FUNC CLS 00</b>		41. <b>(b) (6)</b>		42. <b>EDUC LVL 15</b>		43. <b>SUPV STAT 2</b>		44. <b>POSITION SENSITIVITY CRITICAL-SENSITIVE</b>						
45. Remarks TENURE AS USED FOR 5 U.S.C. 3502 IS NOT APPLICABLE TO THE SENIOR EXECUTIVE SERVICE. CREDITABLE MILITARY SERVICE: <b>(b) (6)</b> PREVIOUS RETIREMENT COVERAGE: <b>(b) (6)</b> APPOINTMENT AFFIDAVIT EXECUTED 10-25-21. EMPLOYEE DUTY STATION IS IN REGION 01 - NORTH ATLANTIC - APPALACHIAN FROZEN SERVICE <b>(b) (6)</b> SUBJECT TO SATISFACTORY COMPLETION OF ONE YEAR SES PROBATIONARY PERIOD BEGINNING 20211025. EMPLOYEE SUBJECT TO POST-EMPLOYMENT RESTRICTIONS UNDER 18 U.S.C. 207(C) EMPLOYEE IS AUTOMATICALLY COVERED UNDER <b>(b) (6)</b> ELIGIBLE TO ELECT HEALTH BENEFITS COVERAGE WITHIN 60 DAYS OF THE EFFECTIVE DATE OF THIS PERSONNEL ACTION. AN ELECTION MUST BE MADE EVEN IF IT'S TO DECLINE HEALTH BENEFITS COVERAGE. IF YOU DON'T MAKE AN ELECTION, YOU ARE CONSIDERED TO HAVE DECLINED COVERAGE.														
46. Employing Department or Agency <b>IN - OFC OF THE SECRETARY</b>					50. Signature/Authentication and Title of Approving Official <b>212091922 / ELECTRONICALLY SIGNED BY: WHITNEY N. LOVATO HUMAN RESOURCES SPECIALIST</b>									
47. Agency Code <b>IN01</b>		48. Personnel Office ID <b>4342</b>		49. Approval Date <b>10/08/2021</b>										