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

NOTIFICATION OF PERSONNEL ACTION

FPM Supp. 296-33, Sub	CII. 4												
1. Name (Last, First, GEER, HARLAN		2. Social Security Number 3. Date of Birth (b)(6)					4. Effective Date 02/14/2021						
FIRST ACTIO	ON			SECOND ACTION									
5-A. Code	5-B. Nature of Action				6-A. Code 6-B. Nature of Action								
546	CONV TO SES NO	NCAREER	APPT										
5-C. Code V4L	5-D. Legal Authority 5 USC 3394(A) NO	NCAR			6-C. Code 6-D. Legal Authority								
5-E. Code AWM	5-F. Legal Authority OPM FORM 1652			6-E. Code 6-F. Legal Authority									
7. FROM: Position					15. TO: Position Title and Number								
SENIOR ADVSI 90991129 083881	OR	DEPUTY ASSISTANT SECRETARY (SENATE) 90958255 066540											
8. Pay Plan 9. Occ. Cod	10. Grade or Level 11. S 15 01		otal Salary	13. Pay Basis PA	16. Pay Plan ES	17. Occ. Code 0301	18. Grade	or Level	19.Step or Rate	20. Total Sa		21. Pay Basis PA	
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic	Pay	12D. Other Pay	20A. Basic Pay		20B. Local	lity Adj.	20C. Adj. E	asic Pay	20D. Other	Pay	
110,460.00	33,668.00	144,128.00		.00	175,000.0	00	.00		175,00	0.00	.00		
						slative Affair		5 2021					
23. Veterans Prefere					24. Tenure			25 Ago	nev Use	26 Votorov	e Droforon	o for DIF	
(b)(6) 1 - None 2 - 5-Point	(b)(6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other						24. Tenure (b)(6) 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite				26. Veterans Preference for RIF (b)(6)		
27. FEGLI					28. Annuitant Indicator					29. Pay Rate Determinant			
(b)(6)													
(b)(6)	1	3	31. Service Co	omp. Date (Leave)	_	JLL TIME					ime Hours l Biweekly Pay Period		
POSITION D.	ATA				_								
34. Position Occupio	Service 3 – SES General	(b)		Exempt	36. Appropriation Code					37. Bargaining Unit Status 8888			
38. Duty Station Co		3	9. Duty Stati	on (City – County			n)			0000			
11-0010-001	1		VASHING	TON DIST OF	COLUMBIA								
40. Agency Data	41.	42.		43.		44.							
(b)(6)	EFERENCE IS NO												
46. Employing Depa HOMELAND SI						re/Authenticat ONICALLY			oroving Offici	ial			
47. Agency Code	48. Personnel Office ID		49. Approval	Date	NICOLE	C. BARKSD	ALE-PER	RRY					
HSAA	5500	5500 02/15/2021 ACTING 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

1. Name (Last, First		2. Social Security Number 3. Date of Birth 4. Effective Date									
GEER, HARLAN	C			(b)(6) 02/05/2021							
FIRST ACTIO	ON			SECOND ACTION							
5-A. Code	5-B. Nature of Action			6-A. Code 6-B. Nature of Action							
190	PROVISIONAL APPT NTI	06/05/21									
5-C. Code Y7M	5-D. Legal Authority 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	Title and Number	15. TO: Position Title and Number SENIOR ADVSIOR 90991129 083881									
8. Pay Plan 9. Occ. Cod	le 10. Grade or Level 11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan GS	7. Occ. Code 0301	18. Grade or Level	19.Step or Rate	e 20. Total Sal		21. Pay Basis PA	
12A. Basic Pay	12B. Locality Adj. 12C. Adj. I .00	asic Pay	12D. Other Pay	20A. Basic Pay 110,460.00					Adj. Basic Pay 20D. Other Pay 4,128.00 .00		
14. Name and Locat	ion of Position's Organization			22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Off of Legislative Affairs HS OS010800000000000 PP 03 2021							
EMPLOYEE											
23. Veterans Prefere (b)(6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 5	· 10–Point/Other · 10–Point/Compensable	/30%	24. Tenure 2- Conditional 1- Permanent 3- Indefinite 25. Agency Use				26. Veterans Preference for RIF (b)(6)			
27. FEGLI (b)(6)				28. Annuitant Indicator 29. Pay Rate Determinant						ant	
30. Retirement Plan		21 Samulas Co	omp. Date (Leave)	32. Work Sche	dule			33. Part-Ti	mo House	Don	
(b)(6)		omp. Date (Leave)		L TIME			Biweekly Pay Period				
POSITION D											
34. Position Occupi		35. FLSA Cat	egory Exempt	36. Appropria	ion Code			37. Bargaining Unit Status			
2 2 - Excepted Ser		(b)(6) _{N-1}	Nonexempt				8888				
38. Duty Station Co 11-0010-001	de		on (City – County ΓΟΝ DIST OF								
40. Agency Data	41. 42	.	43.		44.						
45. Remarks APPOINTMENT AFFIDAVIT EXECUTED 02/05/2021 OPF MAINTAINED BY DHS/HQ (b)(6)											
FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB): YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO ENROLL. SEND YOUR COMPLETED SF-2809 TO (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) TO GET MORE INFORMATION AND USE THE FEGLI CALCULATOR, VISIT											
	OPM.GOV/INSURE/LIFI CONTINUED ON THE I		***								
46. Employing Depa				_		on and Title of A	oproving Offic	cial			
HOMELAND S	ECURITY					IGNED BY:					
47. Agency Code HSAA	48. Personnel Office ID 5500	49. Approval 02/06/2021			BARKSDA		прме				
HOAA	3300	02/00/2021		ACTING E	AECUTIVE	DIRECTOR,	IKWIS				

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First,	2. Social Security Number			3. Date of Bir	th	4. Effective Date						
GEER, HARLAN					(b)(6) 02/05/2021							
FIRST ACTIO						ND ACT						
5–A. Code 190	5-B. Nature of Action PROVISIONAL A	PPT NTE 0	6/05/21		6-A. Code 6-B. Nature of Action							
5-C. Code Y7M	5-D. Legal Authority 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	15. TO: Position Title and Number SENIOR ADVSIOR 90991129 083881											
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11.	13. Pay Basis	16. Pay Pla GS					tep or Rate 20. Total Salary/Award 21. Pay Basis 1 144,128.00 PA				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic	: Pay	12D. Other Pay	20A. Basic	Pay	20	B. Locality Adj.	20C. Adj	. Basic Pay	20D. Other	Pay
	.00			.00	110,46	60.00		33,668.00	144,	128.00	.00	
EMPLOYEE	DATA				OSEM Off of Lo	egislative A	ffairs	F THE SECR PP 03 2021	EIAKI			
23. Veterans Prefere	nce	5 10	D-1-4/O4		24. Tenur				ency Use	26. Vetera	ns Preferen	e for RIF
(b)(6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensable		Point/Other Point/Compensab	ble/30%	(b)(6)	0 – None 1 – Permanent	2 - Cond 3 - Inde			(b)(6)		
27. FEGLI (b)(6)					28. Annui	tant Indicate	r		<u>'</u>	29. Pay Ra	te Determin	ant
30. Retirement Plan			21 Comples (Comp. Date (Leave)	32. Work	Schedule				22 Powt_T	ime Hours	Don
(b)(6)			51. Service C	omp. Date (Leave)		FULL TIN	Œ				Biweekly	
POSITION DA	ATA				r	TOLL III	112				Pay Period	
34. Position Occupie			35. FLSA C	ategory	36. Appro	priation Cod	le			37. Bargain	ning Unit St	atus
2 1 - Competitive S				– Exempt – Nonexempt						8888		
- 2 Excepted Ser	vice 4 SES Career Reserv						4!>					
38. Duty Station Cod	de		39. Duty Sta	tion (City – County	7 – State or 0	Overseas Loc	cation)					
38. Duty Station Cod 11-0010-001	de			ition (City – County GTON DIST OF			cation)					
•	41.						cation)					
45. Remarks FLEXIBLE SE YOU HAVE 60 TO ENROLL I ON/AFTER OO OPEN SEASON WWW.FSAFED. FEDERAL DEN YOU HAVE 60 SUPPLEMENT INFORMATION ENROLLMENT THRIFT SAVI YOU ARE ELI ENROLLED AT CONTRIBUTION		42. WT (FSA): HE DATE (ARE OR DI LL BE EL: E INFORM ENROLLMEI ON PROGRE HE DATE (OR VISIO ONLINE, V C): TRIBUTE (3%. TO (APLETE A)	WASHING OF HIRE EPENDEN' IGIBLE ' ATION AI NT IS MA AM (FED' OF HIRE ON PLAN VISIT WI TO TSP. INCREASI TSP-1	BUT NO LAT T CARE FSA. TO ENROLL D ND ENROLL O ANDATORY. VIP): TO ENROLL TO GET MO WW.BENEFEDS YOU ARE AU E OR DECREA AND SEND IT	COLUMN TER THAN IF HIP OURING: ONLINE, IN A ORE ORE OCOM ON	N OCT 1: RED THE FSA VISIT NLINE CALLY R		1				
45. Remarks FLEXIBLE SEYOU HAVE 60 TO ENROLL I ON/AFTER OO OPEN SEASON WWW.FSAFED. FEDERAL DEN YOU HAVE 60 SUPPLEMENTA INFORMATION ENROLLMENT THRIFT SAVI YOU ARE ELI ENROLLED AT CONTRIBUTION *** REMARKS	41. S CONTINUED ** PENDING ACCOUNTY PENDING ACCOUNTY OF THE NA HEALTH CAP CT 1ST YOU WITH N. TO GET MORE COM. ONLINE ENTAL AND VISION OF DAYS FROM THE AL DENTAL AND N AND ENROLL COME IS MANDATORY. INGS PLAN (TSE ING	42. WT (FSA): HE DATE (ARE OR DI LL BE EL: E INFORM ENROLLMEI ON PROGRE HE DATE (OR VISIO ONLINE, V C): TRIBUTE (3%. TO (APLETE A)	WASHING OF HIRE EPENDEN' IGIBLE ' ATION AI NT IS MA AM (FED' OF HIRE ON PLAN VISIT WI TO TSP. INCREASI TSP-1	BUT NO LAT T CARE FSA. TO ENROLL D ND ENROLL O ANDATORY. VIP): TO ENROLL TO GET MO WW.BENEFEDS YOU ARE AU E OR DECREA AND SEND IT	COLUMN TER THAN IF HIM URING TO NA ORE COM ON TOMATIC SE YOU TO (D) 50. Sign:	N OCT 1: RED THE FSA VISIT NLINE CALLY R 6)	ST	and Title of Ap	oproving Off	īcial		
45. Remarks FLEXIBLE SEYOU HAVE 60 TO ENROLL ON/AFTER OF OPEN SEASON WWW.FSAFED. FEDERAL DEN YOU HAVE 60 SUPPLEMENTA INFORMATION ENROLLMENT THRIFT SAVI YOU ARE ELI ENROLLED AT CONTRIBUTION *** REMARKS	41. S CONTINUED ** PENDING ACCOUNTY PENDING ACCOUNTY OF THE NA HEALTH CAP CT 1ST YOU WITH N. TO GET MORE COM. ONLINE ENTAL AND VISION OF DAYS FROM THE AL DENTAL AND N AND ENROLL COME IS MANDATORY. INGS PLAN (TSE ING	42. IT (FSA): HE DATE (ARE OR DILL BE EL! ENROLLMEID ON PROGRA HE DATE (ARE OR VISION) ONLINE, TRIBUTE (ARE OR OR VISION) TRIBUTE (ARE OR	WASHING OF HIRE EPENDEN' IGIBLE ' ATION AI NT IS MA AM (FED' OF HIRE ON PLAN VISIT WI TO TSP. INCREASI TSP-1	BUT NO LAT T CARE FSA. TO ENROLL D ND ENROLL O ANDATORY. VIP): TO ENROLL . TO GET MO WW.BENEFEDS YOU ARE AU E OR DECREA AND SEND IT ***	TER THAN IF HIP OURING TO NLINE, IN A ORE S.COM ON TOMATIC SE YOUR TO (N) TO (N) ELECT	N OCT 1: RED IHE FSA VISIT NLINE CALLY R	ST ntication LLY SIG	GNED BY:	oproving Off	īcial		

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12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basi	c Pay	12D. O	ther Pay	20A. Basic	Pay	20	B. Locality Adj.	20C. Adj.	Basic Pay	20D. Other	Pay		
	.00			.00		110,4	60.00	;	33,668.00	144,1	28.00	.00			
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Off of Legislative Affairs HS OS010800000000000 PP 03 2021									
EMPLOYEE															
23. Veterans Prefere (b)(6) 1 - None 2 - 5-Point	nce 3 – 10–Point/Disability 4 – 10–Point/Compensable		-Point/Other -Point/Compens	ıble/30%		24. Tenure (b)(6)						rans Preference for RIF			
27. FEGLI (b)(6)						28. Annu	itant Indica	tor			29. Pay Ra	te Determin	ant		
30. Retirement Plan			21 Comples	Comp. F	Agta (Lagra)	32 Worl	Schedule				22 Powt_T	Nmo House	Pon		
			51. Service	Comp. D	Date (Leave)						33. Part-Time Hours Per Biweekly				
(b)(6)	A T. A					F	FULL II	NIE				Pay Period			
POSITION DA 34. Position Occupie			25 ELSA 4	7_4		26.1	!	. 1 .			27 P	-1 II-4 64	-4		
1 – Competitive S		F		- Exempt		36. Appropriation Code					37. Bargaining Unit Status				
2 2 - Excepted Serv		ed	1	- Nonexem	ty – County	- State or	Oversees I	ncation)			8888				
38. Duty Station Cod 11-0010-001	ie				DIST OF			ocation)							
40. Agency Data	41.	42.			43.		44.								
45. Remarks (D)(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															
46. Employing Depart HOMELAND SI						_			and Title of Ap	proving Offi	cial				
47. Agency Code	48. Personnel Office ID	,	40 Annes	val Dete					ENED BY:						
HSAA	48. Personnel Office ID 49. Approval Date NICOLE C. BARKSDALE-PERRY 5500 02/06/2021 ACTING EXECUTIVE DIRECTOR, HRMS														