

## NOTIFICATION OF PERSONNEL ACTION

<b>1. Name (Last, First, Middle)</b> ZELENKO, LESLIE ROSE	<b>2. Social Security Number</b> (b)(6)	<b>3. Date of Birth</b> (b)(6)	<b>4. Effective Date</b> 05/24/2021
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FIRST ACTION		SECOND ACTION	
<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, 213.3316. AGENCY- UNIQUE SCHEDULE C AU	<b>6-C. Code</b>	<b>6-D. Legal Authority</b>
<b>5-E. Code</b> ZLM	<b>5-F. Legal Authority</b> OPM FORM 1019 DATED 05-04-2021	<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> SENIOR ADVISOR AND CONGRESSIONAL LIAISON PD:GS0359 POSITION:00457364				
<b>8. Pay Plan</b> GS	<b>17. Occ. Code</b> 0301	<b>18. Grade or Level</b> 12	<b>19. Step or Rate</b> 01	<b>20. Total Salary/Award</b> \$87,198.00	<b>21. Pay Basis</b> PA
<b>12A. Basic Pay</b> \$66,829.00	<b>12B. Locality Adj.</b> \$20,369.00	<b>12C. Adj. Basic Pay</b> \$87,198.00	<b>12D. Other Pay</b> \$0		
<b>14. Name and Location of Position's Organization</b>			<b>22. Name and Location of Position's Organization</b> OFFICE OF THE SECRETARY OF HEALTH AND HUMAN SERVICES OFFICE OF THE ASSISTANT SECRETARY FOR LE WASHINGTON DC USA		

EMPLOYEE DATA			
<b>23. Veterans Preference</b> (b)(6)	<b>24. Tenure</b> 3	<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)(6)	<b>29. Pay Rate Determinant</b> (b)(6)	
<b>30. Retirement Plan</b> (b)(6)	<b>31. Service Comp. Date (Leave)</b> (b)(6)	<b>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>35. FLSA Category</b> E	<b>36. Appropriation Code</b> 11990365	<b>37. Bargaining Unit Status</b> 8888
<b>38. Duty Station Code</b> 110010001		<b>39. Duty Station (City - County - State or Overseas Location)</b> WASHINGTON DIST COLUMBIA DC USA	

<b>40. Agency Data</b>	<b>41.</b>	<b>42.</b>	<b>43.</b>	<b>44. PAR NUMBER:</b>
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**45. Remarks**  
 APPOINTMENT IS INDEFINITE.  
 APPOINTMENT AFFIDAVIT EXECUTED 05-24-2021.  
 CREDITABLE MILITARY SERVICE: (b)(6)  
 PREVIOUS RETIREMENT COVERAGE: (b)(6)  
 (b)(6)  
 (b)(6)

<b>46. Employing Department or Agency</b> DEPARTMENT OF HEALTH AND HUMAN SERVICES	<b>50. Signature/Authentication and Title of Approving Official</b> ELECTRONICALLY SIGNED BY: STEVEN D. CHURCH SUPERVISORY, HUMAN RESOURCES	
<b>47. Agency Code</b> HE10	<b>48. Personnel Office ID</b> 1704	<b>49. Approval Date</b> 05/27/2021