

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) SARVANA, ADAM COREY	2. Social Security Number (b)(6)	3. Date of Birth (b)(6)	4. Effective Date 03/13/2022
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FIRST ACTION		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, 213.3316. AGENCY- UNIQUE SCHEDULE C AU	6-C. Code	6-D. Legal Authority
5-E. Code ZLM	5-F. Legal Authority OPM FORM 1019 DATED 02-25-2022	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number						15. TO: Position Title and Number DIRECTOR OF COMMUNICATIONS PD:GS0485 POSITION:00473993					
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
						GS	0301	15	01	\$148,484.00	PA
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.	
								\$112,890.00		\$35,594.00	
								\$148,484.00		\$0	
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization OFFICE OF THE SECRETARY OF HEALTH AND HUMAN SERVICES OFFICE OF THE ASSISTANT SECRETARY FOR HE IMMEDIATE OFFICE WASHINGTON DC USA					

EMPLOYEE DATA			
23. Veterans Preference (b)(6) 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/50%		24. Tenure 3 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	25. Agency Use
27. FEGLI (b)(6)		28. Annuitant Indicator (b)(6)	26. Veterans Preference for RIF (b)(6)
30. Retirement Plan (b)(6)		31. Service Comp. Date (Leave) (b)(6)	32. Work Schedule F FULL TIME
			29. Pay Rate Determinant (b)(6)
			33. Part-Time Hours Per Biweekly Pay Period

POSITION DATA			
34. Position Occupied 2 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved		35. FLSA Category E E - Exempt N - Nonexempt	36. Appropriation Code 21990136
			37. Bargaining Unit Status 8888
38. Duty Station Code 110010001		39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST COLUMBIA DC USA	

40. Agency Data	41.	42.	43.	44. PAR NUMBER:
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45. Remarks
 FEDERAL DENTAL AND VISION PROGRAM (FEDVIP): (b)(6)
 (b)(6) TO OBTAIN ADDITIONAL INFORMATION AND TO ENROLL, VISIT
 WWW.BENEFEDS.COM. ONLINE ENROLLMENT IS MANDATORY.
 APPOINTMENT IS INDEFINITE.
 APPOINTMENT AFFIDAVIT EXECUTED 03-14-2022.
 FROZEN SERVICE: (b)(6)
 CREDITABLE MILITARY SERVICE: (b)(6)
 PREVIOUS RETIREMENT COVERAGE: (b)(6)
 (b)(6)
 FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB): (b)(6). SEND YOUR
 COMPLETED SF-2809 TO ERD.NEWEMPLOYEEORIENTATION@HHS.GOV FOR PROCESSING. TO COMPARE PLANS AND OBTAIN
 ADDITIONAL INFORMATION, VISIT WWW.OPM.GOV/INSURE FLEXIBLE SPENDING ACCOUNT (FSA): (b)(6)
 (b)(6)
 (b)(6) TO OBTAIN ADDITIONAL
 INFORMATION AND TO ENROLL, VISIT WWW.FSAFEDS.COM. ONLINE ENROLLMENT IS MANDATORY.
 THRIFT SAVINGS PLAN (TSP): (b)(6)
 *** REMARKS CONTINUED ON THE NEXT PAGE ***

46. Employing Department or Agency DEPARTMENT OF HEALTH AND HUMAN SERVICES			50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TISA TOLLIVER SUPERVISORY, HUMAN RESOURCES S		
47. Agency Code HE10	48. Personnel Office ID 1704	49. Approval Date 03/21/2022			

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5-E. Code ZLM	5-F. Legal Authority OPM FORM 1019 DATED 02-25-2022	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number	15. TO: Position Title and Number DIRECTOR OF COMMUNICATIONS PD:GS0485 POSITION:00473993
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8. Pay Plan GS	9. Occ. Code 0301	10. Grade or Level 15	11. Step or Rate 01	12. Total Salary \$148,484.00	13. Pay Basis PA		
12A. Basic Pay \$112,890.00	12B. Locality Adj.	12C. Adj. Basic Pay \$35,594.00	12D. Other Pay \$148,484.00	20A. Basic Pay \$112,890.00	20B. Locality Adj. \$35,594.00	20C. Adj. Basic Pay \$148,484.00	20D. Other Pay \$0

14. Name and Location of Position's Organization	22. Name and Location of Position's Organization OFFICE OF THE SECRETARY OF HEALTH AND HUMAN SERVICES OFFICE OF THE ASSISTANT SECRETARY FOR HE IMMEDIATE OFFICE WASHINGTON DC USA
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45. Remarks
 ***REMARKS CONTINUED ***
 (b)(6) TO INCREASE OR DECREASE YOUR CONTRIBUTION AMOUNT, COMPLETE A TSP-1 AND SEND TO ERD.NEWEMPLOYEEORIENTATION@HHS.GOV FOR PROCESSING. FERS EMPLOYEES: (b)(6) TO OBTAIN ADDITIONAL INFORMATION, VISIT WWW.TSP.GOV/PUBLICATIONS/TSPBK30.PDF FEDERAL LONG TERM CARE INSURANCE PROGRAM (FLTCIP): (b)(6) TO OBTAIN ADDITIONAL INFORMATION AND APPLY ONLINE, VISIT WWW.LTCFEDS.COM .

46. Employing Department or Agency DEPARTMENT OF HEALTH AND HUMAN SERVICES	50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TISA TOLLIVER SUPERVISORY, HUMAN RESOURCES S
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