

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) CASTRO, MARIA J				2. Social Security Number (b) (6)		3. Date of Birth (b) (6)		4. Effective Date 01/20/2021					
FIRST ACTION					SECOND ACTION								
5-A. Code 190		5-B. Nature of Action PROVISIONAL APPT NTE 05-19-21			6-A. Code		6-B. Nature of Action						
5-C. Code Y9K		5-D. Legal Authority SCH C, 213,3302(A)			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 SPECIAL ASSISTANT 10000000 IGS1530								
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	09	01	\$60129.00	PA		
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.			
								\$46083.00		\$14046.00			
								\$60129.00		\$0.00			
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization IN01 SECRETARY'S IMMEDIATE OFFICE WASHINGTON,DC								
EMPLOYEE DATA													
23. Veterans Preference						24. Tenure			25. Agency Use		26. Veterans Preference for RIF		
<input type="checkbox"/> None <input type="checkbox"/> 1 - 5-Point <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 6 - 10-Point/Compensable/30%						<input type="checkbox"/> 0 - None <input checked="" type="checkbox"/> 1 - Permanent <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 3 - Indefinite					<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
27. FEGLI (b) (6)						28. Annuitant Indicator (b) (6)			29. Pay Rate Determinant (b) (6)				
30. Retirement Plan (b) (6)				31. Service Comp. Date (Leave) 01/20/2021		32. Work Schedule F FULL-TIME			33. Part-Time Hours Per Biweekly Pay Period				
POSITION DATA													
34. Position Occupied				35. FLSA Category			36. Appropriation Code			37. Bargaining Unit Status			
<input checked="" type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 4 - SES Career Reserved				<input checked="" type="checkbox"/> N <input type="checkbox"/> E - Exempt <input type="checkbox"/> S - Nonexempt						8888			
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON, DISTRICT OF COLUMBIA									
40. Agency Data FUNC CLS 00		41. (b) (6)		42. EDUC LVL 13		43. SUPV STAT 8		44. POSITION SENSITIVITY HIGH RISK					
45. Remarks APPOINTMENT IS ON A PROVISIONAL BASIS. YOU ARE ELIGIBLE FOR RETIREMENT COVERAGE AND FOR HEALTH BENEFITS AND LIFE INSURANCE. IF YOUR PERFORMANCE IS SATISFACTORY, AND YOU MEET ALL LEGAL QUALIFICATIONS, AND OTHER APPLICABLE REQUIREMENTS, YOU MAY BE CONVERTED TO A NONTEMPORARY APPOINTMENT BEFORE THIS APPOINTMENT EXPIRES. APPOINTMENT AFFIDAVIT EXECUTED 01/20/21. CREDITABLE MILITARY SERVICE: (b) (6) PREVIOUS RETIREMENT COVERAGE: (b) (6) EMPLOYEE IS AUTOMATICALLY COVERED UNDER (b) (6) 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 IN - OFC OF THE SECRETARY						50. Signature/Authentication and Title of Approving Official 210364126 / ELECTRONICALLY SIGNED BY: ERICA J. WILLIAMS HUMAN RESOURCES SPECIALIST							
47. Agency Code IN01		48. Personnel Office ID 4342		49. Approval Date 01/20/2021									