| FPM Supp. 296-33, Sub | ch. 4 | | | | | | | | | | | | | | |
|---|--|----------------------------------|----------------------------------|--------------------------|-------------|--|---|-----------------|-----------------------|--------------------------------|-------------|-----------------------|------------------------|-----------|--|
| 1. Name (Last, First, | 1. Name (Last, First, Middle) | | | | | | | urity Nu | mber | 3. Date of Bir | rth | 4. Effective Date | | | |
| ULLOA, ISABEL | LA F | | | | | (b)(| 6) | | | (b)(6) | | 01/20/ | 2021 | | |
| FIRST ACTIO | ON | | | | | SECO | ND | ACTI | ON | | | | | | |
| 5-A. Code 190 | 5-B. Nature of Actio | | 05/20/21 | | | 6-A. Coo | de | | 6-B. N | ature of Action | I | | | | |
| 5-C. Code Y7M | 5-D. Legal Authority SCH C 213.33XX | | | | | 6-C. Coc | de | | 6-D. I | Legal Authority | 7 | | | | |
| 5-E. Code | 5-F. Legal Authority | | | | | 6-E. Cod | le | | 6-F. I | egal Authority | , | | | | |
| 7. FROM: Position 7 SPECIAL ASSIS 90658663 063178 | TANT } | | | | | SPEC 90988 | 15. TO: Position Title and Number SPECIAL ADVISOR 90988445 083921 | | | | | | | | |
| 8. Pay Plan 9. Occ. Cod | e 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 18. Grade or Level 19. Step or 19. Step or 14 14 15 15 15 15 15 15 | | | _ | 20. Total Sal 122,530. | - | 21. Pay Basis PA | | | |
| 12A. Basic Pay | 12B. Locality Adj. | 12C. Adj. Basi | c Pay | 12D. Ot | her Pay | 20A. Basic | | | | 0B. Locality Adj. 28,623.00 | - | . Basic Pay | 20D. Other | Pay | |
| 14. Name and Locati | | IMMEI OSEM Imm Of CHIEF | DIAT ff of th OF S | E OFFI he Sec TAFF | CE OF | tion's Organiza THE SECR | | | | | | | | | |
| EMPLOYEE | DATA | | | | | | | | | | | | | | |
| 23. Veterans Prefere (b)(6) 1 - None 2 - 5-Point | nce 3 – 10–Point/Disability 4 – 10–Point/Compensa | | -Point/Other -Point/Compensal | ble/30% | | 24. Tenu (b)(6) | 0 - No | one ermanent | 2 – Cond 3 – Indef | litional | ency Use | 26. Veteran (b)(6) | ns Preferenc | e for RIF | |
| 27. FEGLI (b)(6) | | | | | | 28. Annu | itant] | Indicator | r | | | 29. Pay Rat | te Determin | ant | |
| 30. Retirement Plan | | | 31. Service (| Comp. D | ate (Leave) | 32. Work | Sche | dule | | | | 33. Part-T | ime Hours l | Per | |
| (b)(6) | | | | | | F | FUI | LL TIM | E | | | | Biweekly Pay Period | | |
| POSITION DA | ATA | | | | | | | | | | | | | | |
| 34. Position Occupie | | | 35. FLSA C | ategory | | 36. Appr | opriat | tion Cod | e | | | 37. Bargair | ning Unit St | atus | |
| 2 1 - Competitive S 2 - Excepted Serv | | erved | | – Exempt – Nonexem | pt | | | | | | | 8888 | | | |
| 38. Duty Station Cod | de | | 39. Duty Sta | | | | | | ation) | | | | | | |
| 11-0010-001 | | | WASHING | GTON | | COLUM | BIA | | | | | | | | |
| 40. Agency Data | 41. | 42. | | | 43. | | | 44. | | | | | | | |
| YOU 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 | 40. Agency Data 41. 42. 43. 44. 45. Remarks *** REMARKS CONTINUED *** FLEXIBLE SPENDING ACCOUNT (FSA): YOU HAVE 60 DAYS FROM THE DATE OF HIRE BUT NO LATER THAN OCT 1ST TO ENROLL IN A HEALTH CARE OR DEPENDENT CARE FSA. IF HIRED ON/AFTER OCT 1ST YOU WILL BE ELIGIBLE TO ENROLL DURING THE FSA OPEN SEASON. TO GET MORE INFORMATION AND ENROLL ONLINE, VISIT WWW.FSAFED.COM. ONLINE ENROLLMENT IS MANDATORY. FEDERAL DENTAL AND VISION PROGRAM (FEDVIP): YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO ENROLL IN A SUPPLEMENTAL DENTAL AND/OR VISION PLAN. TO GET MORE INFORMATION AND ENROLL ONLINE, VISIT WWW.BENEFEDS.COM ONLINE ENROLLMENT IS MANDATORY. THRIFT SAVINGS PLAN (TSP): YOU ARE ELIGIBLE TO CONTRIBUTE TO TSP. YOU ARE AUTOMATICALLY ENROLLED AT THE RATE OF 3%. TO INCREASE OR DECREASE YOUR CONTRIBUTION AMOUNT, COMPLETE A TSP-1 AND SEND IT TO VIRGINIA.HARRIS *** REMARKS CONTINUED ON THE NEXT PAGE *** | | | | | | | | | | | | | | |
| 46. Employing Depar | | | | | | 50. Sigr | nature | /Authen | tication | and Title of Ap | proving Off | icial | | | |
| | HOMELAND SECURITY | | | | | | | | | GNED BY: | | | | | |
| 47. Agency Code | 48. Personnel Office | ID | 49. Approv | | | | | | | E-PERRY | IDMC | | | | |

| HSAA | 5500 | | ACTING EXECUTIVE DIRECTOR, HRMS | | | | | | | | | | | | |
|--------------------------|---------------------------|--------------------|---------------------------------|----------------------------|------------|--|--------------------------|--|------------------|-------------------------------------|----------------------------|--------------|------------------|--|--|
| 47. Agency Code | 48. Personnel Office | ID | 49. Appro | val Date | | NICOLE C. BARKSDALE-PERRY | | | | | | | | | |
| HOMELAND SE | | | | | | _ | FRONICAL | | | | | | | | |
| 46. Employing Depar | tment or Agency | | | | | 50. Signature/Authentication and Title of Approving Official | | | | | | | | | |
| | | | | | | -a -: | | | | | | | | | |
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| MAICHING. 1 | O GET INFORM | MITON, V | TOTI MA | W. 13P | .GOV/F | OKM5/1 | ordnuo.1 | דעב | | | | | | | |
| | CONTRIBUTION | | | | | | | | | | | | | | |
| HQ.DHS.GOV. | FERS EMPLOY | MEES ONLY | | | | | | | ENCY | | | | | | |
| 45. Remarks REMARKS | CONTINUED * | *** | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| g-may sound | | | | | | | | | | | | | | | |
| 40. Agency Data | 41. | 42. | | | 43. | | 44. | | | | | | | | |
| 11-0010-001 | | | WASHIN | GTON | DIST OF | COLUM | BIA DC | | | | | | | | |
| 38. Duty Station Cod | le | | 39. Duty St | tation (City | y – County | - State or | Overseas Loc | cation) | | | | | | | |
| 2 2 - Excepted Serv | | erved | | E – Exempt N – Nonexemp | t | | | | | | 8888 | | | | |
| 1 - Competitive S | | | 35. FLSA | | | 36. Appropriation Code | | | | | 37. Bargaining Unit Status | | | | |
| 34. Position Occupie | | | 35. FI SA | Category | | 36 Ann | nnrigition Cod | le . | | | 27 Rargaining Unit Status | | | | |
| POSITION DA | ATA | | | | | | | | | | | | | | |
| (b)(6) | | | | | | F | FULL TIM | 1E | | | Pay Period | | | | |
| | | | 51. Service | Comp. Da | ne (Leave) | | | | | 33. Part-Time Hours Per Biweekly | | | | | |
| 30. Retirement Plan | | | 31. Service | Comp. D. | to (Lacro) | 32 Work | Schedule | | | | 22 Dont T | ma Hanna P |) P | | |
| (b)(6) | | | | | | 20. Annu | itant Indicato | or . | | | 29. Pay Rat | e Determina | nt | | |
| 2 - 5-Point | 4 - 10-Point/Compensa | DIE 6-10 | -Point/Compens | ане/30% | | | 1 - Permanent | 3 – Indefi | mite | | 20 P P | D.t. | | | |
| (b)(6) 1 - None | 3 - 10-Point/Disability | | -Point/Other | LI_(200/ | | (b)(6) | 0 - None | 2 - Condi | itional | cy osc | (b)(6) | I reservince | | | |
| 23. Veterans Preferen | | | | | | 24. Tenu | re | | 25. Age | ency Use | 26. Veteran | s Preference | for RIF | | |
| EMPLOYEE I | DATA | | | | | 320 | | | | | | | | | |
| | | | | | | | 1010200000 | 00000 | PP 02 2021 | | | | | | |
| | | l | | | | | | | | | | | | | |
| | | | | | | CHIEF | OF STAFF | | | | | | | | |
| | | | | | | | f of the Sec OF STAFF | | | | | | | | |
| | | | | | | OSEM Imm Of | foftha Ca- | | | | | | | | |
| | | | | | | | IATE OFF | ICE OF | THE SECRE | ETARY | | | | | |
| 14. Name and Locati | on of Position's Orga | nization | | | | | | | ion's Organizat | | | | | | |
| | .00 | | | .00 | | 93,907.00 28,623.00 122 | | | | | 530.00 | .00 | | | |
| 12A. Basic Pay | 12B. Locality Adj. | 12C. Adj. Bas | ic Pay | 12D. Oth | ner Pay | 20A. Basic | Pay | 20 | B. Locality Adj. | 20C. Adj | j. Basic Pay | 20D. Other P | Pay | | |
| | | | | | | GS | GS 0301 14 01 | | | 01 | 122,530. | 00 | PA | | |
| 8. Pay Plan 9. Occ. Code | e 10. Grade or Level 11 | 1. Step or Rate 12 | . Total Salary | 13. I | Pay Basis | 16. Pay Pla | | Code 18 | . Grade or Level | | | | 21. Pay Basis | | |
| | | | | | | L | | | | | | | | | |
| 90658663 063178 | | | | | | 90988445 083921 | | | | | | | | | |
| SPECIAL ASSIS | | | | | | 15. TO: Position Title and Number SPECIAL ADVISOR | | | | | | | | | |
| 7. FROM: Position T | itle and Number | | | | | 15 TO: 1 | Docition Titl- | and No. | har | | | | | | |
| 5-E. Code | 5-F. Legal Authority | 7 | | | | 6-E. Cod | e | 6-F. L | egal Authority | | | | | | |
| Y7M | SCH C 213.33XX | | | | | (= = = | | | | | | | | | |
| 5-C. Code | 5-D. Legal Authority | | | | | 6-C. Cod | le | 6-D. L | egal Authority | | | | | | |
| 190 | PROVISIONAL | APPT NTE | 05/20/21 | | | | | | | | | | | | |
| 5-A. Code | 5-B. Nature of Actio | | | | | 6-A. Cod | le | 6-B. Na | ature of Action | | | | | | |
| FIRST ACTIO |)N | | | | | SECO | ND ACT | ION | | | | | | | |
| ULLOA, ISABEL | LA F | | | | | (b)(6 |)) | | (b)(6) | | 01/20/2 | 2021 | | | |
| 1. Name (Last, First, | | | | | | | | ımber | 3. Date of Birt | th | 4. Effective Date | | | | |
| | PM Supp. 296–33, Subch. 4 | | | | | | | 2. Social Security Number 3. Date of Birth | | | | | A Effective Date | | |
| DECM SHIPS 190-44 Volume | h. 4 | | | | | | | | | | | | | | |

| 11 M Supp. 270 33, Sub | CII. 4 | | | | | | | | | | | | | | | |
|---|---|--|--|--------------|---------------------------------------|---|-----------------|--------------------------------|-----------------------|------------|----------------------|------------------|------------------------------|-------------------------|-----------|------|
| 1. Name (Last, First | | 2. Social Security Nur | | | Sumber 3. Date of Birth | | | | 4. Effective Date | | | | | | | |
| ULLOA, ISABEL | LA F | | | | | (b)(| 6) | | | (b)(6 | 3) | | 01/20 | /2021 | | |
| FIRST ACTIO | ON | | | | | SECO | ND | ACTI | ON | | | | | | | |
| 5-A. Code 190 | 5-B. Nature of Action PROVISIONAL A | PPT NTF | 05/20/21 | | | 6-A. Coo | le | | 6-B. N | ature of | Action | | | | | |
| 5-C. Code | 5-D. Legal Authority | III WIE | 03/20/21 | | | 6-C. Coc | le | | 6-D. I | Legal Au | ıthority | | | | | |
| Y7M | SCH C 213.33XX | | | | | | | | 0 2.1 | Jegui / I | illorrey | | | | | |
| 5-E. Code | 5-F. Legal Authority | | | | | 6-E. Code 6-F. Legal Authority | | | | | | | | | | |
| 7. FROM: Position ' SPECIAL ASSIS 90658663 063178 | STANT | | | | | 15. TO: Position Title and Number SPECIAL ADVISOR 90988445 083921 | | | | | | | | | | |
| 8. Pay Plan 9. Occ. Cod | le 10. Grade or Level 11. S | Step or Rate 12 | . Total Salary | 13 | . Pay Basis | 16. Pay Pl | an | 17. Occ. Co | ode 18 | 3. Grade o | or Level | 19.Step or 01 | Rate 20. Total Sa 122,530 | | 21. Pay B | asis |
| 12A. Basic Pay | 12B. Locality Adj. | 12C. Adj. Bas | ic Pay | 12D. O | ther Pay | 20A. Basic Pay 20B. Locality Adj. 20C. Adj. Basic Pay 20D. Other | | | | | | 20D. Other | Pay | | | |
| | .00 | | | .00 | | 93,907.00 28,623.00 122,530.00 .00 | | | | | | | | | | |
| 14. Name and Location of Position's Organization | | | | | | | OIAT If of t | Location TE OFFI the Sec STAFF | CE OI | THE | SECRE | | | | | |
| EMPLOYEE | | | | | | | | | | | | | | | | |
| 23. Veterans Prefere (b)(6) 1 - None 2 - 5-Point | ence 3 – 10–Point/Disability 4 – 10–Point/Compensable | | -Point/Other | ble/30% | | 24. Tenu (b)(6) | 0 - N | ione Permanent | 2 – Cond 3 – Indef | | 25. Age | ncy Use | 26. Vetera (b)(6) | ns Preferenc | e for RIF | 1 |
| 27. FEGLI | • | | | | | 28. Annu | | Indicator | | | | | 29. Pay Ra | te Determin | ant | |
| (b)(6) | | | | | | | | | | | | | | | | |
| 30. Retirement Plan (b)(6) | ı | | 31. Service | Comp. I | Date (Leave) | 32. Work | | | F | | | | 33. Part-T | ime Hours I Biweekly | Per | |
| POSITION D | ATA | | | | | F FULL TIME Pay Period | | | | | | | | | | |
| 34. Position Occupi | _ | | 35. FLSA (| Category | | 36. Appr | opria | ıtion Code | • | | | | 37. Bargai | ning Unit Sta | atus | |
| 2 1 - Competitive : | | ed. | (b)(6) F | – Exempt | | | | | | | | 8888 | | | | |
| 38. Duty Station Co 11-0010-001 | | · · | 39. Duty St | ation (Ci | ity – County DIST OF | | | | tion) | | | | | | | |
| 40. Agency Data | 41. | 42. | *************************************** | - | 43. | COLON | | 44. | | | | | | | | |
| OPF MAINTA: (b)(6) FEDERAL EMI YOU HAVE 60 COMPLETED S TO COMPARE WWW.OPM.GOV FEDERAL EMI YOU ARE AUS DAYS FROM S YOUR COMPLIE TO GET MORE | PLOYEES' HEALT D DAYS FROM TH SF-2809 TO PLOYEES' GROUP FUNDANS AND GET V/INSURE PLOYEES' GROUP FOMATICALLY EN THE DATE OF HI ETED SF-2817 TE INFORMATION OPM.GOV/INSUR | CH BENEF E DATE MORE I LIFE I ROLLED RE TO E O (b)(6) AND USE | TITS (FE OF HIRE NFORMAT IN BASICLECT OF | TION, CE (FI | VISIT EGLI): VERAGE. AL COVE | YOU H RAGE. | AVE SEN | E 60 | | | | | | | | |
| *** REMARKS 46. Employing Depa | S CONTINUED ON | THE NE | XT PAGE | *** | | 50. Sigr | natur | e/Authent | ication | and Tit | le of Apr | proving C | Official | | | |
| HOMELAND SI | | | | | | | | NICALI | | | | | - | | | |
| 47. Agency Code | 48. Personnel Office II |) | 49. Appro | | | NICOLE C. BARKSDALE-PERRY | | | | | | | | | | |
| HSAA | 5500 | | 01/21/20 | 21 | | ACTIN | NG E | EXECUT | IVE D | IREC | го <mark>к,</mark> н | RMS | | | | |

| FPM Supp. 296-33, Sub | cn. 4 | | | | | | | | | | | | | |
|---|--|--|---------------------------------|-------------------------|--------|---|--|-------------|------------------|---------------|------------------|------------------------|---------------------|--|
| 1. Name (Last, First, | | 2. Social Security Number 3. Date of Birth | | | | | 4. Effective Date | | | | | | | |
| ULLOA, ISABEL | LA F | | | | | (b)(| 6) | | (b)(6) | | 02/14/ | 2021 | | |
| FIRST ACTIO | ON | | | | | SECO | ND A | CTION | | | | | | |
| 5-A. Code | 5-B. Nature of Action | | | | | 6-A. Co | le | 6-B. N | ature of Action | | | | | |
| 570 | CONV TO EXC A | PPT | | | | | | | | | | | | |
| 5-C. Code | 5-D. Legal Authority | | | | | 6-C. Co | ile | 6-D. I | egal Authority | | | | | |
| Y7M | SCH C 213 3311 | | | | | 6 8 6 | | | 11.41.4 | | | | | |
| 5-E. Code | 5-F. Legal Authority | | | | | 6-E. Co | 1e | 6-F. L | egal Authority | | | | | |
| 7. FROM: Position T SPECIAL ADVIS 90988445 083921 | SOR | | | | | 15. TO: Position Title and Number COUNSELOR (SPECIAL PROJECTS) 91006336 085171 | | | | | | | | |
| 8. Pay Plan 9. Occ. Cod | e 10. Grade or Level 11. | | Total Salary | 13. Pay I | Basis | 16. Pay Pl | | cc. Code 18 | . Grade or Level | 19.Step or Ra | te 20. Total Sal | | 21. Pay Basis PA | |
| 12A. Basic Pay | 12B. Locality Adj. | 12C. Adj. Basi | ic Pay | 12D. Other P | Pay | 20A. Basic | Pay | 20 | B. Locality Adj. | 20C. Adj | . Basic Pay | 20D. Other | Pay | |
| 93,907.00 | 28,623.00 | 122,530.0 | 00 | .00 | | 110,4 | 60.00 | | 33,668.00 | 144,1 | 128.00 | .00 | | |
| 14. Name and Local | ion of Position's Organi | zauon | | | | 22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Imm Off of the Sec CHIEF OF STAFF HS OS0101020000000000 PP 09 2021 | | | | | | | | |
| EMPLOYEE | DATA | | | | | | | | | | | | | |
| 23. Veterans Prefere (b)(6) 1 - None 2 - 5-Point | nce 3 – 10–Point/Disability 4 – 10–Point/Compensable | | -Point/Other -Point/Compensa | ble/30% | | 24. Tenu (b)(6) | 24. Tenure (b)(6) 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite 25. Agency Use 26. Veterans Preference for R (b)(6) | | | | | | e for RIF | |
| 27. FEGLI | | | | | | 28. Annu | itant Indi | cator | | | 29. Pay Rat | e Determin | ant | |
| (b)(6) | | | | | | | | | | | | | | |
| 30. Retirement Plan | | | 31. Service | Comp. Date (| Leave) | 32. Worl | Schedule | : | | | 33. Part-Ti | | Per | |
| (b)(6) | | | | | | F | FULL 7 | ГІМЕ | | | | Biweekly Pay Period | | |
| POSITION DA | ATA | | | | | | | | | | | | | |
| 34. Position Occupie | ed | | 35. FLSA C | ategory | | 36. Appr | opriation | Code | | | 37. Bargain | ing Unit Sta | atus | |
| 2 1 - Competitive S | | ved | | – Exempt – Nonexempt | | | | | | | 8888 | | | |
| 38. Duty Station Coo 11-0010-001 | le | | | ntion (City – C | - | | | | | | | | | |
| 40. Agency Data | 41. | 42. | WASHIN | 43. | | COLUM | 44 | | | | | | | |
| 40. Agency Data | 41. | 72. | | 43. | • | | | • | | | | | | |
| 45 Remarks | | | | | | | | | | | | | | |
| HEALTH BENE | FITS COVERAGE | E CONTIN | UES. | | | | | | _ | | | | | |
| (b)(6) | | | | | | | | | | | | | | |
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| 46. Employing Depar | | | | | | | | | and Title of Ap | proving Off | icial | | | |
| HOMELAND SECURITY | | | | | | | ELECTRONICALLY SIGNED BY: | | | | | | | |
| 47. Agency Code | 48. Personnel Office II | D | 49. Approv | | | NICO | LE C. BA | RKSDAL | E-PERRY | | | | | |
| HSAA | 5500 | | 02/15/202 | 21 | | EXEC | UTIVE I | DIRECTO | R. HRMS | | | | | |

| 1 Name (Last First | ch. 4 | | | | | | | | | | | | | |
|---------------------------------------|---|---------------|---------------------------------|--|--------|---|---------------------------|--|------------------|---------------|--|------------------------|-----------|--|
| 1. Ivalile (Last, First | 1. Name (Last, First, Middle) | | | | | | | 2. Social Security Number 3. Date of Birth 4. Effect | | | | | | |
| ULLOA, ISABEI | LA F | | | | | (b)(| 6) | | (b)(6) | | 01/02/ | 2022 | | |
| FIRST ACTIO | ON | | | | | SECO | ND ACT | ION | | | | | | |
| 5-A. Code | 5-B. Nature of Action | n | | | | 6-A. Coc | le | 6-B. Na | ture of Action | ı | | | | |
| 894 | GEN ADJ | | | | | | | | | | | | | |
| 5-C. Code QWM | 5-D. Legal Authority REG 531.207 | | | | | 6-C. Coc | le | 6-D. L | egal Authority | Ţ. | | | | |
| 5-E. Code ZLM | 5-F. Legal Authority E O 14061 | | | | | 6-E. Cod | le | 6-F. L | egal Authority | , | | | | |
| | | | | | | 15 TO: 1 | | | | | | | | |
| 7. FROM: Position | litte and Number | | | | | 15. TO: Position Title and Number COUNSELOR (SPECIAL PROJECTS) 91006336 085171 | | | | | | | | |
| 8. Pay Plan 9. Occ. Coo | le 10. Grade or Level 11 | | . Total Salary 144,128.00 | 13. Pay B | Basis | 16. Pay Pl | an 17. Occ. 0 | ode 18. | Grade or Level | 19.Step or Ra | Rate 20. Total Salary/Award 21. Pay Basis PA | | | |
| 12A. Basic Pay | 12B. Locality Adj. | 12C. Adj. Bas | ic Pay | 12D. Other P | ay | 20A. Basic | Pay | 20 | B. Locality Adj. | 20C. Adj | i. Basic Pay | 20D. Other | Pay | |
| 110,460.00 | 33,668.00 | 144,128.0 | 00 | .00 | | 112,890.00 35,594.00 148,484.00 .00 | | | | | | | | |
| 14. Name and Locat | ion of Position's Orgai | nization | | | | 22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Imm Off of the Sec CHIEF OF STAFF | | | | | | | | |
| EMPLOYEE | DATA | | | | | 110 000 | 1010200000 | 00000 | 11 01 2022 | | | | | |
| 23. Veterans Prefere | | | | | | 24. Tenu | re | | | ency Use | 26. Veteran | s Preferenc | e for RIF | |
| (b)(6) 1 - None 2 - 5-Point | 3 – 10-Point/Disability 4 – 10-Point/Compensal | | -Point/Other -Point/Compensa | ble/30% | | (b)(6) | 0 – None 1 – Permanent | 2 – Condi 3 – Indefi | | | (b)(6) | | | |
| 27. FEGLI | | | | | | 28. Annu | L itant Indicato | r | | | 29. Pay Rat | te Determina | ant | |
| (b)(6) | | | | | | | | | | | | | | |
| 30. Retirement Plan | ı | | 31. Service | Comp. Date (l | Leave) | 32. Work | Schedule | | | | | ime Hours P | er | |
| (b)(6) | | | | | | F | FULL TIM | ΙE | | | | Biweekly Pay Period | | |
| POSITION D | ATA | | | | | | , | | | | | | | |
| 34. Position Occupi | ed | | 35. FLSA C | ategory | | 36. Appr | opriation Cod | e | | | 37. Bargain | ning Unit Sta | ntus | |
| 2 1 - Competitive 2 - Excepted Ser | | rved | | ExemptNonexempt | | | | | | | 8888 | | | |
| 38. Duty Station Co | | | 39. Duty Sta | ntion (City – C | County | – State or | Overseas Loc | ation) | | | | | | |
| 11-0010-001 | | | WASHING | GTON DIS | T OF | COLUM | BIA DC | | | | | | | |
| 40. Agency Data | 41. | 42. | | 43. | | | 44. | | | | | | | |
| | | | | | | | | | | | | | | |
| SALARY INC. | Y INCREASE DU LUDES A GENER R OTHER GEOGR | AL INCRE | ASE OF | 2.2% ROU | JNDEI | D AND | A LOCAL. | | | | | | | |
| PAYMENT (O) 46. Employing Depa | rtment or Agency | AL INCRE | ASE OF | 2.2% ROU | JNDEI | 50. Sign | A LOCAL. THIS ARI | tication a | and Title of Ap | oproving Off | ïcial | | | |
| PAYMENT (O | rtment or Agency | AL INCRE | ASE OF | Z.2% ROU | JNDEI | 50. Sign | A LOCAL. | tication : | NED BY: | oproving Off | ĭicial | | | |

| FPM Supp. 296-33, Sub | ch. 4 | | | | | | | | | | | |
|--|---|--|--------------------------------------|---|---|-------------|------------------|--------------|--|-------------|-----------|--|
| 1. Name (Last, First, | Middle) | | | 2. Social Security Number 3. Date of Birth 4. Effective Date | | | | | | | | |
| ULLOA, ISABEL | LA F | | | (b)(| 6) | | (b)(6) | | 02/27/2 | 2022 | | |
| FIRST ACTIO | ON | | | SECO | ND ACT | ION | | | | | | |
| 5-A. Code | 5-B. Nature of Action | | | 6-A. Co | le | 6-B. Na | ature of Action | | | | | |
| 546 | CONV TO SES NONCA | AREER APPT | | | | | | | | | | |
| 5-C. Code | 5-D. Legal Authority | D | | 6-C. Co | le | 6-D. L | egal Authority | | | | | |
| V4L 5-E. Code | 5 USC 3394(A) NONCA 5-F. Legal Authority | K | | 6-E. Coo | le | 6-F. L | egal Authority | | | | | |
| D El Code | o 11 Zegai Hamorny | | | 0 2. 000 | | 0 112 | egui riumorny | | | | | |
| 7. FROM: Position 7 COUNSELOR (S 91006336 085171 | PECIAL PROJECTS) | | | DEPU | 15. TO: Position Title and Number DEPUTY CHIEF OF STAFF 91046013 088618 | | | | | | | |
| 8. Pay Plan 9. Occ. Cod GS | 10. Grade or Level 11. Step or 15 02 | Rate 12. Total Salary 153,434.00 | 13. Pay Basis PA | 16. Pay Pl | an 17. Occ. 0 | Code 18. | Grade or Level 1 | 9.Step or Ra | Rate 20. Total Salary/Award 21. Pay Basis 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 | |
| 116,653.00 | 36,781.00 15. | 3,434.00 | .00 | 163,000.00 .00 163,000.00 .00 | | | | | | | | |
| 14. Name and Locat | ion of Position's Organization | | | 22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Imm Off of the Sec CHIEF OF STAFF HS OS0101020000000000 PP 05 2022 | | | | | | | | |
| EMPLOYEE | DATA | | | | | | | | | | | |
| 23. Veterans Prefere | nce 3 – 10–Point/Disability | 5 - 10-Point/Other | | 24. Tenu | re 0 – None | 2 – Condi | 25. Agei | ncy Use | 26. Veteran | s Preferenc | e for RIF | |
| 2 - 5-Point | 4 - 10-Point/Compensable | 6 - 10-Point/Compens | able/30% | (b)(6) | 1 – Permanent | 3 – Indefi | | | (b)(6) | | | |
| (b)(6) | | | | 28. Annu | itant Indicate | r | | | 29. Pay Rat | e Determin | ant | |
| 30. Retirement Plan | | 21 Corvine | Comp. Date (Leave | 32 Worl | Schedule | | | | 33. Part-Ti | me Houre I | Dor | |
| (b)(6) | | 51. Service | Comp. Date (Leave | | | Œ | | | Biweekly | | | |
| | A T A | | | F | FULL TIN | IE. | | | | Pay Period | | |
| POSITION D. 34. Position Occupio | | 25 EL CA | Catagonia | 26 1 | i-ti C | ı. | | | 27 Danasia | i II!4 E4 | | |
| 1 - Competitive S | | 35. FLSA (b)(6) | Category E – Exempt | 36. Appr | opriation Cod | ie | | | 37. Bargain | ing Unit St | atus | |
| 3 2 - Excepted Ser | | | N - Nonexempt | g | | | | | 8888 | | | |
| 38. Duty Station Coo 11-0010-001 | le | | tation (City – Count GTON DIST OF | • | | cation) | | | | | | |
| 40. Agency Data | 41. | 42. | 43. | | 44. | | | | | | | |
| VETERAN PRE PREVIOUS RE EMPLOYEE IS | CFITS COVERAGE CO SFERENCE IS NOT A CTIREMENT COVERAGE AUTOMATICALLY CO USED FOR 5 USC 35 | PPLICABLE : E: PREVIOUS OVERED UND | SLY COVERED. ER FERS, FE | Ers-rae | OR FERS | S-FRAI | Ξ. | | | | | |
| 46. Employing Depar | | _ | | | and Title of App | roving Offi | icial | | | | | |
| HOMELAND SI | ECURITY | | | | TRONICAL | | | | | | | |
| 47. Agency Code | 48. Personnel Office ID 5500 | 49. Appro 02/28/20 | | NICOLE C. BARKSDALE-PERRY EXECUTIVE DIRECTOR. HRMS | | | | | | | | |
| HSAA | | | | | | | | | | | | |

| FPM Supp. 296-33, Sub | ch. 4 | | | | | | | | | | | |
|--|--------------------------------------|---|-----------------------------|---------------------------|---|-----------------------|---|------------------|---------------|---|-----------------------|--|
| 1. Name (Last, First, | 1. Name (Last, First, Middle) | | | | | | mber | 3. Date of Bir | th | 4. Effectiv | ve Date | |
| ULLOA, ISABEL | LA F | | | | (b)(6) | | | (b)(6) | | 11/21 | /2021 | |
| FIRST ACTIO |)N | | | | SECON | D ACTI | ON | | | | | |
| 5-A. Code | 5-B. Nature of Action | | | 6 | 6-A. Code | | 6-B. Na | ature of Action | | | | |
| 846 | INDIVIDUAL TIME-OFF | AWARD | | | | | | | | | | |
| 5-C. Code | 5-D. Legal Authority | | | 6 | 6-C. Code | | 6-D. L | egal Authority | | | | |
| | | | | | C.F. Colt | | | | | | | |
| 5-E. Code | 5-F. Legal Authority | | | 6 | 6–E. Code | | 6-F. L | egal Authority | | | | |
| 7. FROM: Position | Citle and Number | | | ٠, | 15 TO. Pasi | ition Title : | d N | .h | | | | |
| 7. FROM: Position | tue and Number | | | ľ | 15. TO: Posi COUNSI 91006336 | ELOR (SI | | L PROJECTS | S) | | | |
| 8. Pay Plan 9. Occ. Cod | e 10. Grade or Level 11. Step or Rat | e 12. Total Salary | 13. Pay Basis | s 1 | 16. Pay Plan | 17. Occ. C | ode 18 | . Grade or Level | 19.Step or Ra | Rate 20. Total Salary/Award 21. Pay Basis 24.00 | | |
| 12A. Basic Pay | 12B. Locality Adj. 12C. Adj. | Basic Pay | 12D. Other Pay | 2 | | | | | 20C. Adj. | Basic Pay | 20D. Other Pay | |
| | .00 | | .00 | \perp | | | | .00 | | | .00 | |
| 14. Name and Locati | I | 22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Imm Off of the Sec CHIEF OF STAFF | | | | | | | | | | |
| EMPLOYEE | DATA | | | | CED OBOTO | 2020000 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | PP 24 2021 | | | | |
| 23. Veterans Prefere | nce | 40 D L 101 | | 2 | 24. Tenure | | | | ency Use | | ns Preference for RIF | |
| (b)(6) 1 - None 2 - 5-Point | 2 To TollioDistionity | 10-Point/Other10-Point/Compens | able/30% | (l | | - None - Permanent | 2 - Condi 3 - Indefi | | | (b)(6) | | |
| 27. FEGLI | | | | 2 | 28. Annuitai | nt Indicator | r | | | 29. Pay Ra | te Determinant | |
| (b)(6) | | | | | | | | | | | | |
| 30. Retirement Plan | | 31. Service | Comp. Date (Lea | ve) 3 | 32. Work Sc | hedule | | | | 33. Part-T | ime Hours Per | |
| (b)(6) | | | | | F FULL TIME Biweekly Pay Period | | | | | Biweekly Pay Period | | |
| POSITION DA | ATA | | | | | | | | | | | |
| 34. Position Occupie | d | 35. FLSA | Category | 3 | 36. Appropriation Code 37. Bargaining Unit Status | | | | | | ning Unit Status | |
| 2 1 - Competitive S | | | E – Exempt N – Nonexempt | | | | | | | 8888 | | |
| 38. Duty Station Cod | | | ation (City - Cou | inty – | State or Ov | erseas Loc | ation) | | | | | |
| 11-0010-001 | | WASHIN | GTON DIST O | OF C | OLUMBI | A DC | | | | | | |
| 40. Agency Data | 41. | 2. | 43. | | | 44. | | | | | | |
| | | | | | | | | | | | | |
| 45. Remarks | | | | | | | | and Title of Ap | | | | |
| 46. Employing Department or Agency HOMELAND SECURITY | | | | | _ | | | SNED BY: | r.o.mg om | | | |
| 47. Agency Code | 48. Personnel Office ID | 49. Appro | val Date | NICOLE C. BARKSDALE-PERRY | | | | | | | | |
| HSAA | 5500 | 21 | | EXECUTIVE DIRECTOR, HRMS | | | | | | | | |

| FPM Supp. 296-33, Sub | n. 4 | | | | | | | | | | | | |
|-------------------------------------|---------------------------------------|--------------------------------|---|--|--|------------|------------------------------|---------------|-----------------------|-------------|---------------------|--|--|
| 1. Name (Last, First, | Middle) | | 2. Social Security Number 3. Date of Birth 4. Effective D | | | | | | Date | | | | |
| ULLOA, ISABEL | LA F | | | (b)(| 6) | | (b)(6) | | 02/13/2 | 2022 | | | |
| FIRST ACTIO | ON | | | SECO | ND ACT | ION | | | | | | | |
| 5-A. Code | 5-B. Nature of Action | | | 6-A. Co | de | 6-B. Na | ature of Action | | | | | | |
| 893 | REG WRI | | | | | | | | | | | | |
| 5-C. Code | 5-D. Legal Authority | | | 6-C. Co | de | 6-D. L | egal Authority | | | | | | |
| Q7M 5-E. Code | REG 531.404 5-F. Legal Authority | | | 6-E. Coo | la. | 6_F I | egal Authority | | | | | | |
| 3 E. Code | 5 F. Degai Audiority | | | 0 12. CO | ic . | 0 1.12 | egai Authority | | | | | | |
| 7. FROM: Position | Citle and Number | | | COU | 15. TO: Position Title and Number COUNSELOR (SPECIAL PROJECTS) 91006336 085171 | | | | | | | | |
| 8. Pay Plan 9. Occ. Cod | e 10. Grade or Level 11. Step or Rate | 12. Total Salary 148,484.00 | 13. Pay Basis PA | 16. Pay Pl | an 17. Occ. 0 | Code 18 | . Grade or Level | 19.Step or Ra | te 20. Total Sal | | 21. Pay Basis PA | | |
| 12A. Basic Pay | 12B. Locality Adj. 12C. Adj. I | Basic Pay | 12D. Other Pay | 20A. Basic | Pay | 20 | B. Locality Adj. | 20C. Adj. | . Basic Pay | 20D. Other | Pay | | |
| 112,890.00 | 35,594.00 148,48 | 4.00 | .00 | 116,653.00 36,781.00 153,434.00 .00 | | | | | | | | | |
| 14. Name and Locat | ion of Position's Organization | | | 22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Imm Off of the Sec CHIEF OF STAFF HS OS010102000000000 PP 04 2022 | | | | | | | | | |
| EMPLOYEE | DATA | | | • | | | | | | | | | |
| 23. Veterans Prefere | | - 10-Point/Other | | 24. Tenu | re 0 – None | 2 - Cond | | ncy Use | 26. Veteran (b)(6) | s Preferenc | e for RIF | | |
| 2 - 5-Point | | - 10-Point/Compens | able/30% | (b)(6) | 1 - Permanent | 3 – Indefi | inite | | (0)(0) | | | | |
| (b)(6) | | | | 28. Annu | itant Indicate | or | | | 29. Pay Rat | e Determin | ant | | |
| 30. Retirement Plan | | 31 Service | Comp. Date (Leave | 32. Worl | c Schedule | | | | 33. Part-Ti | me Hours F | Por | | |
| (b)(6) | | 31. Service | Comp. Date (Beave | F | FULL TIN | Æ | | | 1 | Biweekly | CI . | | |
| | 4 TD 4 | | | F | FULL III | 'IL | | |]] | Pay Period | | | |
| POSITION DA 34. Position Occupie | | 25 EL CA 4 | 7-4 | 26 1 | i-ti C | 1 | | | 27 Danuaria | : I !:4 C4: | -4 | | |
| 1 - Competitive S | | 35. FLSA (| E – Exempt | So. Appr | opriation Co | ie | | | 37. Bargain | ing Unit St | atus | | |
| 2 2 - Excepted Serv | | | N – Nonexempt | g | | | | | 8888 | | | | |
| 38. Duty Station Co. 11-0010-001 | le | | ation (City – Count GTON DIST OF | - | | cation) | | | | | | | |
| 40. Agency Data | 41. 42 | 2. | 43. | | 44. | | | | | | | | |
| | | | | | | | | | | | | | |
| | RMANCE IS AT AN ACC | EPTABLE I | EVEL OF COM | | | | | | | | | | |
| 46. Employing Depart HOMELAND SI | | | | _ | TRONICAI | | and Title of App SNED BY: | normg Offi | iciai | | | | |
| 47. Agency Code | 48. Personnel Office ID | 49. Appro | val Date | NICO | LE C. BARI | KSDALI | E-PERRY | | | | | | |
| HSAA | 5500 | 02/12/20 | | EXECUTIVE DIRECTOR, HRMS | | | | | | | | | |