NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000091

FPM Supp. 296-33, Sub-	ch. 4									
1. Name (Last, First,	Middle)			2. Social Security Number		4. Effective Date				
FLUIT, HEATHE	R LYNN			(b)(6)	(b)(6)	04/08/2021				
FIRST ACTIO	ON			SECOND ACTION	N					
5-A. Code 146	5-B. Nature of Action SES NONCAREER	АРРТ		6-A. Code 6-1	B. Nature of Action					
5-C. Code V4L	5-D. Legal Authority 5 USC 3394(A)			6-C. Code 6-	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	Title and Number			15. TO: Position Title and	Number					
				DEPUTY ASSISTAN 91004884 084883	T SECRETARY FOR S	TRATEG				
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11. Se	tep or Rate 12. Total Sala	ry 13. Pay Basis	16. Pay Plan 17. Occ. Code ES 0301	18. Grade or Level 19.Step o	or Rate 20. Total Salary/Award 21. Pay Basis 145,000.00 PA				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj. 20C.	Adj. Basic Pay 20D. Other Pay				
	.00		.00	145,000.00	.00	45,000.00 .00				
EMPLOYEE	DA TA			IMMEDIATE OFFICE OSEM Off of Public Affairs HS OS0107000000000000		7				
23. Veterans Prefere				24. Tenure	25. Agency Use	26. Veterans Preference for RIF				
(b)(6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensable	5 - 10-Point/Other 6 - 10-Point/Comp	ensable/30%	(b)(6) 0 - None 2 -	Conditional Indefinite	(b)(6)				
27. FEGLI	4 To Tomocompensator			28. Annuitant Indicator	29. Pay Rate Determinant					
(b)(6)										
30. Retirement Plan		31. Serv	ice Comp. Date (Leave)	32. Work Schedule F FULL TIME		33. Part-Time Hours Per Biweekly				
	A T. A			F FULL TIME		Pay Period				
POSITION DA 34. Position Occupie		25 ELC	A. Cataman	26 Assessmention Code		27 Banasiaina Unit Status				
1 - Competitive Service 3 - SES General			A Category	36. Appropriation Code		37. Bargaining Unit Status				
3 2 - Excepted Ser			N - Nonexempt	7 - State or Overseas Location	•)	8888				
38. Duty Station Cod 11-0010-001	ie		NGTON DIST OF		1)					
40. Agency Data	41.	42.	43.	44.						
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46. Employing Depar	rtment or Agency			50. Signature/Authenticat	ion and Title of Approving	Official				
HOMELAND SI				ELECTRONICALLY						
47. Agency Code	48. Personnel Office ID	49. App	roval Date	NICOLE C. BARKSDALE-PERRY						
HSAA	5500	04/09/	2021	ACTING EXECUTIV	E DIRECTOR, HRMS					

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000092

FPM Supp. 296-33, Sub	ch. 4													
1. Name (Last, First, Middle)									3. Date of					
FLUIT, HEATHER LYNN						(b)(6)				04/08/2021				
FIRST ACTIO	ON					SECO	ND ACT	TION						
5-A. Code 146	5-B. Nature of Action SES NONCAREER	APPT				6-A. Cod	6-A. Code 6-B. Nature of Action							
5-C. Code	5-D. Legal Authority					6-C. Cod	6-C. Code 6-D. Legal Authority							
V4L	5 USC 3394(A)													
5-E. Code AWM	5-F. Legal Authority OPM FORM 1652					6–E. Code 6–F. Legal Authority								
7. FROM: Position	Title and Number					15. TO: Position Title and Number DEPUTY ASSISTANT SECRETARY FOR STRATEG 91004884 084883								
8. Pay Plan 9. Occ. Cod	le 10. Grade or Level 11. St	tep or Rate 12.	Total Salary	Otal Salary 13. Pay Basis			16. Pay Plan 17. Occ. C ES 0301		8. Grade or Lev	Rate 20. Total Salary/Award 21. Pay Basis 145,000.00 PA				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basi	c Pay	12D. Oth	er Pay	20A. Basic	Pay	2	20B. Locality Ac	lj. 20C. A	Adj. Basic Pay	20D. Other	Pay	
.00				.00		145,000.00			.00	14	45,000.00 .00			
	D. (T.)					OSEM Off of P	ublic Affai	rs	F THE SEC					
23. Veterans Prefere						24 Tomas			25	A gonov Ugo	26 Votovo	ns Preferenc	o for DIE	
(b)(6) 1 - None 2 - 5-Point	3 - 10-Point/Disability		-Point/Other -Point/Compensa	ble/30%		(b)(6)	(b)(6) 0 - None 2 - Conditional (b)(6)					ns Freierenc	e for Kir	
27. FEGLI	4 - 10-Point/Compensable	0-10-	-romo Compensa	DIE/30 %		28. Annuitant Indicator				29. Pay Rate Determinant				
(b)(6)											12012 07 200			
30. Retirement Plan			31. Service	Comp. Da	te (Leave)	32. Work	Schedule				33. Part-T	ime Hours l	Per	
(b)(6)						F	FULL TI	ME				Biweekly Pay Period		
POSITION D	ATA				_									
34. Position Occupi	ed		35. FLSA (Category		36. Appr	opriation Co	de			37. Bargai	ning Unit St	atus	
3 1 - Competitive 2 - Excepted Ser		d	(b)(6) E - Exempt N - Nonexempt								8888			
38. Duty Station Co 11-0010-001	38. Duty Station Code 39. Duty Station (City - Co							cation)						
40. Agency Data	41.	42.	WASHIN		43.	COLUM	44.							
TO ENROLL ON/AFTER OF OPEN SEASON WWW.FSAFED FEDERAL DENYOU HAVE 60 SUPPLEMENTATION ENROLLMENT THRIFT SAVINOU ARE ELECONTRIBUTION (b)(6) AUTOMATIC (*** REMARKS**)	S CONTINUED *** IN A HEALTH CAN IT 1ST YOU WILL IN. TO GET MORE COM. ONLINE EN INTAL AND VISION D DAYS FROM THE AL DENTAL AND/O IS MANDATORY. INGS PLAN (TSP) IGIBLE TO CONTE IT THE RATE OF TO DON AMOUNT, COME FERS EMPLOYER CONTRIBUTION ON S CONTINUED ON	RE OR D. L BE EL INFORM NROLLME N PROGR E DATE OR VISI NLINE,): RIBUTE 3%. TO PLETE A ES ONLY F 1% OF	IGIBLE ATION A NT IS M AM (FEC OF HIRE ON PLAN VISIT W TO TSP. INCREAS TSP-1 : YOU W YOUR P	TO ENF ND ENF (ANDATO VIP): TO EN I. TO CO WWW.BEN YOU F E OR I AND SE (ILL IN AY ANI	ROLL DROLL OF STATE AUTOMOTE SET MODE SET MODE SET MODE SET MODE SET MODE SET MODE SET MEDIA MEDIA MEDIA	URING NLINE, IN A RE .COM O TOMATI SE YOU TO (b)(6 TELY R IFY FO	THE FSA VISIT NLINE CALLY R)) ECEIVE R UP TO	AN AG						
46. Employing Depa HOMELAND SI						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY:								
47. Agency Code HSAA	48. Personnel Office ID 5500							ICOLE C. BARKSDALE-PERRY CTING 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

DHS-001-01896-000093

	bch. 4												
1. Name (Last, First, Middle)							curity Number	3. Date of I	Birth	4. Effective	4. Effective Date		
FLUIT, HEATH	0	(b)(6)				04/08/2021							
FIRST ACTI	ON				SEC	CONI	ACTION						
5-A. Code 146	5-B. Nature of Action SES NONCARE				6-A.	6-A. Code 6-B. Nature of Action							
5-C. Code V4L	5-D. Legal Authority 5 USC 3394(A)	y			6-C.	6-D. Legal Authority							
5-E. Code AWM	5-F. Legal Authority OPM FORM 165				6-E.	6-E. Code 6-F. Legal Authority							
7. FROM: Position	Title and Number				15. T	O: Posit	ion Title and Nu	ımber					
							ASSISTANT 084883	SECRETAR	Y FOR ST	RATEG			
8. Pay Plan 9. Occ. Co	de 10. Grade or Level 1	1. Step or Rate 12	2. Total Salary	13. Pay Ba	asis 16. Pag	y Plan	17. Occ. Code	18. Grade or Lev	el 19.Step or R	tate 20. Total Sal	lary/Award	21. Pay Basis	
					ES	S	0301	00	00	145,000.	.00	PA	
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Bas	sic Pay	12D. Other Pay		Basic Pay		20B. Locality Ad		lj. Basic Pay	20D. Other	Pay	
	.00		.00		145,000.00 .00 145					.00			
14. Name and Loca	tion of Position's Orga	inization			IMM OSE Off o	IEDIA' M of Publi	I Location of Pos TE OFFICE C ic Affairs	OF THE SEC	RETARY				
EMBLOVEE	HSC	HS OS010700000000000 PP 07 2021											
EMPLOYEE 23. Veterans Prefer					24. To	enure		25. A	gency Use	26. Veteran	ns Preference	e for RIF	
(b)(6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensa		0-Point/Other 0-Point/Compensa	able/30%		(b)(6) D - None 2 - Conditional 1 - Permanent 3 - Indefinite			(b)(6)				
27. FEGLI					28. Aı	nnuitan	t Indicator			29. Pay Rat	te Determina	ant	
(b)(6)													
30. Retirement Pla	n		31. Service	Comp. Date (L	eave) 32. W	ork Sch	edule				ime Hours P	er	
(b)(6)					F	F FULL TIME Biweekly Pay Period							
POSITION D	OATA												
34. Position Occup			35. FLSA (36. A	36. Appropriation Code					37. Bargaining Unit Status		
3 1 - Competitive 2 - Excepted Se		served		E – Exempt K – Nonexempt									
	ode		38. Duty Station Code 39. Duty Station (City - County										
11 0010 001													
11-0010-001			WASHIN	GTON DIST	OF COLU	JMBIA							
40. Agency Data	41.	42.	WASHIN	GTON DIST	r of colu	JMBIA	44.						
40. Agency Data 45. Remarks REMARK MATCHING. FEDERAL LO YOU HAVE 6 USING THE INFORMATIO APPLY ONLI ALL INFORM	41. S CONTINUED TO GET INFORMING TERM CARE O DAYS FROM TO ABBREVIATED UNION AND APPLY (NE OR DOWNLOW HATION SUBJECT RSONNEL FOLDE	*** MATION, V INSURANCE IHE DATE UNDERWRIT ONLINE, V AD AN APP	/ISIT WW CE PROGF OF HIRE FING APP /ISIT WW PLICATIO	JW.TSP.GO RAM (FLTC TO APPL PLICATION JW.LTCFED	V/FORMS IP) Y FOR C . TO GE S.COM.	/TSP: OVER. T MO: YOU !	44. BK08.PDF AGE RE MAY						
40. Agency Data 45. Remarks REMARK MATCHING. FEDERAL LO YOU HAVE 6 USING THE INFORMATIO APPLY ONLI ALL INFORM RECORDS PE	S CONTINUED TO GET INFORMING TERM CARE O DAYS FROM THE ABBREVIATED ON AND APPLY ONE OR DOWNLOW ATION SUBJECT OR SONNEL FOLDS	*** MATION, V INSURANCE IHE DATE UNDERWRIT ONLINE, V AD AN APP	/ISIT WW CE PROGF OF HIRE FING APP /ISIT WW PLICATIO	JW.TSP.GO RAM (FLTC TO APPL PLICATION JW.LTCFED	V/FORMS IP) Y FOR C . TO GE S.COM. ECEIPT	OVER. T MOD YOU OF TO	44. BK08.PDF AGE RE MAY HE MERGED		Approving Of	fficial			
45. Remarks MATCHING. FEDERAL LO YOU HAVE 66 USING THE INFORMATIO APPLY ONLI ALL INFORM RECORDS PE	S CONTINUED TO GET INFORMING TERM CARE O DAYS FROM THE ABBREVIATED ON AND APPLY ONE OR DOWNLOW ATION SUBJECT OR SONNEL FOLDS	*** MATION, V INSURANC IHE DATE JNDERWRIT DNLINE, V AD AN API I TO VERI	/ISIT WW CE PROGF OF HIRE FING APP /ISIT WW PLICATIO	43. W.TSP.GO RAM (FLTC TO APPL FLICATION W.LTCFED ON. ON UPON R	V/FORMS IP) Y FOR C . TO GE S.COM. ECEIPT	OVER. T MO: YOU I OF T:	HE MERGED	IGNED BY:	Approving Of	fficial			