NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000081

FPM Supp. 296-33, Sub	ch. 4												
1. Name (Last, First, Middle)						2. Social Security Number		3. Date of Birth		4. Effective Date			
FALCON, ERIC S)(6)		(b)(6)		05/10/2021			
FIRST ACTIO	SEC	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 3311	6-C. C	6-C. Code 6-D. Legal Authority										
5-E. Code	6-E. C	6-E. Code 6-F. Legal Authority											
7. FROM: Position	Title and Number				SPE		Fitle and Num SISTANT 3271	iber					
8. Pay Plan 9. Occ. Cod	le 10. Grade or Level 11.	. Step or Rate 12.	. Total Salary	13. Pay Basis	16. Pay			Grade or Level 19.Step or Rate 20. Total Salary/Award 21. Pay F 13 03 110,603.00 PA			21. Pay Basis PA		
12A. Basic Pay	y 12B. Locality Adj. 12C. Adj. Bas			12D. Other Pay	20A. Bas 84.7	sic Pay 66.00		B. Locality Adj.		j. Basic Pay	20D. Other	Pay	
14. Name and Location of Position's Organization 22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM OFFICE OF POLICY HS OS011200000000000 PP 10 2021													
EMPLOYEE													
23. Veterans Prefere (b)(6) 1 - None 2 - 5-Point	23. Veterans Preference (b)(6)							24. Tenure (b)(6) 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite 25. Agency Use			26. Veterans Preference for RIF (b)(6)		
27. FEGLI (b)(6)					28. Anı	28. Annuitant Indicator 29. Pay Rate Determinant							
30. Retirement Plan			21 Complex	Comp. Data (Leav) 32 Wo	rk Schedul				33. Part-Ti	ma Hanna	Dow	
(b)(6)	The state of the state (State)							F FULL TIME Biweekly Pay Period				rei	
POSITION D													
2 1 - Competitive S	Service 3 – SES General	rved		ategory – Exempt – Nonexempt	36. App	36. Appropriation Code 37. Bargaining Unit Sta 8888					atus		
38. Duty Station Cod 11-0010-001				ation (City – Coun GTON DIST O	-								
40. Agency Data	41.	42.		43.		4	1 .						
45 Remarks APPOINTMENT AFFIDAVIT EXECUTED 05/10/21 (b)(6) FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB): YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO ENROLL. SEND YOUR COMPLETED SF-2809 TO (b)(6) TO COMPARE PLANS AND GET MORE INFORMATION, VISIT													
WWW.OPM.GOV FEDERAL EME YOU ARE AUT DAYS FROM T YOUR COMPLE TO GET MORE HTTP://WWW. FLEXIBLE SE		P LIFE I NROLLED IRE TO E TO ((b)(6) AND USE RE/LIFE. NT (FSA):	NSURANC IN BASI LECT OP	E (FEGLI): C COVERAGE TIONAL COV (b)(6) GLI CALCUL	YOU YERAGE.	SEND	0						
	46. Employing Department or Agency HOMELAND SECURITY						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY:						
47. Agency Code HSAA	48. Personnel Office I	ID	49. Approv			NICOLE C. BARKSDALE-PERRY							
MARIA	5500 05/11/2021 EXECUTIVE DIRECTOR, HRMS												

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000082

FPM Supp. 296-33, Sub	cn. 4										
1. Name (Last, First,		2. Social Security Number 3. Date of Birth			Birth	4. Effective Date					
FALCON, ERIC	S	(b)(6) 05/10/2021									
FIRST ACTIO	ON			SECOND ACTION							
5-A. Code 170	5-B. Nature of Action EXC APPT		6-A. Code	6-A. Code 6-B. Nature of Action							
5-C. Code Y7M	5-D. Legal Authority SCH C 213 3311			6-C. Code	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 91008176 085271									
8. Pay Plan 9. Occ. Cod	le 10. Grade or Level 11. Step o	r Rate 12. Total Salary	13. Pay Basis	16. Pay Plan 17. Occ. C GS 0301		18. Grade or Lev	el 19.Step or Ra	Rate 20. Total Salary/Award 21.		1. Pay Basis PA	
12A. Basic Pay	12B. Locality Adj. 12C00	Adj. Basic Pay	12D. Other Pay		20A. Basic Pay 20B. Locality Adj. 20C. Adj. Basic Pay 20D. 84,766.00 25,837.00 110,603.00						
	ion of Position's Organization			22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM OFFICE OF POLICY HS OS011200000000000 PP 10 2021							
23. Veterans Prefere				24. Tenure		25. /	Agency Use	26. Veteran	s Preference fo	or RIF	
(b)(6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensable	5 - 10-Point/Other 6 - 10-Point/Compen	sable/30%	(b)(6) 0-				(b)(6)			
27. FEGLI	7 To Tomb Compension			28. Annuitar				29. Pay Rate Determinant			
(b)(6)											
30. Retirement Plan	ı	31. Servic	e Comp. Date (Leave)	32. Work Sc	32. Work Schedule 33. Part-Time Hours Per Biweekly						
(b)(6)				F F	ULL TIME				Pay Period		
POSITION D	ATA										
34. Position Occupio		35. FLSA		36. Appropr	iation Code			37. Bargaini	ing Unit Status	s	
2 1 - Competitive S 2 - Excepted Ser		(b)(6	E – Exempt N – Nonexempt					8888			
38. Duty Station Co. 11-0010-001	de		Station (City – County NGTON DIST OF			n)					
40. Agency Data	41.	42.	43.		44.						
45. Remarks *** REMARKS CONTINUED *** 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 (b)(6) FERS EMPLOYEES ONLY: YOU WILL IMMEDIATELY RECEIVE AN AGENCY *** REMARKS CONTINUED ON THE NEXT PAGE ***											
46. Employing Depa HOMELAND SI				50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY:							
47. Agency Code	48. Personnel Office ID	40 Appe	oval Date	NICOLE C. BARKSDALE-PERRY							
HSAA	5500	05/11/2				FOR. HRMS					

Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296–33. Subch. 4

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000083

FPM Supp. 296-33, Sub-	ch. 4													
1. Name (Last, First, Middle)						2. Social Security Number			irth	4. Effective Date				
FALCON, ERIC S						(b)(6)			(b)(6)			05/10/2021		
FIRST ACTIO	ON	SECO	SECOND ACTION											
5-A. Code 170	5-B. Nature of Action EXC APPT					e	6-B. Na	ature of Actio	n					
5-C. Code Y7M	5-D. Legal Authority SCH C 213 3311	6-C. Cod	6-C. Code 6-D. Legal Authority											
5-E. Code	6-E. Cod	6-E. Code 6-F. Legal Authority												
7. FROM: Position	Fitle and Number				SPEC	Position Title a IAL ASSIST 176 085271		ber						
8. Pay Plan 9. Occ. Code 10. Grade or Level 11. Step or Rate 12. Total Salary 13. Pay Basis					16. Pay Pla			. Grade or Leve				21. Pay Basis PA		
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basi	c Pay	12D. Other Pay	20A. Basic 84,766			B. Locality Adj.		lj. Basic Pay	20D. Other	r Pay		
14. Name and Location of Position's Organization 22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM OFFICE OF POLICY HS OS011200000000000 PP 10 2021														
EMPLOYEE														
23. Veterans Prefere (b)(6) 1 - None 2 - 5-Point	23. Veterans Preference 1 - None 3 - 10 - Point/Disability 5 - 10 - Point/Other 2 - 5 - Point 4 - 10 - Point/Compensable 6 - 10 - Point/Compensable/30 %							24. Tenure (b)(6) 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite 25. Agency Use				26. Veterans Preference for RIF (b)(6)		
27. FEGLI (b)(6)					28. Annu	itant Indicato	r			29. Pay Rat	te Determir	nant		
30. Retirement Plan			21.6	G D . 4	22 Work	Schedule				22 D + T				
(b)(6)			31. Service	Comp. Date (Leav	F 52. WOLK					33. Part-Time Hours Per Biweekly Pay Period				
POSITION DA	ATA													
2 1 - Competitive S	Service 3 – SES General	read		Category E – Exempt N – Nonexempt	36. Appro	36. Appropriation Code					37. Bargaining Unit Status 8888			
38. Duty Station Coo 11-0010-001		····	39. Duty St	ation (City – Cour GTON DIST O	-		ation)							
40. Agency Data	41.	42.		43.		44.								
45.Remarks *** Remarks *** AUTOMATIC CONTRIBUTION OF 1% OF YOUR PAY AND QUALIFY FOR UP TO 4% MATCHING. TO GET INFORMATION, VISIT WWW.TSP.GOV/FORMS/TSPBK08.PDF FEDERAL LONG TERM CARE INSURANCE PROGRAM (FLTCIP) YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO APPLY FOR COVERAGE USING THE ABBREVIATED UNDERWRITING APPLICATION. TO GET MORE INFORMATION AND APPLY ONLINE, VISIT WWW.LTCFEDS.COM. YOU MAY APPLY ONLINE OR DOWNLOAD AN APPLICATION.														
	46. Employing Department or Agency HOMELAND SECURITY							and Title of A	pproving Of	ficial				
47. Agency Code HSAA							NICOLE C. BARKSDALE-PERRY EXECUTIVE DIRECTOR, HRMS							