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

| FPM Supp. 296–33, Sub                                                                                                                                                                                                                                                                                        | cn. 4                                                        |                                             |                                |            |                                                                                                          |                                                                                                                                     |                                          |                    |         |                                                           |                          |                     |     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------|--------------------------------|------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------|---------|-----------------------------------------------------------|--------------------------|---------------------|-----|--|
| 1. Name (Last, First, Middle) LEE, CHRISTINE S                                                                                                                                                                                                                                                               |                                                              |                                             |                                |            |                                                                                                          | 2. Social Security Number (b) (2), (b) (6) 3. Date of Birth (b) (2), (b) (6) 4. Effective Date 10/22/2023                           |                                          |                    |         |                                                           |                          |                     |     |  |
| FIRST ACTIO                                                                                                                                                                                                                                                                                                  |                                                              |                                             |                                |            | SECOND ACTION                                                                                            |                                                                                                                                     |                                          |                    |         |                                                           |                          |                     |     |  |
| 5-A. Code<br>702                                                                                                                                                                                                                                                                                             | 5-B. Nature of Action PROMOTION                              |                                             |                                |            | 1                                                                                                        | 6-A. Code 6-B. Nature of Action                                                                                                     |                                          |                    |         |                                                           |                          |                     |     |  |
| 5-C. Code<br>ZLM                                                                                                                                                                                                                                                                                             | 5-D. Legal Authority P.L. 114-255 SEC 714(D)                 | ) (1) <b>DATED 12</b> /1                    | 3/2016                         |            | 6-C. Code 6-D. Legal Authority                                                                           |                                                                                                                                     |                                          |                    |         |                                                           |                          |                     |     |  |
| 5-E. Code 5-F. Legal Authority                                                                                                                                                                                                                                                                               |                                                              |                                             |                                |            |                                                                                                          | e                                                                                                                                   | 6-F.                                     | Legal Au           | thority |                                                           |                          |                     |     |  |
| 7. FROM: Position Title and Number GENERAL HEALTH SCIENTIST PD:CN1E54 POSITION:00468851                                                                                                                                                                                                                      |                                                              |                                             |                                |            | 15. TO: Position Title and Number DEPUTY OFFICE DIRECTOR PD:CS1F90 POSITION:00516670                     |                                                                                                                                     |                                          |                    |         |                                                           |                          |                     |     |  |
| 8. Pay Plan   9. Occ. Code   10. Grade or Level   11. Step or Rate   12. Total Salary   13. Pay Basis   AD   0601   E2   00   \$183,646.00   PA                                                                                                                                                              |                                                              |                                             |                                |            | 16. Pay Pla<br>AD                                                                                        | n 17. Occ. 0601                                                                                                                     | Code 18. Grade or Level 19.Step or F2 00 |                    | -       | Rate 20. Total Salary/Award 21. Pay Basis \$202,902.00 PA |                          | 21. Pay Basis<br>PA |     |  |
| 12A. Basic Pay<br>\$183,646.00                                                                                                                                                                                                                                                                               |                                                              | dj. Basic Pay<br>3,646.00                   | 12D. Other                     | Pay        | 20A. Basic<br>\$202,9                                                                                    | •                                                                                                                                   | 2                                        | 20B. Locali<br>\$0 | ty Adj. | 1                                                         | j. Basic Pay<br>2,902.00 | 20D. Other \$0      | Pay |  |
| 14. Name and Location of Position's Organization FOOD AND DRUG ADMINISTRATION OFC OF MINORITY HLTH&HLTH EQUITY SILVER SPRING MD USA                                                                                                                                                                          |                                                              |                                             |                                |            |                                                                                                          | 22. Name and Location of Position's Organization FOOD AND DRUG ADMINISTRATION OFC OF MINORITY HLTH&HLTH EQUITY SILVER SPRING MD USA |                                          |                    |         |                                                           |                          |                     |     |  |
| EMPLOYEE                                                                                                                                                                                                                                                                                                     |                                                              |                                             |                                |            |                                                                                                          |                                                                                                                                     |                                          |                    |         |                                                           |                          |                     |     |  |
| 23. Veterans Prefere<br>(b) (2), (b) (6)<br>1 - None<br>2 - 5-Point                                                                                                                                                                                                                                          | nce<br>3 – 10–Point/Disability<br>4 – 10–Point/Compensable   | 5 – 10–Point/Other<br>6 – 10–Point/Compensa | ble/30%                        |            | 24. Tenur                                                                                                | 24. Tenure  1 0 - None 2 - Conditional 3 - Indefinite 25. Agency Use 26. Veterans Preference for RII  (b) (2), (b) (6)              |                                          |                    |         |                                                           |                          |                     |     |  |
| 27. FEGLI                                                                                                                                                                                                                                                                                                    | ) (2), (b) (6)                                               |                                             |                                |            | 28. Annui                                                                                                | 28. Annuitant Indicator (b) (2), (b) (6)  29. Pay Rate Determin 0 REGULAI                                                           |                                          |                    |         |                                                           |                          |                     |     |  |
| 30. Retirement Plan (b) (2),                                                                                                                                                                                                                                                                                 | (b) (6)                                                      | 31. Service (b) (2                          | Comp. Date                     | (Leave) (6 | 32. Work Schedule  FULL TIME                                                                             |                                                                                                                                     |                                          |                    |         | 33. Part-Time Hours Per Biweekly Pay Period               |                          |                     |     |  |
| POSITION D                                                                                                                                                                                                                                                                                                   | ATA                                                          |                                             |                                |            |                                                                                                          |                                                                                                                                     |                                          |                    |         |                                                           |                          |                     |     |  |
| 1 - Competitive S 2 - Excepted Ser                                                                                                                                                                                                                                                                           | Service 3 – SES General                                      |                                             | ategory  - Exempt  - Nonexempt |            | 36. Appropriation Code 46999AML                                                                          |                                                                                                                                     |                                          |                    |         | 37. Bargaining Unit Status<br>8888                        |                          |                     |     |  |
| 38. Duty Station Co. 241450031                                                                                                                                                                                                                                                                               |                                                              | 39. Duty Sta                                | tion (City -                   |            | nty – State or Overseas Location) FGOMERY MD USA                                                         |                                                                                                                                     |                                          |                    |         |                                                           |                          |                     |     |  |
| 40. Agency Data                                                                                                                                                                                                                                                                                              | 41.                                                          | 42.                                         |                                | 3.         |                                                                                                          | 44.                                                                                                                                 | NUMI                                     | BER:               |         |                                                           |                          |                     |     |  |
| 45. Remarks SUBJECT TO COMPLETION OF ONE YEAR PROBATIONARY PERIOD FOR ASSIGNMENT TO SUPERVISORY (OR MANAGERIAL) POSITION BEGINNING 10-22-2023. POSITION IS AT THE FULL PERFORMANCE LEVEL OR BAND. SPECIAL RATE UNDER 5 U.S.C. 5305. THIS POSITION IS UNDER 21ST CENTURY CURES (PAY TABLE 1, BAND F, ZONE 2). |                                                              |                                             |                                |            |                                                                                                          |                                                                                                                                     |                                          |                    |         |                                                           |                          |                     |     |  |
| 46. Employing Depa<br>DEPARTMENT                                                                                                                                                                                                                                                                             | rtment or Agency<br>OF HEALTH AND HUM                        | AN SERVICES                                 |                                |            | 50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: MELANIE M. KELLER |                                                                                                                                     |                                          |                    |         |                                                           |                          |                     |     |  |
| 47. Agency Code<br>HE36                                                                                                                                                                                                                                                                                      | le 48. Personnel Office ID 49. Approval Date 1189 10/24/2023 |                                             |                                |            |                                                                                                          | R, OFF OF                                                                                                                           | TALE                                     | ENT SOI            | LUTI    |                                                           |                          |                     |     |  |

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| 47. Agency Code<br>HE36                                               | 48. Personnel Office ID 1189                        | 49. Approval Dat<br>10/02/2023               | e                                  | DIRECTOR, OFF OF TALENT SOLUTI                                                                                                      |                                                                      |                              |  |  |  |  |  |
|-----------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------|--|--|--|--|--|
|                                                                       | rtment or Agency OF HEALTH AND HUM                  | IAN SERVICES                                 |                                    | 50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: MELANIE M. KELLER                            |                                                                      |                              |  |  |  |  |  |
|                                                                       |                                                     |                                              | Ţ                                  |                                                                                                                                     |                                                                      |                              |  |  |  |  |  |
|                                                                       | FION NTE 10-07-20<br>S AT THE FULL PER              |                                              | VEL OR BAN                         | D.                                                                                                                                  |                                                                      |                              |  |  |  |  |  |
| 40. Agency Data                                                       | 41.                                                 | 42.                                          | 43.                                | 44<br>P.                                                                                                                            | R NUMBER:                                                            |                              |  |  |  |  |  |
| 38. Duty Station Coo<br>241450031                                     | le                                                  | '                                            |                                    | ty – State or Overseas<br>GOMERY MD US                                                                                              |                                                                      |                              |  |  |  |  |  |
| 1 - Competitive S 2 - Excepted Serv                                   | Service 3 – SES General                             |                                              | ategory<br>- Exempt<br>- Nonexempt | 36. Appropriation 46999AML                                                                                                          | Code 37. Bargaining 3591                                             | Omi Status                   |  |  |  |  |  |
| POSITION DA  34. Position Occupie                                     |                                                     | 25 FI SA C                                   | otogowy                            | 26 Appropriation                                                                                                                    | Toda 27 Paresining                                                   | Unit Status                  |  |  |  |  |  |
| 30. Retirement Plan (b) (2                                            | 2), (b) (6)                                         | (b) (2),                                     | Comp. Date (Leave<br>(b) (6)       | F FULL 7                                                                                                                            |                                                                      | Hours Per<br>eekly<br>Period |  |  |  |  |  |
| (                                                                     | b) (2), (b) (6)                                     |                                              |                                    | (b)                                                                                                                                 | 2), (b) (6) REG                                                      | GULAR RATE                   |  |  |  |  |  |
| 23. Veterans Prefere (b) (2), (b) (6) 1 - None 2 - 5-Point  27. FEGLI | 3 – 10–Point/Disability<br>4 – 10–Point/Compensable | 5 – 10–Point/Other<br>6 – 10–Point/Compensat | ole/30%                            | 24. Tenure  1                                                                                                                       |                                                                      |                              |  |  |  |  |  |
| EMPLOYEE 1                                                            |                                                     |                                              |                                    |                                                                                                                                     |                                                                      |                              |  |  |  |  |  |
| FOOD AND DRU                                                          | G ADMINISTRATION<br>ITY HLTH&HLTH EQU               |                                              |                                    | 22. Name and Location of Position's Organization FOOD AND DRUG ADMINISTRATION OFC OF MINORITY HLTH&HLTH EQUITY SILVER SPRING MD USA |                                                                      |                              |  |  |  |  |  |
| \$202,902.00                                                          | \$0 \$20 ston of Position's Organization            | 02,902.00                                    | \$0                                | \$183,646.00<br>22. Name and Loca                                                                                                   | \$0 \$183,646.00                                                     | \$0                          |  |  |  |  |  |
| AD 0601<br>12A. Basic Pay                                             |                                                     | \$202,902.00<br>Adj. Basic Pay               | 12D. Other Pay                     | 20A. Basic Pay                                                                                                                      | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                              | D. Other Pay                 |  |  |  |  |  |
| 8. Pay Plan   9. Occ. Cod<br>AD   0601                                | e 10. Grade or Level 11. Step or F2 00              | Rate 12. Total Salary \$202,902.00           | 13. Pay Basis<br>PA                | 16. Pay Plan 17. O                                                                                                                  | c. Code   18. Grade or Level   19. Step or Rate   20. Total Salary/2 |                              |  |  |  |  |  |
| 7. FROM: Position To DEPUTY OFFIC: PD:CS1FQP POSITION:00507           | E DIRECTOR                                          |                                              |                                    | 15. TO: Position Title and Number GENERAL HEALTH SCIENTIST PD: CN1E54 POSITION: 00468851                                            |                                                                      |                              |  |  |  |  |  |
| 5-E. Code                                                             | 5-F. Legal Authority                                |                                              |                                    | 6-E. Code                                                                                                                           | 6-E. Code 6-F. Legal Authority                                       |                              |  |  |  |  |  |
| 5-C. Code<br>N2M                                                      | 5-D. Legal Authority<br>REG 335.102 OR AGY          | AUTH. PROM/RI                                | EAS/CLGLB.                         | 6-C. Code                                                                                                                           | -C. Code 6-D. Legal Authority                                        |                              |  |  |  |  |  |
| 5-A. Code<br>713                                                      | 5-B. Nature of Action<br>CHG TO LOWER GRI           | , LVL,BND                                    |                                    | 6-A. Code                                                                                                                           | 6-B. Nature of Action                                                |                              |  |  |  |  |  |
| FIRST ACTIO                                                           |                                                     |                                              |                                    | SECOND ACTION                                                                                                                       |                                                                      |                              |  |  |  |  |  |
| LEE, CHRISTINI                                                        |                                                     |                                              |                                    | 2. Social Security Number   3. Date of Birth   4. Effective Date   (b) (2), (b) (6)   (b) (2), (b) (6)   10/08/2023                 |                                                                      |                              |  |  |  |  |  |
| 1. Name (Last, First,                                                 | ch. 4 Middle)                                       |                                              |                                    | 2 Social Security                                                                                                                   | Number 3. Date of Birth 4. Effective Da                              | te                           |  |  |  |  |  |

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| 47. Agency Code<br>HE36                     | 48. Personnel Office ID 1189                        | 49. Approval Date 06/27/2023                         | ı                                                            | DIRECTOR, OFF OF TALENT SOLUTI                                                                           |               |                |               |               |                        |           |
|---------------------------------------------|-----------------------------------------------------|------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------|----------------|---------------|---------------|------------------------|-----------|
|                                             | tment or Agency OF HEALTH AND HUM                   | AN SERVICES                                          | F                                                            | 50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: MELANIE M. KELLER |               |                |               |               |                        |           |
| 46 Employer P                               |                                                     |                                                      |                                                              | 50 Signature / 1 / 2 / 2                                                                                 | otion == 1 TO | of A :         | na Office : ? |               |                        |           |
|                                             |                                                     |                                                      |                                                              |                                                                                                          |               |                |               |               |                        |           |
|                                             |                                                     |                                                      |                                                              |                                                                                                          |               |                |               |               |                        |           |
|                                             |                                                     |                                                      |                                                              |                                                                                                          |               |                |               |               |                        |           |
|                                             |                                                     |                                                      |                                                              |                                                                                                          |               |                |               |               |                        |           |
|                                             |                                                     |                                                      |                                                              |                                                                                                          |               |                |               |               |                        |           |
|                                             |                                                     |                                                      |                                                              |                                                                                                          |               |                |               |               |                        |           |
|                                             |                                                     |                                                      |                                                              |                                                                                                          |               |                |               |               |                        |           |
| SPECIAL RAT                                 | TE UNDER 5 U.S.C.<br>ON IS UNDER 21ST               | 5305.                                                |                                                              |                                                                                                          | ', ZONE 2     | 2).            |               |               |                        |           |
| 45. Remarks POSITION IS                     | S AT THE FULL PER                                   | FORMANCE LEV                                         | VEL OR BAND                                                  | o.                                                                                                       |               |                |               |               |                        |           |
| 40. Agency Data                             | 41.                                                 | 42.                                                  | 43.                                                          | 44.<br>PAR                                                                                               | NUMBER:       |                |               |               |                        |           |
| 241450031                                   | _                                                   | SILVER SE                                            | PRING MONTO                                                  | GOMERY MD USA                                                                                            | ,             |                |               |               |                        |           |
| 1 2 - Excepted Serv  38. Duty Station Cod   | - Nonexempt                                         | 36999AML   8888<br>hty - State or Overseas Location) |                                                              |                                                                                                          |               |                |               |               |                        |           |
| 34. Position Occupie                        |                                                     | 35. FLSA Ca                                          | tegory<br>Exempt                                             | 36. Appropriation Co                                                                                     |               | ning Unit Sta  | atus          |               |                        |           |
| POSITION DA                                 |                                                     |                                                      |                                                              | · '                                                                                                      |               |                |               |               |                        |           |
| (b) (2                                      | (a), (b) (6)                                        | (b) (2)                                              | ), (b) (6)                                                   | F FULL TI                                                                                                | ME            |                |               |               | Biweekly<br>Pay Period |           |
| 30. Retirement Plan                         | (b) (2<br>) 32. Work Schedule                       |                                                      |                                                              | ime Hours P                                                                                              |               |                |               |               |                        |           |
| 27. FEGLI                                   | 28. Annuitant Indicat                               | or<br>), (b) (6)                                     |                                                              |                                                                                                          |               | te Determina   |               |               |                        |           |
| (b) (2), (b) (6)<br>1 - None<br>2 - 5-Point | 3 – 10–Point/Disability<br>4 – 10–Point/Compensable | 5 – 10–Point/Other<br>6 – 10–Point/Compensabl        | le/30%                                                       | 1 0 - None<br>1 - Permanent                                                                              | (b) (2        | 2), (b)        | (6)           |               |                        |           |
| EMPLOYEE I<br>23. Veterans Preferen         |                                                     |                                                      |                                                              | 24. Tenure                                                                                               |               | 25. Ager       | ncy Use       | 26. Veterai   | ns Preferenc           | e for RIF |
|                                             |                                                     |                                                      |                                                              |                                                                                                          |               |                |               |               |                        |           |
|                                             |                                                     |                                                      |                                                              |                                                                                                          |               |                |               |               |                        |           |
| SILVER SPRING                               | -                                                   |                                                      |                                                              | SILVER SPRING                                                                                            |               | 20             | <del></del>   |               |                        |           |
| FOOD AND DRU                                | G ADMINISTRATION<br>TY HLTH&HLTH EQUI               | ГҮ                                                   |                                                              | FOOD AND DRUG<br>OFC OF MINORI                                                                           | G ADMINIS'    | <b>FRATION</b> | Ī             |               |                        |           |
|                                             | on of Position's Organization                       | J,U4U.UU                                             | φU                                                           | \$202,902.00<br>22. Name and Location                                                                    |               | Organizati     |               | 704.00        | φU                     |           |
| 12A. Basic Pay<br>\$183,646.00              |                                                     | dj. Basic Pay<br>3,646.00                            | 12D. Other Pay<br>\$0                                        | 20A. Basic Pay<br>\$202,902.00                                                                           | 20B. Lo       | cality Adj.    | 20C. Adj.     | Basic Pay     | 20D. Other \$0         | Pay       |
| AD 0601                                     | E2 00                                               | \$183,646.00                                         | 13. Pay Basis<br>PA                                          | AD 0601                                                                                                  |               |                | 00            | \$202,90      |                        | PA        |
| POSITION:00468<br>8. Pay Plan 9. Occ. Code  |                                                     | POSITION:005072                                      |                                                              | de or Level 1                                                                                            | 9.Sten or Rat | e 20. Total Sa | ılary/Award   | 21. Pay Basis |                        |           |
| STAFF DIRECTO<br>PD:CN1E54                  | DEPUTY OFFICE DIRECTOR PD:CS1FQP                    |                                                      |                                                              |                                                                                                          |               |                |               |               |                        |           |
| 7. FROM: Position T                         | 15. TO: Position Title and Number                   |                                                      |                                                              |                                                                                                          |               |                |               |               |                        |           |
| 5-E. Code                                   | 5-F. Legal Authority                                | (1) DATED 12/13/                                     | 2010                                                         | 6-E. Code 6-F. Legal Authority                                                                           |               |                |               |               |                        |           |
| 5-C. Code<br>ZLM                            | 5-D. Legal Authority<br>P.L.114-255 SEC 714(D)      | (1) DATED 12/13/                                     | /2016                                                        | 6-C. Code                                                                                                |               |                |               |               |                        |           |
| 5–A. Code<br>703                            | 5-B. Nature of Action<br>PROMOTION NTE 10/0         | 7/2023                                               |                                                              | 6-A. Code 6-B. Nature of Action                                                                          |               |                |               |               |                        |           |
| FIRST ACTIO                                 | •                                                   |                                                      |                                                              | SECOND ACTION                                                                                            |               |                |               |               |                        |           |
| LEE, CHRISTINE                              |                                                     | (b) (2), (b) (6) (b) (2), (b) (6) 06/18/2023         |                                                              |                                                                                                          |               |                |               |               |                        |           |
| 1. Name (Last, First,                       | Middle)                                             |                                                      | 2. Social Security Number 3. Date of Birth 4. Effective Date |                                                                                                          |               |                |               |               |                        |           |
| FPM Supp. 296–33, Subc                      | .11. T                                              |                                                      |                                                              |                                                                                                          |               |                |               |               |                        |           |

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| 47. Agency Code<br>HE36                                             | 48. Personnel Office ID 1189                                           | 49. Approval Date 01/11/2023                                         | e   I                | DIRECTOR, OFF OF TALENT SOLUTI                                                                            |                                                         |                              |                          |                            |  |  |  |
|---------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------|--------------------------|----------------------------|--|--|--|
|                                                                     | OF HEALTH AND HUM                                                      | 1                                                                    | I                    | 50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: MELANIE M. KELLER  |                                                         |                              |                          |                            |  |  |  |
| 45. Remarks                                                         |                                                                        |                                                                      |                      | 50 Signature/Author                                                                                       | ationting and Title o                                   | f Annuaring Official         |                          |                            |  |  |  |
| 40. Agency Data                                                     | 41.                                                                    | 42.                                                                  | 43.                  | 44<br>P.                                                                                                  | 4.<br>PAR NUMBER:                                       |                              |                          |                            |  |  |  |
| 38. Duty Station Cod<br>241450031                                   | le                                                                     | 1                                                                    |                      | ty – State or Overseas Location) GOMERY MD USA                                                            |                                                         |                              |                          |                            |  |  |  |
| 34. Position Occupie  1 - Competitive S 2 - Excepted Serv           | ervice 3 – SES General                                                 |                                                                      | Exempt<br>Nonexempt  | 36. Appropriation Code 37. Bargaining Unit Status 8888                                                    |                                                         |                              |                          |                            |  |  |  |
| POSITION DA                                                         |                                                                        |                                                                      |                      |                                                                                                           |                                                         |                              |                          | •                          |  |  |  |
| 30. Retirement Plan (b) (2                                          | ), (b) (6)                                                             | F FULL                                                               |                      | 33. Part-T                                                                                                | Fime Hours Per<br>Biweekly<br>Pay Period                |                              |                          |                            |  |  |  |
| 27. FEGLI (b)                                                       | (2), (b) (6)                                                           | ' (b) (2                                                             | 2), (b) (6           | )                                                                                                         |                                                         | ate Determinant REGULAR RATE |                          |                            |  |  |  |
| 23. Veterans Prefere<br>(b) (2), (b) (6)<br>1 - None<br>2 - 5-Point |                                                                        | 5 – 10–Point/Other<br>6 – 10–Point/Compensabl                        | e/30%                | 24. Tenure  1 0 - None 2 - Conditional 3 - Indefinite  25. Agency Use  (b) (2), (b) (6)                   |                                                         |                              |                          |                            |  |  |  |
| SILVER SPRING EMPLOYEE I                                            |                                                                        | SILVER SPRING MD USA                                                 |                      |                                                                                                           |                                                         |                              |                          |                            |  |  |  |
| FOOD AND DRU                                                        | on of Position's Organization<br>G ADMINISTRATION<br>TY HLTH&HLTH EQUI | гү                                                                   |                      | FOOD AND DR<br>OFC OF MINO                                                                                | ration of Position's C<br>RUG ADMINISTI<br>PRITY HLTH&H | RATION                       |                          |                            |  |  |  |
| \$175,134.00                                                        | <u> </u>                                                               | 5,134.00                                                             | \$0                  | \$183,646.00                                                                                              | \$0                                                     |                              | 5,646.00                 | \$0                        |  |  |  |
| AD 0601<br>12A. Basic Pay                                           | 00 00<br>12B. Locality Adj. 12C. A                                     | \$175,134.00<br>dj. Basic Pay                                        | PA<br>12D. Other Pay | AD 06 20A. Basic Pay                                                                                      | 601 00<br>20B. Loca                                     | 00 ality Adj. 20C. Adj       | \$183,64<br>j. Basic Pay | 46.00 PA<br>20D. Other Pay |  |  |  |
| POSITION:00468 8. Pay Plan   9. Occ. Code                           |                                                                        | Rate 12. Total Salary                                                | 13. Pay Basis        | POSITION:004  16. Pay Plan 17. O                                                                          |                                                         | or Level 19.Step or Ra       | nte 20. Total Sa         | alary/Award 21. Pay Basis  |  |  |  |
| 7. FROM: Position T<br>GENERAL HEAD<br>PD:CN1E54                    | LTH SCIENTIST                                                          | 15. TO: Position Title and Number GENERAL HEALTH SCIENTIST PD:CN1E54 |                      |                                                                                                           |                                                         |                              |                          |                            |  |  |  |
| 5-E. Code<br>ZLM                                                    | 5-F. Legal Authority P.L.114-255 SEC 714(D)(                           | (1) DATED 12/13/                                                     | 2016                 | 6-E. Code 6-F. Legal Authority                                                                            |                                                         |                              |                          |                            |  |  |  |
| 5-C. Code<br>QWM                                                    | 5-D. Legal Authority<br>REG 531,207                                    |                                                                      |                      | 6-C. Code 6-D. Legal Authority                                                                            |                                                         |                              |                          |                            |  |  |  |
| 5-A. Code<br>894                                                    | 5-B. Nature of Action<br>GEN ADJ                                       |                                                                      |                      | 6-A. Code                                                                                                 | 6-B. Nature o                                           |                              |                          |                            |  |  |  |
| FIRST ACTIO                                                         |                                                                        |                                                                      |                      | SECOND ACTION                                                                                             |                                                         |                              |                          |                            |  |  |  |
| 1. Name (Last, First,<br>LEE, CHRISTINE                             | <i>'</i>                                                               |                                                                      |                      | 2. Social Security Number (b) (2), (b) (6) 3. Date of Birth (b) (2), (b) (6) 4. Effective Date 01/01/2023 |                                                         |                              |                          |                            |  |  |  |
|                                                                     | h. 4                                                                   |                                                                      |                      |                                                                                                           |                                                         |                              |                          |                            |  |  |  |

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| FPM Supp. 296-33, Sub                                                                    | ch. 4                                               |                                                   |                                 |                                                                              |                                                                                    |                   |              |                                     |            |                     |  |  |  |
|------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------|---------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------|--------------|-------------------------------------|------------|---------------------|--|--|--|
| 1. Name (Last, First,                                                                    | Middle)                                             |                                                   |                                 | 2. Social S                                                                  | ecurity Nun                                                                        | / _ \ / \ / \     |              | 4. Effective                        | Date       |                     |  |  |  |
| LEE, CHRISTINI                                                                           | E S                                                 | (b) (2), (b) (6) (b) (2), (b) (6) $_{01/02/2022}$ |                                 |                                                                              |                                                                                    |                   |              |                                     |            |                     |  |  |  |
| FIRST ACTIO                                                                              | ON                                                  |                                                   |                                 | SECOND ACTION                                                                |                                                                                    |                   |              |                                     |            |                     |  |  |  |
| 5–A. Code<br>894                                                                         | 5-B. Nature of Action<br>GEN ADJ                    |                                                   |                                 | 6-A. Code 6-B. Nature of Action                                              |                                                                                    |                   |              |                                     |            |                     |  |  |  |
| 5-C. Code<br>QWM                                                                         | 5-D. Legal Authority<br>REG 531.207                 |                                                   |                                 | 6-C. Code                                                                    | -C. Code 6-D. Legal Authority                                                      |                   |              |                                     |            |                     |  |  |  |
| 5-E. Code<br>ZLM                                                                         | 5-F. Legal Authority<br>P.L.114-255 SEC 714(D)(1) I | 6-E. Code 6-F. Legal Authority                    |                                 |                                                                              |                                                                                    |                   |              |                                     |            |                     |  |  |  |
| 7. FROM: Position Title and Number<br>GENERAL HEALTH SCIENTIST<br>PD:CN1E54              |                                                     |                                                   |                                 |                                                                              | 15. TO: Position Title and Number GENERAL HEALTH SCIENTIST PD:CN1E54               |                   |              |                                     |            |                     |  |  |  |
| POSITION:0046                                                                            |                                                     | 12 T-4-1 S-1                                      | 12 P P                          |                                                                              | DN:004688                                                                          |                   | I1 10 St     | D-4- 20 T-4-1 S-1                   | /41        | 21 Par Paris        |  |  |  |
| 8. Pay Plan   9. Occ. Cod   AD   0601                                                    | e   10. Grade or Level   11. Step or Rate   00   00 | \$170,000.00                                      | 13. Pay Basis<br>PA             | 16. Pay Plan<br>AD                                                           | 17. Occ. Coc 0601                                                                  | 00                | 19.Step 0    | or Rate 20. Total Sala<br>\$175,134 |            | 21. Pay Basis<br>PA |  |  |  |
| 12A. Basic Pay                                                                           | 12B. Locality Adj. 12C. Adj. B                      | asic Pay                                          | 12D. Other Pay                  | 20A. Basic Pay                                                               | 7                                                                                  | 20B. Locality     | Adj. 20C.    | Adj. Basic Pay                      | 20D. Other | Pay                 |  |  |  |
| \$170,000.00                                                                             | \$0 \$170,00                                        | 0.00                                              | \$0                             | \$175,134                                                                    | .00                                                                                | \$0               | \$           | 175,134.00                          | \$0        |                     |  |  |  |
| 14. Name and Locati                                                                      | ion of Position's Organization                      |                                                   |                                 | 22. Name an                                                                  | d Location o                                                                       | of Position's Org | anization    |                                     |            |                     |  |  |  |
| FOOD AND DRUG ADMINISTRATION<br>OFC OF MINORITY HLTH&HLTH EQUITY<br>SILVER SPRING MD USA |                                                     |                                                   |                                 |                                                                              | FOOD AND DRUG ADMINISTRATION OFC OF MINORITY HLTH&HLTH EQUITY SILVER SPRING MD USA |                   |              |                                     |            |                     |  |  |  |
| EMPLOYEE                                                                                 |                                                     |                                                   |                                 |                                                                              |                                                                                    |                   |              |                                     |            |                     |  |  |  |
| 23. Veterans Prefere (b) (2), (b) (6) 1 - None 2 - 5-Point                               | 3 – 10–Point/Disability 5 –                         | 10–Point/Other<br>10–Point/Compensable/           | /30%                            | 24. Tenure  25. Agency Use 26. Veterans Preference for RIF  (b) (2), (b) (6) |                                                                                    |                   |              |                                     |            |                     |  |  |  |
| (b) (2), (b) (6)                                                                         |                                                     |                                                   |                                 |                                                                              | 28. Annuitant Indicator (b) (2), (b) (6)  29. Pay Rate Determinant 0 REGULAR RATE  |                   |              |                                     |            |                     |  |  |  |
| 30. Retirement Plan (b) (2), (b) (6) (31. Service Comp. Date (Leave) (b) (2), (b) (6)    |                                                     |                                                   |                                 |                                                                              | 32. Work Schedule  F FULL TIME  33. Part-Time Hours I Biweekly Pay Period          |                   |              |                                     |            |                     |  |  |  |
| POSITION DA                                                                              | ATA                                                 |                                                   | , ( , ( ,                       |                                                                              |                                                                                    |                   |              |                                     |            |                     |  |  |  |
| 34. Position Occupie                                                                     | ed                                                  | 36. Appropr                                       | iation Code                     | !                                                                            |                                                                                    | 37. Bargain       | ing Unit Sta | atus                                |            |                     |  |  |  |
| 1 - Competitive S                                                                        |                                                     | 26999AMI                                          |                                 |                                                                              |                                                                                    | 8888              |              |                                     |            |                     |  |  |  |
| 38. Duty Station Coo<br>241450031                                                        |                                                     | 1                                                 | on (City – County<br>RING MONTG |                                                                              |                                                                                    | tion)             |              |                                     |            |                     |  |  |  |
| 40. Agency Data                                                                          | 41. 42                                              | •                                                 | 43.                             |                                                                              | 44.<br>PAR N                                                                       | NUMBER:           |              |                                     |            |                     |  |  |  |
| 45. Remarks  46. Employing Depar                                                         | rtment or Agency                                    |                                                   |                                 | 50. Signatu                                                                  | ure/Authenti                                                                       | ication and Title | of Approving | Official                            |            |                     |  |  |  |
|                                                                                          | OF HEALTH AND HUMAN                                 | SERVICES                                          |                                 | _                                                                            |                                                                                    |                   |              | IE M. KELLER                        | t          |                     |  |  |  |
| 47. Agency Code<br>HE36                                                                  | 48. Personnel Office ID<br>1189                     | 49. Approval 01/13/2022                           |                                 | DIRECTO                                                                      | OR, OFF (                                                                          | OF TALENT S       | OLUTI        |                                     |            |                     |  |  |  |