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

## NOTIFICATION OF PERSONNEL ACTION

11 M Supp. 270 55, Sub	.11. 4												
1. Name (Last, First, Middle)					2. Social Security Number			3. Date of Birth 4. Effective Date					
SHIKANY, ANN MARIE					(b) (6) (b) (6) 10/10/2021								
FIRST ACTIO		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	5-D. Legal Authority			6-C. Code		6-D. Legal A	uthority						
Y7M	SCH C, 213.3394 DTGS60	788											
5-E. Code	5-F. Legal Authority			6-E. Code		6-F. Legal A	uthority						
7. FROM: Position	Title and Number			15. TO: Position Title and Number									
				COUNSELOR TO THE DEPUTY SECRETARY									
				1001 GS60788									
8. Pay Plan 9. Occ. Code	e 10. Grade or Level 11. Step or Ra	te 12. Total Salary	13. Pay Basis	16. Pay Plan GS	17. Occ. Cod	18. Grade	or Level 19	9.Step or Rate 2	20. Total Sal \$144128	-	21. Pay Basis PA		
12A. Basic Pay	12B. Locality Adj. 12C. Adj	. Basic Pay 121	D. Other Pay	20A. Basic Pa	ıy	20B. Loca	lity Adj.	20C. Adj. Ba	sic Pay	20D. Other	Pay		
				\$110460	0.00	\$33668	8.00	\$14412	8.00	\$0.00			
14. Name and Locati	on of Position's Organization					f Position's O		on					
						HE SECRET		v					
				OTTICE	or the be	A C I I SEC	, KLS I IIIK	•					
				WASHIN	GTON,DC								
	- · · · · ·												
EMPLOYEE 1 23. Veterans Prefere				24. Tenure			25. Agen	nev Use 2	6 Veteran	s Preferenc	e for RIF		
(b) 1 - None 2 - 5-Point	3 – 10–Point/Disability	5 – 10–Point/Other 6 – 10–Point/Compensable/30	%	(h) °	(In ) 0 - None 2 - Conditional						NO		
27. FEGLI (b) (6)				28. Annuita (b) (6)	28. Annuitant Indicator (b) (6)  29. Pay Rate Determinant (b)						ant		
30. Retirement Plan		31. Service Com	p. Date (Leave)	32. Work Schedule 33. Part-Time Hours Per						Per			
(b) (6)		(b) (6)		F F	F FULL-TIME Biweekly Pay Period								
POSITION DA	ATA	(								Luy Leriou			
34. Position Occupie		35. FLSA Categ	ory	36. Approp	riation Code			3	7. Bargain	ing Unit St	atus		
2 1 - Competitive S		E - Exe		0001687				8	8888				
38. Duty Station Coo 11-0010-001	le	39. Duty Station WASHINGTO				ion)							
40. Agency Data	41.	42.	43.		44.								
FUNC CLS 00	/L \ / <b>/ ^</b> \	EDUC LVL 17	SUPV ST	TAT 8		ION SENSI	TIVITY	NONCRIT	ICAL-SE	NSITI			
45.Remarks APPOINTMENT AFFIDAVIT EXECUTED 10-12-21.  CREDITABLE MILITARY SERVICE: (b) (6)  PREVIOUS RETIREMENT COVERAGE  SALARY INCLUDES A LOCALITY-BASED PAYMENT OF 30.48% (IN BLOCK 20B)  ELIGIBLE FOR SICK AND ANNUAL LEAVE  EMPLOYEE SUBJECT TO DRUG TESTING AS PROVIDED IN THE DOT DRUGFREE  DEPARTMENTAL WORKPLACE PLAN.  YOU HAVE 60 DAYS FROM THE DATE OF THIS ACTION TO ENROLL IN THE  FEDERAL EMPLOYEES DENTAL AND VISION PROGRAM (FEDVIP) AND THE  FEDERAL EMPLOYEES LONG TERM CARE INSURANCE PROGRAM (FLTCIP).  YOU HAVE 60 DAYS FROM THE DATE OF THIS ACTION OR UNTIL SEPTEMBER 30  OF THE PLAN YEAR TO ENROLL IN THE FLEXIBLE SPENDING ACCOUNT (FSA).  REGISTRATION FOR HEALTH BENEFITS AND LIFE INSURANCE MUST BE RECEIVED													
YOU ARE AUT	SOURCES NLT 60 DA' COMATICALLY ENROLLI C. A RATE OF 5 PE CONTINUED ON THE	ED IN THE THE RCENT WILL BE	RIFT SAVII E DEDUCTE	NGS PLAI	N UNLESS	;							
46. Employing Department or Agency TD - OFFICE OF THE SECRETARY					50. Signature/Authentication and Title of Approving Official 212083925 / ELECTRONICALLY SIGNED BY:								
47. Agency Code 48. Personnel Office ID 49. Approval Date					JOAN SIMPSON								
TD01	3297	10/14/2021		STRATEGIC ADVISOR, EPRC									

Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management

## NOTIFICATION OF PERSONNEL ACTION

FPM Supp. 296-33, Sub	cn. 4												
1. Name (Last, First, Middle)						2. Social Security Number			th	4. Effective Date			
SHIKANY, ANN MARIE						(b) (6) (b) (6)				10/10/2021			
FIRST ACTIO						ND ACTI							
5-A. Code 170	5-B. Nature of Action  EXC APPT  6-A. Code 6-B. Nature of Action												
5-C. Code	5-D. Legal Authority	6-C. Code	•	6-D. I	egal Authority								
Y7M 5-E. Code	SCH C, 213.3394 5-F. Legal Authority		<u> </u>		6-E. Code	;	6-F. L	egal Authority					
7. FROM: Position	Title and Number					osition Title a SELOR TO		nber DEPUTY SEC	CRETARY	7			
8. Pay Plan 9. Occ. Code 10. Grade or Level 11. Step or Rate 12. Total Salary 13. Pay Basis					1001   GS60788     16. Pay Plan   17. Occ. Code   18. Grade or Level   19. Step or Rate   20. Total Salary/Award   21. Pay Basis								
					GS	0301		15	01	\$14412	8.00	PA	
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Bas	ic Pay	12D. Other Pay	20A. Basic I \$11046	•		DB. Locality Adj. \$33668.00		. Basic Pay 128.00	20D. Other I \$0.00	Pay	
14. Name and Locat	ion of Position's Orga	nization			TD01 OF OFFICE	FICE OF T	THE SE EPUT	iion's Organizat ECRETARY Y SECRETAI					
EMPLOYEE	DATA				•								
23. Veterans Preference    1 - None						24. Tenure  (b) 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite					26. Veterans Preference for RIF  (b) YES (b) NO		
27. FEGLI (b) (6)					28. Annuitant Indicator  29. Pay Rate Determinant						nt		
30. Retirement Plan			31. Service (	Comp. Date (Leave)	(b) (6) (b) (6) 32. Work Schedule 33. Part-Time Hours Per							er	
(b) (6)			(b) (6)		F FULL-TIME						Biweekly Pay Period		
POSITION D.	ATA		, , , ,								1 uy 1 ci iou		
34. Position Occupi			35. FLSA C	ategory	36. Appro	priation Cod	e			37. Bargai	ning Unit Sta	tus	
2 1 - Competitive Service 3 - SES General E - Except N - Nonexempt					0001687					8888			
38. Duty Station Co 11-0010-001	de			tion (City – County GTON,DISTRICT			ation)						
40. Agency Data FUNC CLS 00	(b) (6)	42. EDU	JC LVL 17	43. SUPV ST	ГАТ 8	44. POSI	TION S	SENSITIVITY	Y NONCR	ITICAL-S	ENSITI		
PAY. PLEAS	S CONTINUED * SE CONTACT YO S AUTOMATICAL	OUR HUMAN											
46. Employing Depa		ov.			_			and Title of App	_	icial			
47. Agency Code	TD - OFFICE OF THE SECRETARY  47. Agency Code 48. Personnel Office ID 49. Approval Date					212083925 / ELECTRONICALLY SIGNED BY: JOAN SIMPSON							
TD01	3297		10/14/202		STRATEGIC ADVISOR, EPRC								

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

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First,	2. Social Security Number (b) (6) (6) (6)				4. Effective Date 01/02/2022						
SHIKANY, ANN	· / · /	3022									
FIRST ACTIO				SECOND ACTION							
5-A. Code 894	5-B. Nature of Action GEN ADJ			6-A. Code 6-B. Nature of Action							
5-C. Code QWM	5-D. Legal Authority REG 531.207			6-C. Code	6-C. Code 6-D. Legal Authority						
5-E. Code ZLM	5-F. Legal Authority E.O. 14061 DATED 12/2	22/21		6-E. Code	6-F. Legal	Authority					
7. FROM: Position T	15. TO: Position Title and Number COUNSELOR TO THE DEPUTY SECRETARY										
1001 GS6078	•			1001 CS60788							
8. Pay Plan 9. Occ. Code		Rate 12. Total Salary	13. Pay Basis	1001   GS60788							
GS 0301				GS 0301		01	· .	00 PA			
12A. Basic Pay \$110460.00		Adj. Basic Pay 44128.00	12D. Other Pay \$0.00	20A. Basic Pay \$112890.00		594.00	20C. Adj. Basic Pay \$148484.00	20D. Other Pay \$0.00			
TD01 OFFICE OF	on of Position's Organization THE SECRETARY DEPUTY SECRETARY OC			22. Name and Location of Position's Organization TD01 OFFICE OF THE SECRETARY OFFICE OF THE DEPUTY SECRETARY WASHINGTON,DC							
EMPLOYEE I	DATA										
23. Veterans Prefere (b) 1 - None 2 - 5 - Point		5 – 10–Point/Other 6 – 10–Point/Compensal	ole/30%	24. Tenure (b) 0 - None 1 - Permanent	(h) 0 - None 2 - Conditional			26. Veterans Preference for RIF (b) YES (b) NO			
27. FEGLI	4 - 10-10mb compensable			28. Annuitant Indicat		29. Pay Rate	29. Pay Rate Determinant				
(b) (6) 30. Retirement Plan		24.0		(b) (6)  32. Work Schedule  33. Part-Time Hours Per							
(b) (6)		(b) (6)	Comp. Date (Leave)	F FULL-TI	мЕ	I	Biweekly Pay Period				
POSITION DA	ATA						'				
34. Position Occupie	d	35. FLSA C	ategory	36. Appropriation Co	de		37. Bargain	ing Unit Status			
2 1 - Competitive S 2 - Excepted Serv			– Exempt – Nonexempt	0001687		8888	8888				
38. Duty Station Cod 11-0010-001	– State or Overseas Lo OF COLUMBIA	cation)									
40. Agency Data FUNC CLS 00	(b) (6)	42. EDUC LVL 17	43. SUPV ST	44. POS	ITION SEN	SITIVITY NO	ONCRITICAL-SE	NSITI			
RAIE (OR OI	UDES A GENERAL I	NCREASE OF DJUSTMENT)	2.2 PERCENT FOR THIS ARI	EA.				UPPLEMENTAL			
46. Employing Depar TD - OFFICE Of	50. Signature/Authentication and Title of Approving Official 220103213 / ELECTRONICALLY SIGNED BY:										
47. Agency Code	48. Personnel Office ID	49. Approv	al Date	ANNE H. AUDET							
TD01	3297	01/06/202	22	DOT AUTHORIZ	ING OFFIC	CIAL					