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	, Middle)			2. Social Security Num								
MAIA SILVA, EI	DUARDO NMN			(b)(6)	(b)(6)		4. Effective Date 04/12/2021					
FIRST ACTIO	ON			SECOND ACTION								
5-A. Code	5-B. Nature of Action			6-A. Code 6-B. Nature of Action								
170	EXC APPT											
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							
	,				g							
7. FROM: Position	Title and Number			15. TO: Position Title and Number ASSISTANT PRESS SECRETARY 91005425 085025								
8. Pay Plan 9. Occ. Coo	de 10. Grade or Level 11. Step or	Rate 12. Total Salary	13. Pay Basis	16. Pay Plan 17. Occ. Coo GS 0301	18. Grade or Level	19.Step or Rate 2	20. Total Salary/Aw 87,198.00	21. Pay Basis PA				
12A. Basic Pay	12B. Locality Adj. 12C00	Adj. Basic Pay	12D. Other Pay .00	20A. Basic Pay 66,829.00	20B. Locality Adj. 20,369.00	20C. Adj. Ba 87,198.		Other Pay )()				
14. Name and Location of Position's Organization  22. Name and Location of Position's Organization  IMMEDIATE OFFICE OF THE SECRETARY  OSEM  Off of Public Affairs  HS OS010700000000000 PP 08 2021												
EMPLOYEE  23. Veterans Prefere				24. Tenure	25. Aga	ency Use 2	26. Veterans Pref	erence for RIF				
(b)(6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensable	5 – 10–Point/Other 6 – 10–Point/Compensab	le/30%	(b)(6) 0 - None	2 - Conditional 3 - Indefinite		(b)(6)					
27. FEGLI				28. Annuitant Indicator		2	9. Pay Kate Dete	rmmant				
(b)(6) 30. Retirement Plan		21 6	Samuel Data (Laura)	32. Work Schedule		-	Don't Time II.	P				
(b)(6)		31. Service C	omp. Date (Leave)	F FULL TIME	Σ	3	33. Part-Time Hours Per Biweekly Pay Period					
POSITION D												
2 1 - Competitive 2 - Excepted Ser	Service 3 – SES General		ategory - Exempt - Nonexempt	36. Appropriation Code		37. Bargaining Unit Status 8888						
38. Duty Station Co 11-0010-001				- State or Overseas Locat COLUMBIA DC	ion)							
40. Agency Data	41.	42.	43.	44.								
45.Remarks APPOINTMENT AFFIDAVIT EXECUTED 04/12/2021 (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/INSURE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI): YOU ARE AUTOMATICALLY ENROLLED IN BASIC COVERAGE. YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO ELECT OPTIONAL COVERAGE. SEND YOUR COMPLETED SF-2817 TO (b)(6) TO GET MORE INFORMATION AND USE THE FEGLI CALCULATOR, VISIT HTTP://WWW.OPM.GOV/INSURE/LIFE. FLEXIBLE SPENDING ACCOUNT (FSA): *** REMARKS CONTINUED ON THE NEXT PAGE ***												
YOU HAVE 60 COMPLETED 3 TO COMPARE WWW.OPM.GOV FEDERAL EMI YOU ARE AU3 DAYS FROM 3 YOUR COMPLI TO GET MORI HTTP://WWW FLEXIBLE SI	O DAYS FROM THE D SF-2809 TO (b)(6) PLANS AND GET MO V/INSURE PLOYEES' GROUP LI TOMATICALLY ENROI THE DATE OF HIRE ETED SF-2817 TO (6) E INFORMATION AND OPM.GOV/INSURE/I PENDING ACCOUNT(F	TATE OF HIRE  (b)(6)  THE INSURANCE  TO ELECT OP 1  (b)(6)  USE THE FECT  TSA):	TO ENROLL.  ION, VISIT  C (FEGLI): C COVERAGE. IIONAL COVE  (b)(6) GLI CALCULA	YOU HAVE 60 RAGE. SEND								
YOU HAVE 66 COMPLETED 3 TO COMPARE WWW.OPM.GOV FEDERAL EMI YOU ARE AU DAYS FROM 3 YOUR COMPLI TO GET MORI HTTP://WWW FLEXIBLE SI *** REMARKS	O DAYS FROM THE D SF-2809 TO (D)(A) PLANS AND GET MO V/INSURE PLOYEES' GROUP LI IOMATICALLY ENROI THE DATE OF HIRE ETED SF-2817 TO (C) E INFORMATION AND OPM.GOV/INSURE/I PENDING ACCOUNT (F) S CONTINUED ON TH	TATE OF HIRE  (b)(6)  THE INSURANCE  TO ELECT OP 1  (b)(6)  USE THE FECT  TSA):	TO ENROLL.  ION, VISIT  C (FEGLI): C COVERAGE. IIONAL COVE  (b)(6) GLI CALCULA	YOU HAVE 60 RAGE. SEND TOR, VISIT  50. Signature/Authentic	7 · · · · · · · · · · · · · · · · · · ·	proving Officia	al					
YOU HAVE 60 COMPLETED 1 TO COMPARE WWW.OPM.GOV FEDERAL EMI YOU ARE AU DAYS FROM YOUR COMPLITO GET MORI HTTP://WWW FLEXIBLE SI *** REMARK!	O DAYS FROM THE D SF-2809 TO (D)(A) PLANS AND GET MO V/INSURE PLOYEES' GROUP LI IOMATICALLY ENROI THE DATE OF HIRE ETED SF-2817 TO (C) E INFORMATION AND OPM.GOV/INSURE/I PENDING ACCOUNT (F) S CONTINUED ON TH	TATE OF HIRE  (b)(6)  THE INSURANCE  TO ELECT OP 1  (b)(6)  USE THE FECT  TSA):	TO ENROLL.  ION, VISIT  E (FEGLI): C COVERAGE. FIONAL COVE  I (b)(6)  GLI CALCULA  ***	YOU HAVE 60 RAGE. SEND TOR, VISIT	Y SIGNED BY:	proving Officia	al					

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

# NOTIFICATION OF PERSONNEL ACTION

FPM Supp. 296-33, Su	bch. 4															
1. Name (Last, Firs	st, Middle)					2. Social Security N		urity Numbe			th	4. Effective Date				
MAIA SILVA, E	DUARDO NMN					(b)(6)	)		(b)(	6)		04/12/	2021			
FIRST ACTI	ON					SECOND ACTION										
5-A. Code 170	5-B. Nature of Actio	n				6-A. Co	de	6-1	B. Nature o	of Action						
5-C. Code Y7M	5-D. Legal Authority SCH C 213 3311					6-C. Co	de	6-	D. Legal A	uthority						
5-E. Code	5-F. Legal Authority	i				6-E. Co	6-E. Code 6-F. Legal Authority									
7. FROM: Position	7. FROM: Position Title and Number						15. TO: Position Title and Number ASSISTANT PRESS SECRETARY 91005425 085025									
8. Pay Plan 9. Occ. Co	ode 10. Grade or Level 11	1. Step or Rate 12	2. Total Salary	13.	Pay Basis	16. Pay Pl	lan	17. Occ. Code 0301						21. Pay Basis PA		
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Bas	sic Pav	12D. Ot	ther Pay	20A. Basic	c Pav	0001	20B. Loca	ality Adi.		87,198.0 j. Basic Pay	20D. Other			
12.1. Dusic I uy	.00	120.71dj. Dus	ac I uy	.00	c. ruy	66,82			20,36			98.00	.00	,		
14. Name and Loca	14. Name and Location of Position's Organization							22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Off of Public Affairs  HS OS010700000000000 PP 08 2021								
<b>EMPLOYEE</b>	DATA															
23. Veterans Prefer 0)(6) 1 - None 2 - 5-Poin	3 - 10-Point/Disability		9-Point/Other 9-Point/Compensal	ble/30%		<b>24. Tenu</b> (b)(6)	0 - N		Conditional Indefinite	25. Ag	ency Use	26. Veteran (b)(6)	ns Preference	e for RIF		
27. FEGLI (b)(6)						28. Annuitant Indicator 29. Pay Rate Determinant										
30. Retirement Pla	n		31. Service	Comp. D	ate (Leave)	32. Worl	k Sche	dule				33. Part-Ti	ime Hours P	er		
(b)(6)				•		F	FUI	LL TIME				Biweekly Pay Period				
POSITION I	DATA												ray remou			
34. Position Occup	ied		35. FLSA C	ategory - Exempt		36. Appr	ropria	tion Code			37. Bargaining Unit Status					
2 2 - Excepted Se		erved		- Nonexem	-	C4-4	. 0	Iti	-\			8888				
38. Duty Station C 11-0010-001	ode		WASHING					seas Location DC	11)							
40. Agency Data	41.	42.			43.			44.								
AUTOMATIC MATCHING. FEDERAL LC YOU HAVE 6 USING THE INFORMATIC	CS CONTINUED * CONTRIBUTION TO GET INFORM ONG TERM CARE TO DAYS FROM TO ABBREVIATED UT ON AND APPLY CO	OF 1% OF MATION, V INSURANC THE DATE JNDERWRIT ONLINE, V	VISIT WW CE PROGR OF HIRE TING APP VISIT WW	W.TSF AM (F TO A LICAT W.LTC	CION. TO	ORMS/I OR COV O GET OM. YC	SPB VERA MOR DU M	K08.PDF GE E AY								
46. Employing Dep HOMELAND S						_		Authenticate NICALLY		_	proving Of	ficial				
47. Agency Code	48. Personnel Office	ID	49. Approv	al Date				. BARKSD								
HSAA	5500		04/13/202	21		EXEC	UTIV	E DIREC	TOR, HR	MS						

# NOTIFICATION OF PERSONNEL ACTION

FPM Supp. 296-33, Sub	ch. 4																
1. Name (Last, First,	Middle)				2. Soc	2. Social Security Number			Birth	4. Effective Date							
MAIA SILVA, ED	OUARDO NMN				(b	(b)(6)					04/12/2021						
FIRST ACTIO	ON				SECO	SECOND ACTION											
5-A. Code 170	5-B. Nature of Action EXC APPT				6-A. Co	de	6-B. I	Nature of Acti	on								
5-C. Code Y7M	5-D. Legal Authority SCH C 213 3311				6-C. Co	6-C. Code 6-D. Legal Authority											
5-E. Code	5-F. Legal Authority				6-E. Co	6-E. Code 6-F. Legal Authority											
7. FROM: Position 7	7. FROM: Position Title and Number						15. TO: Position Title and Number ASSISTANT PRESS SECRETARY 91005425 085025										
8. Pay Plan 9. Occ. Cod	13. Pay Basis	s 16. Pay F	lan 1	7. Occ. Code 1	18. Grade or Lev	rel 19.Step or R	Rate 20. Total Salary/Award 21. Pay Basis 87,198.00 PA										
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basi	c Pay	12D. Other Pay	20A. Bas	ic Pay		20B. Locality Ad	lj. 20C. Ad	j. Basic Pay	20D. Other I	Pay					
	.00			.00	66,82	29.00		20,369.00	87,1	98.00	.00						
	14. Name and Location of Position's Organization							22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Off of Public Affairs  HS OS010700000000000 PP 08 2021									
23. Veterans Prefere					24. Ten	ura		25	Agency Use	26 Votoror	se Profesence	for DIF					
(b)(6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensable		-Point/Other -Point/Compensa	ble/30%	(b)(6)	0 - No 1 - Per	rmanent 3 – Ind	nditional	rgency ose	(b)(6)	26. Veterans Preference for RIF (b)(6)						
27. FEGLI (b)(6)					28. Ann	uitant I	ndicator			29. Pay Ra	te Determina	nt					
30. Retirement Plan			31. Service	Comp. Date (Lea	ve) 32. Wor	k Sched	lule			33. Part-T	ime Hours Po	er					
(b)(6)					F	F FULL TIME					Biweekly Pay Period						
POSITION DA																	
2 2 - Excepted Serv	iervice 3 – SES General	d		ategory – Exempt – Nonexempt	36. App	36. Appropriation Code 37. Bargaining Un 8888						tus					
38. Duty Station Cod 11-0010-001	le			ation (City – Cou GTON DIST (													
40. Agency Data	41.	42.		43.			44.										
45.Remarks  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 (D)(6)  FERS EMPLOYEES ONLY: YOU WILL IMMEDIATELY RECEIVE AN AGENCY  *** REMARKS CONTINUED ON THE NEXT PAGE ***																	
46. Employing Depart HOMELAND SE							Authentication		Approving Of	ficial							
47. Agency Code HSAA	48. Personnel Office ID 5500		49. Approv				BARKSDAI E DIRECTO										

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

# NOTIFICATION OF PERSONNEL ACTION

FPM Supp. 296-33, Sub	ch. 4															
1. Name (Last, First,	Middle)					(b)(6)			Oate of Birth 4. Effective Date							
MAIA SILVA, EDUARDO NMN						(b)(6) 01/02/2022										
FIRST ACTIO	ON					SECO	ND A	CTION								
5-A. Code 894	5-B. Nature of Action GEN ADJ					6-A. Code 6-B. Nature of Action					n					
5-C. Code QWM	5-D. Legal Authority REG 531.207					6-C. Code 6-D. Legal Authority										
5-E. Code ZLM	5-F. Legal Authority E O 14061					6-E. Code 6-F. Legal Authority										
7. FROM: Position Title and Number						ASSIS			umber ECRETAR	Y						
8. Pay Plan   9. Occ. Code   10. Grade or Level   11. Step or Rate   12. Total Salary   13. Pay Basis   87,198.00   PA						16. Pay Pla		Occ. Code 0301	18. Grade or I	Level	19.Step or Ra	20. Total Sal		21. Pay Basis PA		
12A. Basic Pay	12B. Locality Adj. 12	C. Adj. Basic F	Pay	12D. Oth	ner Pay	20A. Basic	Pay		20B. Locality	Adj.		. Basic Pay	20D. Othe			
66,829.00	20,369.00	87,198.00		.00		68,29	9.00		21,535.00	)	89,83	34.00	.00			
14. Name and Location of Position's Organization  22. Name and Location of Position's Organization  IMMEDIATE OFFICE OF THE SECRETARY  OSEM  Off of Public Affairs  HS OS010700000000000 PP 01 2022																
23. Veterans Prefere						24 T			25			26 Veteron	- Duefenen	as fan DIF		
(b)(6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensable	5 – 10–Po 6 – 10–Po	oint/Other oint/Compensabl	le/30%		(b)(6)	0 – None 1 – Pern	nanent 3 – Inc	onditional definite	o. Age	ncy Use	26. Veteran (b)(6)				
<b>27. FEGLI</b> b)(6)						28. Annu	itant In	dicator				29. Pay Rat	e Determir	nant		
30. Retirement Plan		3	1. Service C	omn Da	te (Leave)	32. Work	Schedi	ıle				33. Part-Ti	me Hours	Per		
(b)(6)			I sel vice e	отр. 20		F		TIME				1	Biweekly Pay Period			
POSITION D								* 10 (0. *					2.5.5.5.5.5			
34. Position Occupio		_	55. FLSA Ca	tegory Exempt							37. Bargaining Unit Status					
2 - Excepted Ser			)(O)	- Nonexemp								8888				
38. Duty Station Co. 11-0010-001	de		9. Duty Stat VASHING					as Location) DC								
40. Agency Data	41.	42.			43.			44.								
SALARY INCI	INCREASE DUE 1	INCREA	SE OF 2	2.2%	ROUNDEI	D AND	A LO									
46. Employing Depart						_			on and Title o		proving Off	icial				
47. Agency Code HSAA	48. Personnel Office ID 5500		49. Approva 12/22/202						LE-PERRY OR, HRMS							

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

# NOTIFICATION OF PERSONNEL ACTION

FPM Supp. 296-33, Sub	CII. 4			_									
1. Name (Last, First,							Date of Birth  4. Effective Date						
MAIA SILVA, EI													
FIRST ACTIO	5-B. Nature of Action			SECOND ACTION  6-A. Code 6-B. Nature of Action									
570	CONV TO EXC APPT			o A. Couc	o-b. Nature of Action								
5-C. Code	5-D. Legal Authority			6-C. Code	-C. Code 6-D. Legal Authority								
Y7M	SCH C 213 3311												
5-E. Code	5-F. Legal Authority			6-E. Code	6-	F. Legal Aut	hority						
7. FROM: Position T ASSISTANT PRI 91005425 085025	ESS SECRETARY	15. TO: Position Title and Number ASSISTANT PRESS SECRETARY 91051944 089051											
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11. Step or R	ate 12. Total Salary 89,834.00	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 0301	18. Grade or		Step or Rate	20. Total Sal 106,823.		21. Pay Basis PA		
12A. Basic Pay		lj. Basic Pay	12D. Other Pay	20A. Basic Pay		20B. Localit	-	20C. Adj. B	-	20D. Other	Pay		
68,299.00	21,535.00 89,8 ion of Position's Organization	34.00	.00	81,216.00	Location of P	25,607.0		106,82	3.00	.00			
				OSEM Off of Publi	FE OFFICE C Affairs			AKI					
EMPLOYEE													
23. Veterans Prefere (b)(6)  1 - None 2 - 5-Point	3 - 10-Point/Disability	5 – 10–Point/Other 6 – 10–Point/Compensab	J <sub>0</sub> /36%	(())(())		Conditional Indefinite	25. Agene	cy Use	(b)(6)				
27. FEGLI	4 – 10–Point/Compensable	0 - 10-ronno Compensan	16/30 %	28. Annuitan		indefinite			29. Pav Rat	e Determin	ant		
(b)(6)													
30. Retirement Plan		31. Service (	Comp. Date (Leave)		edule LL TIME				1	me Hours I Biweekly Pay Period	er		
POSITION D.	ATA									- 47			
2 1 - Competitive S 2 - Excepted Ser	Service 3 – SES General		ategory - Exempt - Nonexempt							37. Bargaining Unit Status 8888			
38. Duty Station Coc 11-0010-001		39. Duty Sta	tion (City – County TON DIST OF			1)							
40. Agency Data	41.	42.	43.		44.								
45 Romorke (b)(6)													
46. Employing Depart				_	re/Authenticat			oving Offici	al				
47. Agency Code	48. Personnel Office ID	49. Approva	al Date		C. BARKSD								
HSAA	5500	04/11/202			VE DIRECT								