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 Numb | | | | | | 4. Effective Date | | |
|--|------------|---------------------------------|--|--------------|---------------------------|---|---|-----------------------|-----------------------------|------------|---|---|------------------------------------|---------------|--|
| EMME, STEVEN CRAIG | | | | | | | (6) | | (b) (6) | | | 02/01/2021 | | | |
| FIRST A | ACTIO | N | SECOND ACTION | | | | | | | | | | | | |
| 5-A. Code 5-B. Nature of Action EXC APPT | | | | | 6-A. Code | | | 6-B. Nature of Action | | | | | | | |
| 5-C. Code 5-D. Legal Authority Y7M SCH C 213 3301 A | | | | | | 6-C. Code | | 6-D | 6-D. Legal Authority | | | | | | |
| 5-E. Code 5-F. Legal Authority | | | | | | 6-E. Code 6-F. Legal Authority | | | | | | | | | |
| 7. FROM: Position Title and Number | | | | | | | 15. TO: Position Title and Number CHIEF OF STAFF 66431556 COM434 | | | | | | | | |
| 8. Pay Plan 9. | Occ. Code | 10. Grade or Level 11. Ste | ep or Rate 12. | Total Salary | 13. Pay Basis | 16. Pay Pl | | | | r Level 19 | | te 20. Total Sal | | 21. Pay Basis | |
| 12A. Basic Pay | | 12B. Locality Adj. 12 | 2C. Adj. Basi | e Pay 12 | 2D. Other Pay | GS 20A Basic | GS 0301 Basic Pay | | 15 07 20B. Locality Adj. 20 | | , | 7 172,500.00 PA 20C. Adj. Basic Pay 20D. Other Pay | | PA | |
| 12/1 Dasic Lay | | .00 | | - | .00 | 132,552.00 | | | | | | 2,500.00 .00 | | 1 ay | |
| 14. Name an | nd Locatio | on of Position's Organiza | 22. Name and Location of Position's Organization BUREAU OF INDUSTRY AND SECURITY OFFICE OF THE UNDER SEC CM 674000000000000000 PP 03 2021 | | | | | | | | | | | | |
| EMPLO | | | | | | | | | | | | | | | |
| 23. Veterans Preference D (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30% | | | | | | | 24. Tenure 2 - Conditional 1 - Permanent 3 - Indefinite 25. Agency Use (b) (6) | | | | | | | | |
| 27. FEGLI (b) (6) | | | | | | | 28. Annuitant Indicator 9 NOT APPLICABLE | | | | | 29. Pay Rate Determinant 0 NOT APPLICABLE | | | |
| 30. Retirement Plan (b) (6) (b) (6) | | | | | | 32. Work Schedule F FULL TIME | | | | | 33. Part–Time Hours Per Biweekly Pay Period | | | | |
| POSITION | ON DA | TA | | | | | | | | | | | | | |
| 34. Position Occupied 35. FLSA | | | | | gory sempt onexempt | 36. Appropriation Code | | | | | | 37. Bargain 8888 | 37. Bargaining Unit Status 8888 | | |
| 38. Duty Station Code 39. Duty Statio | | | | | | (City - County - State or Overseas Location) N DIST OF COLUMBIA DC | | | | | | | | | |
| 40. Agency Data 41. | | | 42. | | 43. | 44 | | 44. | | | | | | | |
| 45. Remarks | s | | <u> </u> | | | | | | | | | | | | |
| (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) | | | | | | | | | | | | | | | |
| DEPARTMENT OF COMMERCE | | | | | | | ELECTRONICALLY SIGNED BY: | | | | | | | | |
| 47. Agency (| Code | 48. Personnel Office ID 1426 | nel Office ID 49. Approval Date KURT BERSANI 01/31/2021 DIRECTOR, HCCS | | | | | | | | | | | | |