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

NOTIFICATION OF PERSONNEL ACTION

FPM Supp. 296-33, Sub	ch. 4										
1. Name (Last, First, Middle)				2. Social Security Number			(1.) (2.)			. Effective Date	
DICKSON, STEPHEN M				(b) (6) (b)			(6)	6) 08/12/2019			
FIRST ACTION				SECON	ND ACT	ION					
5-A. Code 171	5-B. Nature of Action EXC APPT NTE 08-11-24	6-A. Code		6-B. N	ature of Ac	tion					
5-C. Code	5-D. Legal Authority				6-C. Code 6-D. Legal Authority						
ZNM	49 U.S.C. 106 (B)			6 E C-1-							
5-E. Code ZLM	5-F. Legal Authority PRESIDENT/SENATE CO	NFIRMATION		b-E. Code	6-E. Code 6-F. Legal Authority						
7. FROM: Position	Title and Number			15. TO: Position Title and Number ADMINISTRATOR							
				1101111							
8. Pay Plan 9. Occ. Cod	- 10 C	12 T-4-1 S-1 1	3. Pay Basis	OA001 16. Pay Plan	17. Occ. 0		. C1 I	10.64	P-4- 20 T-4-15-	I/1I	21. Pay Basis
o. ray rian 9. Occ. Cou	e 10. Grade or Level 11. Step or Rat	e 12. Total Salary	5. Fay Dasis	EX	0301	oue 16	02	00	ep or Rate 20. Total Sa 183100	iary/Award	PA PA
12A. Basic Pay	12B. Locality Adj. 12C. Adj.	Basic Pay 12D.	Other Pay	20A. Basic P 183100			OB. Locality A	Adj. 20	0C. Adj. Basic Pay 183100	20D. Other	Pay
14. Name and Locat	ion of Position's Organization				nd Location						
				OFFICE	OF THE A	ADMIN:	ISTRATO	PR			
				WASHIN	GTON,D	C					
EMPLOYEE	DATA										
23. Veterans Prefere	nce			24. Tenure	;		25.	. Agency l	Use 26. Veterar	ns Preferenc	ce for RIF
(b) 1 - None 2 - 5 - Point	2 20 201102011119	- 10-Point/Other - 10-Point/Compensable/30%			(b) 0-None 2-Conditional 1-Permanent 3-Indefinite (b) YES (b) NO						NO
27. FEGLI (b) (6)					28. Annuitant Indicator (b) (6) 29 Pay Rate Determinant (b) (6)						ant
30. Retirement Plan 31. Service Comp. Date (Leave)				32. Work Schedule 33. Part-Time Hours Per							Per
(b) (6)		(b) (6)		F	FULL-TIN	1E				Biweekly Pay Period	
POSITION DA	ATA										
34. Position Occupie	36. Appropriation Code 37. Bargaining Unit Status										
2 1 - Competitive S		E E - Exemp		0006835 8888							
38. Duty Station Code 39. Duty Station (City – County											
11-0010-001		WASHINGTON		OF COLU	JMBIA						
40. Agency Data FUNC CLS 00 (b) (6) 42. 43. SUPV ST				44. POSITION SENSITIVITY SPECIAL-SENSITIVE (
	` , ` ,						,				
45 Remarks Appointment Affidavit executed 08-12-19.											
CREDITABLE MILITARY SERVICE: (b) (6) PREVIOUS RETIREMENT COVERAGE											
REASON FOR TEMPORARY APPOINTMENT - THE TERM OF THIS APPOINMENT IS LIMITED											
TO 5 YEARS BY STATUTE INELIGIBLE FOR LEAVE.											
SCD SUBJECT TO CHANGE UPON VERIFICATION OF PRIOR MILITARY SERVICE											
EMPLOYEE IS AUTOMATICALLY COVERED UNDER FERS, FERS-RAE OR FERS-FRAE. REGISTRATION MUST BE RECEIVED BY PERSONNEL NLT 60 DAYS FOR HEALTH BENEFITS AND 60 DAYS FOR LIFEINSURANCE											
FROM THE EFFECTIVE DATE OF THIS ACTION.											
46. Employing Department or Agency				50. Signa	ture/Auther	itication	and Title o	f Approvi	ng Official		
TD - FAA				_	50. Signature/Authentication and Title of Approving Official 191815688 / ELECTRONICALLY SIGNED BY:						
47. Agency Code 48. Personnel Office ID 49. Approval Date					GEORGE K. FELLMAN						
	1153	08/16/2019		AUTHORIZING OFFICIAL							

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NOTIFICATION OF PERSONNEL ACTION

1 N 3upp. 250 55, 5ubc			A Control of New York A Post of Parts A Post of Parts							
1. Name (Last, First,			2. Social Security I (b) (6)	3. Date of Birth (b) (6)	4. Effective Date 04/03/2022					
DICKSON, STEP										
FIRST ACTIO				SECOND ACTION						
5-A. Code 317	i–B. Nature of Action RESIGNATION		6-A. Code	6-B. Nature of Action						
5-C. Code	5-D. Legal Authority		6-C. Code	6-D. Legal Authority	uthority					
ZVB	P.L. 104-50									
5-E. Code	5-F. Legal Authority		6-E. Code	6-E. Code 6-F. Legal Authority						
7. FROM: Position T			15. TO: Position Titl	15. TO: Position Title and Number						
ADMINISTRATO	OR .									
OA001 AEX2	001									
8. Pay Plan 9. Occ. Code EX 0301	10. Grade or Level 11. Step or Rate 02 00	2. Total Salary 13. Pay Basis \$183100.00 PA	16. Pay Plan 17. Occ.	Code 18. Grade or Level 19.Step or F	Aate 20. Total Salary/Award 21. Pay Basis					
12A. Basic Pay	12B. Locality Adj. 12C. Adj. B	asic Pay 12D. Other Pay	20A. Basic Pay	20B. Locality Adj. 20C. Ad	dj. Basic Pay 20D. Other Pay					
\$183100.00	\$0.00 \$18310	\$0.00								
	on of Position's Organization THE ADMINISTRATOR		22. Name and Locati	on of Position's Organization						
TD03 OFFICE OF	THE ADMINISTRATOR									
WASHINGTON,	OC									
DIANT OWNER	D 4 771 4									
EMPLOYEE I			24. Tenure	25. Agency Use	26. Veterans Preference for RIF					
(b) 1- None 2-5-Point	3 – 10–Point/Disability 5 –	10-Point/Other 10-Point/Compensable/30%	(b) 0 - None 1 - Permanent	2 - Conditional 3 - Indefinite	(b) YES (b) NO					
27. FEGLI (b) (6)			28. Annuitant Indica (b) (6)	28. Annuitant Indicator (b) (6) (c) (b) (6)						
30. Retirement Plan		31. Service Comp. Date (Leav	32. Work Schedule 33. Part-Time Hours Per							
(b) (6)		(b) (6)	F FULL-TI	ME	Biweekly Pay Period					
POSITION DA	ATA	. , . ,			rayrenou					
34. Position Occupie		35. FLSA Category	36. Appropriation C	ode	37. Bargaining Unit Status					
1 - Competitive S		E - Exempt	0006835		8888					
2 2 - Excepted Service 4 - SES Career Reserved E N - Nonexempt										
38. Duty Station Code 39. Duty Station (City – County – State or Overseas Location) WASHINGTON, DISTRICT OF COLUMBIA										
40. Agency Data FUNC CLS 00 (b) (6) 42. 43. SUPV STAT 2 POSITION SENSITIVITY SPECIAL-SENSITIVE (
45 Remarks										
	ADDRESS: (b) (6)	NTTNIINTTON OF UENT	TU DEMPETTS C	OUD COVEDACE BY CON	PACTING THE EMPLOYING					
ELIGIBLE TO ELECT TEMPORARY CONTINUATION OF HEALTH BENEFITS GROUP COVERAGE BY CONTACTING THE EMPLOYING OFFICE IMMEDIATELY.										
SF 2819 WAS PROVIDED. LIFE INSURANCE COVERAGE IS EXTENDED FOR 31 DAYS DURING WHICH YOU ARE ELIGIBLE TO										
convert to an individual policy (nongroup contract). REASON FOR RESIGNATION: (b) (6)										
	(6) (6)								
46. Employing Depar	tment or Agency		_	50. Signature/Authentication and Title of Approving Official 220748852 / ELECTRONICALLY SIGNED BY:						
	40 D 1 000	40. 4	_		•					
47. Agency Code TD03	48. Personnel Office ID	49. Approval Date 03/29/2022	SHARA M DEMARCO AUTHORIZING OFFICIAL							