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, Subc	h. 4											
1. Name (Last, First,	Middle)		2. Social	Security Number	3. Date of Birtl	th 4. Effective Date						
RICHARDSON, M	MARCELLA MONET		(b)(6		(b)(6)	01/02/2022						
FIRST ACTIO	)N			SECOND ACTION								
5-A. Code 894	5-B. Nature of Action GEN ADJ			6-A. Code	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			6-E. Code 6-F. Legal Authority								
7. FROM: Position T	Citle and Number		15. TO: Position Title and Number INTERGOVERNMENTAL AFFAIRS COORDINATOR 91029002 086377									
8. Pay Plan 9. Occ. Code	10. Grade or Level 11. Step or	r Rate 12. Total Salary 117,516.00	16. Pay Plan	17. Occ. Code 1	8. Grade or Level 1		or Rate 20. Total Salary/Award 21. Pay Basis 121,065.00 PA					
12A. Basic Pay	12B. Locality Adj. 12C.	Adj. Basic Pay	12D. Other Pay	20A. Basic P	ay 2	0B. Locality Adj.	20C. Adj. Basic Pay	20D. Othe	r Pay			
90,064.00	27,452.00 11	7,516.00	.00	92,044.	00	29,021.00	121,065.00	.00				
EMPLOYEE I	DATA			OSEM PARTNE	ATE OFFICE O RSHIP AND EN	GAGEMENT	TAKI					
23. Veterans Prefere				24. Tenure		25. Ager	ncy Use 26. Vete	rans Preferen	ce for RIF			
(b)(6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensable	5 – 10–Point/Other 6 – 10–Point/Compensal	ole/30%	(h)(e)	- None 2 - Con - Permanent 3 - Inde		(b)(6)	(b)(6)				
27. FEGLI				28. Annuitant Indicator 29. Pay Rate Determinant								
(b)(6)												
30. Retirement Plan (b)(6)		31. Service (	Comp. Date (Leave)		chedule FULL TIME		33. Part	-Time Hours Biweekly Pay Period				
POSITION DA	ATA							,				
34. Position Occupie		35. FLSA C	ategory	36. Approp	oriation Code		37. Bars	gaining Unit S	tatus			
2 1 - Competitive S			– Exempt – Nonexempt				8888	8888				
2 - Excepted Serv			tion (City - County	– State or O	verseas Location)							
11-0010-001		WASHING	TON DIST OF	COLUMB	IA DC							
40. Agency Data	41.	42.	43.		44.							
SALARY INCL	INCREASE DUE TO UDES A GENERAL I	INCREASE OF	2.2% ROUNDE	D AND A								
46. Employing Depar HOMELAND SE	tment or Agency		50. Signature/Authentication and Title of Approving Official									
HOMELAND SE	CIDITY		FIRCT	ONICALLVE	CNED DV.	ELECTRONICALLY SIGNED BY:						
47. Agency Code	48. Personnel Office ID	49. Approv	al Data		RONICALLY SI E C. BARKSDAL							

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

## NOTIFICATION OF PERSONNEL ACTION

1 Name (Last First					2 Social	Security Num	ner 3 1	Date of Bir	th	4. Effectiv	ve Date			
1. Name (Last, First, Middle) RICHARDSON, MARCELLA MONET						(b)(6) (b)(6)					10/12/2021			
FIRST ACTIO	ON				SECON	D ACTIO	N							
5-A. Code 5-B. Nature of Action								of Action						
170	EXC APPT													
5-C. Code	5-D. Legal Authority	6-C. Code	6-C. Code 6-D. Legal Authority											
Y7M 5-E. Code	SCH C 213 3311 5-F. Legal Authority				6-F. Code	6-E. Code 6-F. Legal Authority								
o Di cout						V E. Edga Mullotty								
7. FROM: Position Title and Number						15. TO: Position Title and Number INTERGOVERNMENTAL AFFAIRS COORDINATOR 91029002 086377								
8. Pay Plan 9. Occ. Coo	8. Pay Plan   9. Occ. Code   10. Grade or Level   11. Step or Rate   12. Total Salary   13. Pay Basis						Code 18. Grade or Level 19.Step 13 05			or Rate 20. Total Salary/Award 21. Pay Basis 117,516.00 PA				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basi	c Pay	12D. Other Pay	20A. Basic I	ay	20B. Lo	cality Adj.	20C. Adj	j. Basic Pay	20D. Othe	r Pay		
	.00			.00	90,064.	00	27,4	52.00	117,	516.00	.00			
EMPLOYEE	DATA				OSEM PARTNE	ATE OFFIC RSHIP AND	ENGAG	EMENT	ETARY					
23. Veterans Prefere					24. Tenure			25. Age	ency Use	26. Vetera	ns Preferen	ce for RIF		
(b)(6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensab		-Point/Other -Point/Compensal	ble/30%	(b)(6)	(b)(6) 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite				(b)(6)				
27. FEGLI					28. Annuit	28. Annuitant Indicator 29. Pay Rate Determin					nant			
(b)(6)														
30. Retirement Plar b)(6)	1		31. Service (	Comp. Date (Lea						33. Part-	Time Hours Biweekly	Per		
_					F	FULL TIME					Pay Period	1		
POSITION D  34. Position Occupi			25 FF G1 G		25.4					27 D				
1 - Competitive			35. FLSA C (b)(6) E	– Exempt	So. Appro	36. Appropriation Code					37. Bargaining Unit Status			
2 2 - Excepted Ser	2.00	rved		- Nonexempt ation (City - Cou	unty - State or (	varsans I acati	on)			8888				
38. Duty Station Co 11-0010-001	de			GTON DIST	•		on)							
40. Agency Data	41.	42.		43.		44.								
45. Remarks APPOINTMEN (b)(6)	T AFFIDAVIT E	XECUTED	10/12/2	021										
YOU HAVE 60 COMPLETED TO COMPARE WWW.OPM.GO' FEDERAL EMI YOU ARE AU' DAYS FROM YOUR COMPLITO GET MORI HTTP://WWW FLEXIBLE SI	PLOYEES' HEAL 0 DAYS FROM T SF-2809 TO YO PLANS AND GE V/INSURE PLOYEES' GROU TOMATICALLY E THE DATE OF H ETED SF-2817 E INFORMATION OPM.GOV/INSU PENDING ACCOU S CONTINUED O	HE DATE UR HR BE T MORE I P LIFE I NROLLED IRE TO E TO YOUR AND USE RE/LIFE. NT(FSA):	OF HIRE NEFITS NFORMAT NSURANC IN BASI LECT OP HR BENE THE FE	TO ENROL POC. ION, VISI E (FEGLI) C COVERAG TIONAL COFITS POC. GLI CALCU	T : E. YOU HA VERAGE. S	VE 60 END								
	46. Employing Department or Agency						50. Signature/Authentication and Title of Approving Official							
HOMELAND SECURITY						RONICALL	SIGNE	D BV:						
47. Agency Code	48. Personnel Office I	ID	49. Approv	al Date		RONICALLY E C. BARKS								

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-	cn. 4													
1. Name (Last, First, Middle) RICHARDSON, MARCELLA MONET						2. Social Security Number (b)(6) 3. Date of Birth (b)(6)				4. Effective Date 10/12/2021				
FIRST ACTIO					SECO	ND ACT	ION							
5-A. Code 5-B. Nature of Action 170 EXC APPT						6-A. Code 6-B. Nature of Action								
5-C. Code	5-D. Legal Authority					6-C. Code 6-D. Legal Authority			,					
Y7M	Y7M SCH C 213 3311 5-E. Code 5-F. Legal Authority						6-E. Code 6-F. Legal Authority							
5 F. Degai Authorny					o-E. Cot	6-E. Code 6-F. Legal Authority								
7. FROM: Position Title and Number						15. TO: Position Title and Number INTERGOVERNMENTAL AFFAIRS COORDINATOR 91029002 086377								
8. Pay Plan 9. Occ. Cod	Plan 9. Occ. Code 10. Grade or Level 11. Step or Rate 12. Total Salary 13. Pay Bas				is 16. Pay Pla	17. Occ.		8. Grade or Level	19.Step or Rat	Rate 20. Total Salary/Award 21. Pay Basis 117,516.00 PA				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basi	c Pay	12D. Other Pay	20A. Basic 90,06	-	2	20B. Locality Adj.	20C. Adj.	-	20D. Other	r Pay		
14. Name and Locat	on of Position's Organ	ization			IMMEI OSEM PARTN	DIATE OF	FICE O	tion's Organiza F THE SECR GAGEMENT PP 21 2021	ETARY					
EMPLOYEE										T				
(b)(6) 1 - None 2 - 5-Point	nce 3 – 10–Point/Disability 4 – 10–Point/Compensab		-Point/Other -Point/Compensab	le/30%	(b)(6)	24. Tenure (b)(6) 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite 25. Agency Use					(b)(6)			
(b)(6)					28 Annu	itant Indicat	or			20 Pay Ro	te Determir	ant		
30. Retirement Plan			31. Service C	Comp. Date (Lea	ave) 32. Work	Schedule				33. Part-T	ime Hours	Per		
(b)(6)					F	F FULL TIME					Biweekly Pay Period			
POSITION DA  34. Position Occupie			25 EL 64 G		26. 1		1-			27 P	_! II_! 6			
1 – Competitive S	iervice 3 – SES General			- Exempt	So. Appr	36. Appropriation Code					37. Bargaining Unit Status 8888			
2 - Excepted Ser		ved		- Nonexempt tion (City – Cou	unty – State or	Overseas Lo	cation)			0000				
11-0010-001			WASHING	TON DIST	OF COLUM	BIA DC								
40. Agency Data	41.	42.		43.		44.								
YOU HAVE 60 TO ENROLL I ON/AFTER OO OPEN SEASON WWW.FSAFED. FEDERAL DEN YOU HAVE 60 SUPPLEMENTA INFORMATION ENROLLMENT THRIFT SAVI YOU ARE ELI ENROLLED AT CONTRIBUTION POC. FERS E	CONTINUED * DAYS FROM TO THE TOTAL AND VISION AND ENROLL OF THE RATE OF THE RATE OF THE TOTAL AND THE RATE OF THE	HE DATE ARE OR D LL BE EL E INFORM ENROLLME ON PROGR HE DATE /OR VISI ONLINE, . P): TRIBUTE 3%. TO MPLETE A Y: YOU W	EPENDENT IGIBLE TATION AN NT IS MA AM (FEDV OF HIRE ON PLAN VISIT WA TO TSP. INCREASE TSP-1 A ILL IMME	CARE FS O ENROLL ND ENROLL ANDATORY. /IP): TO ENROL TO GET WW.BENEFE  YOU ARE OR DECR AND SEND EDIATELY	AUTOMATI EASE YOU IT TO YO	RED THE FSA VISIT NLINE CALLY R UR HR E	ENEFI	TTS						
46. Employing Depart								and Title of Ap	proving Offi	cial				
47. Agency Code	48. Personnel Office I	D	49. Approva	al Date				E-PERRY						
HSAA	5500		10/13/202			UTIVE DI								

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, Subo	h. 4													
1. Name (Last, First, Middle)						Security Nur	nber	3. Date of Birt	th	4. Effective Date				
RICHARDSON, N	RICHARDSON, MARCELLA MONET						(b)(6) (b			10/12/2021				
FIRST ACTIO	SECON	SECOND ACTION												
5-A. Code 170	5-B. Nature of Action EXC APPT					6-A. Code 6-B. Nature of Action								
5-C. Code Y7M	5-D. Legal Authority SCH C 213 3311					6-C. Code 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 INTERGOVERNMENTAL AFFAIRS COORDINATOR 91029002 086377								
8. Pay Plan 9. Occ. Code	e 10. Grade or Level 11. Se	tep or Rate 12.	Total Salary	13. Pay Ba	is 16. Pay Plan	17. Occ. Co 0301			19.Step or Ra	or Rate 20. Total Salary/Award 21. Pay Basis 117,516.00 PA				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic	c Pay	12D. Other Pay	20A. Basic P 90,064.					. Basic Pay 516.00	20D. Other	Pay		
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM PARTNERSHIP AND ENGAGEMENT  HS OS0116000000000000 PP 21 2021								
EMPLOYEE I					24 75			25.4-	XT	26 37-4	D. f.	- e DIE		
23. Veterans Prefere (b)(6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensable		Point/Other Point/Compens	ble/30%	(b)(6)						26. Veterans Preference for RIF (b)(6)			
27. FEGLI (b)(6)					28. Annuit	28. Annuitant Indicator 29. Pay Rate Determinant								
30. Retirement Plan			** ** *	a	22 Week 6	ah a dada				44 P				
(b)(6)			31. Service	Comp. Date (Le	,						33. Part-Time Hours Per Biweekly Pay Period			
POSITION DA	ATA													
34. Position Occupie	ervice 3 – SES General			- Exempt	36. Approp	36. Appropriation Code					37. Bargaining Unit Status 8888			
2 - Excepted Services 38. Duty Station Coc 11-0010-001			39. Duty St		ounty – State or O		tion)			0000				
	41.	42.	WASHIN	43.	OF COLUMB	44.								
40. Agency Data	41.	42.		43.		44.								
AUTOMATIC C MATCHING. I FEDERAL LON YOU HAVE 60 USING THE A INFORMATION	CONTINUED ** CONTRIBUTION OF COMMENT OF STATE OF STATE CONTRIBUTION OF COMMENT OF STATE OF STATE CONTRIBUTION	F 1% OF TION, V NSURANCI E DATE ( DERWRIT: LINE, V	ISIT WW E PROGF OF HIRE ING APF ISIT WW	W.TSP.GO' AM (FLTC' TO APPL' LICATION W.LTCFED	//FORMS/TS IP) / FOR COVE . TO GET M	PBK08.PI RAGE ORE								
46. Employing Depar HOMELAND SE						ture/Authenti RONICALI		and Title of App	proving Off	icial				
47. Agency Code HSAA	Code 48. Personnel Office ID 49. Approval Date NICOLE C. BARKSDALE-PERRY 5500 10/13/2021 EXECUTIVE DIRECTOR, HRMS													