

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>SATLOFF, BENJAMIN D</b>					2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>08/02/2021</b>						
<b>FIRST ACTION</b>						<b>SECOND ACTION</b>									
5-A. Code <b>170</b>		5-B. Nature of Action <b>EXC APPT</b>				6-A. Code		6-B. Nature of Action							
5-C. Code <b>Y7M</b>		5-D. Legal Authority <b>SCH C 213 3301 A</b>				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 <b>SCHEDULING AND ADVANCE SPECIALIST ASSI 66271176 COM627</b>									
8. Pay Plan		9. Occ. Code		10. Grade or Level		11. Step or Rate		12. Total Salary		13. Pay Basis					
<b>GS</b>		<b>0301</b>		<b>11</b>		<b>01</b>		<b>72,750.00</b>		<b>PA</b>					
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.					
<b>.00</b>		<b>.00</b>		<b>.00</b>		<b>.00</b>		<b>55,756.00</b>		<b>16,994.00</b>					
20C. Adj. Basic Pay		20D. Other Pay		27. FEGLI		28. Annuitant Indicator		29. Pay Rate Determinant		26. Veterans Preference for RIF					
<b>72,750.00</b>		<b>.00</b>		<b>(b) (6)</b>		<b>9 NOT APPLICABLE</b>		<b>0 NOT APPLICABLE</b>		<b>(b) (6)</b>					
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization <b>OFFICE OF THE SECRETARY IMMEDIATE OFFICE OFF OF COUNSELLOR/CH OF STAFF</b>									
						<b>CM 510103000000000000 PP 16 2021</b>									
<b>EMPLOYEE DATA</b>															
23. Veterans Preference						24. Tenure			25. Agency Use		26. Veterans Preference for RIF				
<b>(b) (6)</b> 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%						<b>3</b> 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite					<b>(b) (6)</b>				
30. Retirement Plan						31. Service Comp. Date (Leave)			32. Work Schedule			33. Part-Time Hours Per Biweekly Pay Period			
<b>(b) (6)</b>						<b>(b) (6)</b>			<b>F FULL TIME</b>						
<b>POSITION DATA</b>															
34. Position Occupied				35. FLSA Category				36. Appropriation Code				37. Bargaining Unit Status			
<b>2</b> 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				<b>E</b> E - Exempt N - Nonexempt								<b>8888</b>			
38. Duty Station Code <b>11-0010-001</b>						39. Duty Station (City - County - State or Overseas Location) <b>WASHINGTON DIST OF COLUMBIA DC</b>									
40. Agency Data		41.		42.		43.		44.							
45. Remarks															
<b>(b) (6)</b> <b>(b) (6)</b> <b>(b) (6)</b>															
46. Employing Department or Agency <b>DEPARTMENT OF COMMERCE</b>						50. Signature/Authentication and Title of Approving Official <b>ELECTRONICALLY SIGNED BY:</b>									
47. Agency Code <b>CM51</b>		48. Personnel Office ID <b>1426</b>		49. Approval Date <b>08/16/2021</b>		<b>KURT BERSANI DIRECTOR, HCCS</b>									