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	ch. 4													
1. Name (Last, First, Middle) JIMENEZ, LUIS A						2. Social Security Numbe (b) (6)			3. Date of Birth (b) (6)			4. Effective Date 03/01/2021		
FIRST ACTION						SECOND ACTION								
5-A. Code	5-B. Nature of Action					6-A. Code 6-B. Nature of Action								
146	SES NONCAREER APPT													
5-C. Code V4L	5-D. Legal Authority 5 USC 3394(A)					6-C. Code 6-D. Legal Authority								
5-E. Code AWM	•					6-E. Code 6-F. Legal Authority								
7. FROM: Position Title and Number					15. TO: Position Title and Number DEPUTY CHIEF OF STAFF 66438360 ES0718									
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11. Step or Ra	te 12. Total Salary	13.	Pay Basis	16. Pay Pl ES		Occ. Code 1	18. Grade (	or Level 1	9.Step or Rat	20. Total Sa	.	21. Pay Basis PA	
12A. Basic Pay	12B. Locality Adj. 12C. Adj	. Basic Pay	12D. Ot	ther Pay	20A. Basic	Pay		20B. Local	ity Adj.	20C. Adj.		20D. Other P	'ay	
	.00		.00		183,100.00			.00	00 183,		.00			
14. Name and Locat  EMPLOYEE	22. Name and Location of Position's Organization OFFICE OF THE SECRETARY IMMEDIATE OFFICE OFF OF COUNSELLOR/CH OF STAFF  CM 510103000000000000 PP 05 2021													
23. Veterans Preference						re 0 – None	2 Cor	nditional	25. Agen	cy Use		ns Preference	for RIF	
(b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%					0 1 - Permanent 3 - Indefinite					(b) (6)				
27. FEGLI (b) (6)					28. Annuitant Indicator  9 NOT APPLICABLE							ate Determina NOT APPL		
30. Retirement Plan  (b) (6)  31. Service Comp. Date (Leave) (b) (6)					32. Work	E FILL TIME						Time Hours Pe	r	
POSITION DATA						F FULL TIME Pay Period								
34. Position Occupio	26 Anna	onviotio	n Codo				27 Pangai	ining Unit Stat						
3 1 - Competitive S 2 - Excepted Ser	E	E - Exempt N - Nonexempt			36. Appropriation Code					37. Bargaining Unit Status 8888				
38. Duty Station Code 39. Duty Station (City					nty – State or Overseas Location)  OF COLUMBIA DC									
40. Agency Data	41.	42.		43.		4	44.							
SERVICE.	S CONTINUED ***				50. Sign	nature/A	<b>Authentication</b>	n and Tit	le of Ann	raving Offi	rial			
46. Employing Department or Agency DEPARTMENT OF COMMERCE					50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY:									
47. Agency Code 48. Personnel Office ID 49. Approval Date					KURT BERSANI									
CM51	1426 03/01/2021 DIRECTOR, HCCS													