Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296–33, Subch. 4

NOTIFICATION OF PERSONNEL ACTION

11 M Supp. 270 55, Sub	ren. 4													
1. Name (Last, First, Middle)							2. Social Security Number			3. Date of Bi	4. Effectiv	4. Effective Date		
SILVERS, ROBERT P						(b)(6) (b)(6)				08/10/2021				
FIRST ACTIO	ON					SECO	ND	ACTIO	N					
5-A. Code	5-B. Nature of Action	n				6-A. Cod	6-A. Code 6-B. Nature of Action							
170	EXC APPT													
5-C. Code ZNM	5-D. Legal Authority 6 USC 113 A 1 H					6-C. Code 6-D. Legal Authority								
5-E. Code	5-F. Legal Authority					6-E. Cod	6-E. Code 6-F. Legal Authority							
7. FROM: Position	Title and Number					15. TO: Position Title and Number UNDER SECRETARY FOR STRATEGY, POLICY A 90951760 078574								
8. Pay Plan 9. Occ. Cod	de 10. Grade or Level 11	. Step or Rate 12	2. Total Salary 13. Pay Basis		Pay Basis	16. Pay Pla EX	an I	17. Occ. Code 0301	· l		Rate 20. Total Sa 168,400	-	21. Pay Basis PA	
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Bas	ic Pay	12D. Otl	her Pay	20A. Basic				B. Locality Adj.		dj. Basic Pay	20D. Other	Pay
	00 .00 Name and Location of Position's Organization					168,4				00		8,400.00	.00	
						IMMEI OSEM OFFICI	DIAT E OF	E OFFICE POLICY	OF	on's Organiza THE SECR PP 16 2021				
EMPLOYEE	DATA					_								
23. Veterans Prefere (b)(6) 1 - None 2 - 5-Point	ence 3 – 10–Point/Disability 4 – 10–Point/Compensa		Point/Other Point/Compens	able/30%		24. Tenu (b)(6)	0 - N		Condi Indefi	tional	ency Use	26. Veteral (b)(6)	ns Preferenc	ce for RIF
27. FEGLI						28. Annu	itant	Indicator				29. Pay Ra	te Determin	ant
(b)(6)							-							I
30. Retirement Plan	1		31. Service	Comp. Da	ate (Leave)						33. Part-Time Hours Per Biweekly			
(b)(6)	. — .					F	FUI	LL TIME					Pay Period	
POSITION D. 34. Position Occupio	_					25.1								
1 - Competitive			(b)(6) E - Exempt			36. Appr	opria	tion Code					ning Unit St	atus
2 2 - Excepted Ser		erved	(D)(O) N - Nonexempt			y – State or Overseas Location)					8888			
38. Duty Station Co 11-0010-001	ode				y – County DIST OF				n)					
40. Agency Data	41.	42.			43.			44.						
45.Remarks. APPOINTED BY THE PRESIDENT WITH THE ADVICE AND CONSENT OF THE SENATE. INELIGIBLE FOR LEAVE. APPOINTMENT AFFIDAVIT EXECUTED 08/10/2021 EMPLOYEE SUBJECT TO POST-EMPLOYMENT RESTRICTIONS UNDER 18 U.S.C. 207(C). THE PAY RATE OF AN EMPLOYEE OCCUPYING A POSITION SUBJECT TO THE PAY FREEZE FOR CERTAIN SENIOR POLITICAL OFFICIALS SHALL BE BASED ON THE RATE OF PAY AND APPLICABLE PAY LIMITATIONS IN EFFECT ON DECEMBER 31, 2013. FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB): YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO ENROLL. SEND YOUR COMPLETED SF-2809 TO OCHCO-HRMS-BENEFITS. TO COMPARE PLANS AND GET MORE INFORMATION, VISIT WWW.OPM.GOV/INSURE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI): YOU ARE AUTOMATICALLY ENROLLED IN BASIC COVERAGE. YOU HAVE 60 *** REMARKS CONTINUED ON THE NEXT PAGE ***														
46. Employing Depa HOMELAND SI						_		Authentica NICALLY		nd Title of Ap	oproving C	Official		
47. Agency Code 48. Personnel Office ID 49. Approval Date								. BARKSD						
HSAA	5500		08/11/20					. DAKKSD /F DIRFC						

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FPM Supp. 296-33, Sub	ch. 4												
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SILVERS, ROBE	(b)(6) 08/10/2021												
FIRST ACTIO	ON				SECOND	ACTION							
5–A. Code 170	5-B. Nature of Action EXC APPT				6-A. Code 6-B. Nature of Action								
5-C. Code ZNM	5-D. Legal Authority 6 USC 113 A 1 K				6-C. Code 6-D. Legal Authority								
5-E. Code	5-F. Legal Authority				6-E. Code 6-F. Legal Authority								
T PROME D. M. C.	Ptd 137 1				15 TO D 11	mu 150							
7. FROM: Position	Title and Number				15. TO: Position Title and Number UNDER SECRETARY FOR STRATEGY, POLICY A 90951760 078574								
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11. Ste	ep or Rate 12.	Total Salary	13. Pay Basis	16. Pay Plan EX	17. Occ. Code 0301	18. Grade or Level 1	19.Step or Rate	20. Total Salar		l. Pay Basis PA		
12A. Basic Pay	12B. Locality Adj. 12	2C. Adj. Basic	Pay	12D. Other Pay	20A. Basic Pay		20B. Locality Adj.	20C. Adj. B	Basic Pay	20D. Other Pa	у		
	.00			.00	168,400.00)	.00	168,40	0.00	.00			
14. Name and Locati	22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM OFFICE OF POLICY HS OS011200000000000 PP 16 2021												
EMPLOYEE	DATA												
23. Veterans Prefere (b)(6) 1 - None 2 - 5-Point	nce 3 – 10–Point/Disability 4 – 10–Point/Compensable		Point/Other Point/Compensable/	30%	24. Tenure (b)(6) 0 - No 1 - Po		25. Ager onditional definite		26. Veterans Preference for RIF (b)(6)				
27. FEGLI					28. Annuitant Indicator 29. Pay Rate Determinant								
(b)(6) 30. Retirement Plan			21 Commiss Co	mp. Date (Leave)	22 Work Scho	dula		-	22 Dant Tin	ao House Don			
			31. Service Co	mp. Date (Leave)					33. Part-Time Hours Per Biweekly				
(b)(6)	. m .				F FUI	LL TIME			P	ay Period			
POSITION D													
34. Position Occupie		_	35. FLSA Cat	egory Exempt	36. Appropria	tion Code			37. Bargaining Unit Status				
2 2 - Excepted Serv			D)(O) N-N	donexempt					8888				
38. Duty Station Cod 11-0010-001	de			on (City – County ON DIST OF									
40. Agency Data	41.	42.	***************************************	43.	COLCUIDAN	44.							
40. Agency Data	44.	12.		40.		1							
45.Remarks A** REMARKS CONTINUED *** DAYS FROM THE DATE OF HIRE TO ELECT OPTIONAL COVERAGE. SEND YOUR COMPLETED SF-2817 TO OCHCO-HRMS-BENEFITS. TO GET MORE INFORMATION AND USE THE FEGLI CALCULATOR, VISIT HTTP://WWW.OPM.GOV/INSURE/LIFE. FLEXIBLE SPENDING ACCOUNT(FSA): YOU HAVE 60 DAYS FROM THE DATE OF HIRE BUT NO LATER THAN OCT 1ST TO ENROLL IN A HEALTH CARE OR DEPENDENT CARE FSA. IF HIRED ON/AFTER OCT 1ST YOU WILL BE ELIGIBLE TO ENROLL DURING THE FSA OPEN SEASON. TO GET MORE INFORMATION AND ENROLL ONLINE, VISIT WWW.FSAFED.COM. ONLINE ENROLLMENT IS MANDATORY. FEDERAL DENTAL AND VISION PROGRAM (FEDVIP): YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO ENROLL IN A SUPPLEMENTAL DENTAL AND/OR VISION PLAN. TO GET MORE INFORMATION AND ENROLL ONLINE, VISIT WWW.BENEFEDS.COM ONLINE ENROLLMENT IS MANDATORY. *** REMARKS CONTINUED ON THE NEXT PAGE ***													
46. Employing Depart					_		on and Title of App	oroving Offici	ial				
	Date			IGNED BY:									
47. Agency Code		. BAKKSDA Æ DIDECT	LE-PERRY										

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SILVERS, ROBERT P						(b)(6)		(b)(6)	08/10/2021					
FIRST ACTIO	ON					SECOND	ACTION							
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170	EXC APPT													
5-C. Code	5-D. Legal Authority					6-C. Code 6-D. Legal Authority								
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7. FROM: Position T						15. TO: Position Title and Number UNDER SECRETARY FOR STRATEGY, POLICY A 90951760 078574								
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12A. Basic Pay	12B. Locality Adj.	12C. Adj. Bas	ic Pay	12D. Other Pay	v	20A. Basic Pay		0B. Locality Adj.		i. Basic Pay	20D. Other P			
22.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	.00					168,400.00	~,							
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EMPLOYEE I						24 T		25.4	T I	26 37-4	D. C.	e DIE		
(b)(6) 1 - None	3 - 10-Point/Disability)-Point/Other			24. Tenure (b)(6) 0-N		litional	ncy Use	(b)(6)	ns Preference	ior Kir		
2 - 5-Point 27. FEGLI	4 - 10-Point/Compensa	ble 6 - 10)-Point/Compense	ble/30%		1 - Permanent 3 - Indefinite					Pay Rate Determinant			
(b)(6)						20. Amutant	indicator			29. 1 ay Ka	te Determina	I		
30. Retirement Plan			31. Service	Comp. Date (L	eave)	32. Work Sche	dule			33. Part-T	ime Hours Pe	er		
(b)(6)					٦	F FUI		Biweekly Pay Period						
POSITION DA	ATA										1 ay 1 ci iou			
34. Position Occupie			35. FLSA (Category		36. Appropria	tion Code			37. Bargair	ning Unit Stat	tus		
1 - Competitive S			(b)(6) F	- Exempt					8888					
2 - Excepted Services 38. Duty Station Cod		erved		- Nonexempt ation (City - Co	ounty	- State or Over	seas Location)			0000				
11-0010-001						COLUMBIA								
40. Agency Data	41.	42.		43.										
43. 44. 45. Remarks *** REMARKS CONTINUED *** THRIFT SAVINGS PLAN (TSP): YOU ARE ELIGIBLE TO CONTRIBUTE TO TSP. YOU ARE AUTOMATICALLY ENROLLED AT THE RATE OF 5%. TO INCREASE OR DECREASE YOUR CONTRIBUTION AMOUNT, COMPLETE A TSP-1 AND SEND IT TO OCHOO-HRMS-BENEFITS FERS EMPLOYEES ONLY: YOU WILL IMMEDIATELY RECEIVE AN AGENCY AUTOMATIC CONTRIBUTION OF 1% OF YOUR PAY AND QUALIFY FOR UP TO 4% MATCHING. TO GET INFORMATION, VISIT WWW.TSP.GOV/FORMS/TSPBK08.PDF														
YOU ARE ELI ENROLLED AT CONTRIBUTIO FERS EMPLOY AUTOMATIC O	INGS PLAN (TS GGIBLE TO CON THE RATE OF ON AMOUNT, CO ZEES ONLY: YO CONTRIBUTION	SP): ITRIBUTE '5%. TO MPLETE A DU WILL I OF 1% OF	INCREAS A TSP-1 MMEDIAT YOUR F	E OR DEC AND SEND ELY RECE AY AND Q	REAS IT IVE UAL	SE YOUR TO OCHCO AN AGENC IFY FOR U	LY -HRMS-BEN Y P TO 4%	EFITS						
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THRIFT SAVI YOU ARE ELI ENROLLED AT CONTRIBUTIO FERS EMPLOY AUTOMATIC O MATCHING. T	INGS PLAN (TS IGIBLE TO CON ITHE RATE OF IN AMOUNT, CO YEES ONLY: YO CONTRIBUTION TO GET INFORM	ITRIBUTE 5%. TO MPLETE A U WILL I OF 1% OF	INCREAS A TSP-1 MMEDIAT YOUR F	E OR DEC AND SEND ELY RECE AY AND Q	REAS IT IVE UAL	SE YOUR TO OCHCO AN AGENC IFY FOR U ORMS/TSPB	LY -HRMS-BEN Y P TO 4% K08.PDF	and Title of App GNED BY:	proving Off	īcial				