

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>TROTTEBERG, POLLY E.</b>				2. Social Security Number (b)(6)		3. Date of Birth (b)(6)		4. Effective Date <b>04/14/2021</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>ZNM</b>		5-D. Legal Authority <b>PRESIDENTIAL/SENATE CONFIRMED</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>DEPUTY SECRETARY</b>										
					<b>1001 EX00002</b>										
8. Pay Plan		9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis			
							<b>EX</b>	<b>0301</b>	<b>02</b>	<b>00</b>	<b>\$183100.00</b>	<b>PA</b>			
12A. Basic Pay		12B. Locality Adj.	12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay				
							<b>\$183100.00</b>		<b>\$0.00</b>	<b>\$183100.00</b>	<b>\$0.00</b>				
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization <b>TD01 OFFICE OF THE SECRETARY</b> <b>OFFICE OF THE DEPUTY SECRETARY</b>  <b>WASHINGTON,DC</b>										
<b>EMPLOYEE DATA</b>															
23. Veterans Preference					24. Tenure			25. Agency Use	26. Veterans 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%	(b)(6)	0 - None	2 - Conditional	1 - Permanent	3 - Indefinite	(b)(6)	YES	(b)(6)	NO
27. FEGLI					28. Annuitant Indicator			29. Pay Rate Determinant							
(b)(6)					(b)(6)			(b)(6)							
30. Retirement Plan			31. Service Comp. Date (Leave)		32. Work Schedule		33. Part-Time Hours Per Biweekly Pay Period								
(b)(6)			(b)(6)		<b>F FULL-TIME</b>										
<b>POSITION DATA</b>															
34. Position Occupied			35. FLSA Category		36. Appropriation Code		37. Bargaining Unit Status								
2	1 - Competitive Service	3 - SES General	2 - Excepted Service	4 - SES Career Reserved	E	E - Exempt	N - Nonexempt	0001687		8888					
38. Duty Station Code <b>11-0010-001</b>					39. Duty Station (City - County - State or Overseas Location) <b>WASHINGTON, DISTRICT OF COLUMBIA</b>										
40. Agency Data <b>FUNC CLS 00</b>		41. (b)(6)	42. EDUC LVL 17	43. SUPV STAT 2	44. POSITION SENSITIVITY SPECIAL-SENSITIVE (										
45. Remarks APPOINTMENT AFFIDAVIT EXECUTED 04-14-21. CREDITABLE MILITARY SERVICE: (b)(6) PREVIOUS RETIREMENT COVERAGE: FROZEN SERVICE NONE INELIGIBLE FOR LEAVE. EMPLOYEE SUBJECT TO DRUG TESTING AS PROVIDED IN THE DOT DRUGFREE DEPARTMENTAL WORKPLACE PLAN. YOU HAVE 60 DAYS FROM THE DATE OF THIS ACTION TO ENROLL IN THE FEDERAL EMPLOYEES DENTAL AND VISION PROGRAM (FEDVIP) AND THE FEDERAL EMPLOYEES LONG TERM CARE INSURANCE PROGRAM (FLTCIP). YOU HAVE 60 DAYS FROM THE DATE OF THIS ACTION OR UNTIL SEPTEMBER 30 OF THE PLAN YEAR TO ENROLL IN THE FLEXIBLE SPENDING ACCOUNT (FSA). REGISTRATION FOR HEALTH BENEFITS AND LIFE INSURANCE MUST BE RECEIVED BY HUMAN RESOURCES NLT 60 DAYS FROM THE EFFECTIVE DATE OF THIS ACTION YOU ARE AUTOMATICALLY ENROLLED IN THE THRIFT SAVINGS PLAN UNLESS YOU OPT OUT. A RATE OF 5 PERCENT WILL BE DEDUCTED FROM YOUR BASIC *** REMARKS CONTINUED ON THE NEXT PAGE ***															
46. Employing Department or Agency <b>TD - OFFICE OF THE SECRETARY</b>					50. Signature/Authentication and Title of Approving Official <b>210796987 / ELECTRONICALLY SIGNED BY:</b>										
47. Agency Code <b>TD01</b>		48. Personnel Office ID <b>3297</b>	49. Approval Date <b>04/21/2021</b>		<b>JOAN SIMPSON</b> <b>STRATEGIC ADVISOR, EPRC</b>										

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45. Remarks *** REMARKS CONTINUED *** PAY. PLEASE CONTACT YOUR HUMAN RESOURCES OFFICE FOR MORE INFORMATION EMPLOYEE IS AUTOMATICALLY COVERED UNDER FERS, FERS-RAE OR FERS-FRAE.												
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