Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 206–33. Subch. 4

1. Name (Last, First IBARRA PRATT	, Middle)		-	al Secu	urity Number	3. Date o	f Birth		4. Effecti	ive Date 7/2023			
FIRST ACTIO			/				ACTION				12/0	112023	
5-A. Code 879	5-B. Nature of Action		RD		6-A. Cod			Nature of Ac	tion				
5-C. Code VWK	5-D. Legal Authority 5 U.S.C. 5384. SI	t e		WARD.	6-C. Cod	e	6-D.	Legal Autho	ority		-		
5-E. Code	5-F. Legal Authority				6-E. Cod	e	6-F.	Legal Autho	rity	1			
7. FROM: Position	Title and Number				DEPUT PD:ES8	Y DII 108	n Title and Nu RECTOR FO		LATO	ORY AFFA	IRS		
3. Pay Plan 9. Occ. Coc	de 10. Grade or Level 11	. Step or Rate 12	t. Total Salary	13. Pay Basis	16. Pay Pla			18. Grade or L	evel 1	9.Step or Rate	20. Total 5	Contrare di Contre	21. Pay Basis
2A. Basic Pay	12B. Locality Adj.	12C. Adj. Bas	de Pay	12D. Other Pay	20A. Basic	Pay		20B. Locality	Adj.	20C. Adj. I	lasie Pay	20D. Othe	r Pay
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27. FEGLI) (C)				28. Annu	itant I	ndicator		-	-	29. Pay R	tate Determin	
(b) (2) , (b)) (6)				(b) (2), (t) (6)					REGULA	
30. Retirement Plan (b) (2), (b)			31. Service (b) (2), (b) (Comp. Date (Leave) <mark>6)</mark>	32. Work		L TIME				33. Part-	Time Hours Biweekly Pay Period	
POSITION D	ATA												
34. Position Occupi			35. FLSA C	3.03	36. Appr	opriat	ion Code				37. Barga	aining Unit S	tatus
4 1 - Competitive 2 - Excepted Ser		erved		– Exempt – Nonexempt	46999A	WK					8888		
38. Duty Station Co 240860031	ode			tion (City – County TON MONTGO									
40. Agency Data	41.	42.		43.			44. PAR NUM	BER:					
45. Remarks													
46. Employing Department or Agency DEPARTMENT OF HEALTH AND HUMAN SERVICES						DNIC	hentication an	ED BY: M	ELA		ELLER		• · · · · · · · · · · · · · · · · · · ·
47. Agency Code HE36	48. Personnel Office 1189		Approval Date /08/2023	te	DIRECTO	R, O	FF OF TAL	ENT SOLU	TI				

FPM Supp. 296-33, Sub				-		-			-		
1. Name (Last, First, IBARRA PRATT)				100000000000	al Security No 2), (b) (6)	ımber	3. Date of Birt (b) (2), (b)	NO. 1	4. Effectiv 04/09/		
FIRST ACTIO	ON			SECO	ND ACT	ION					
5-A. Code 792	5-B. Nature of Action CHG IN DUTY STATIO	ON		6-A. Coo	le	6-B. N	ature of Action				
5-C. Code UNM	5-D. Legal Authority AGENCY DIRECTIVE	OR ORDER		6-C. Coc	le	6-D. L	egal Authority	***************************************			
5-E. Code	5-F. Legal Authority	0.000		6-E. Coo	le	6-F. L	egal Authority				
7. FROM: Position T DEPUTY DIRECT PD:ES8108 POSITION:00477	TOR FOR REGULATOR	Y AFFAIRS		DEPUT PD:ES8		OR FO	iber R REGULAT	ORY AFF	AIRS		
8. Pay Plan 9. Occ. Cod ES 0340	e 10. Grade or Level 11. Step or 00 00	Rate 12. Total Salary \$205,566.00	13. Pay Basis PA	16. Pay Pla ES	17. Occ. C 0340	Code 18	Grade or Level 1	19.Step or Rat	\$205,56	CONTRACTOR OF THE CONTRACTOR OF THE	21. Pay Basis PA
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EMPLOYEE 23. Veterans Prefere				24. Tenu	re		25. Age	ncy Use	26 Vetera	ns Preferenc	e for RIF
b) (2), (b) (6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensable	5 – 10-Point/Other 6 – 10-Point/Compensab	le/30%	0	0 - None 1 - Permanent	2 - Cond 3 - Indef	itional		(b) (2), (b) ((6)
27. FEGLI	(6)			28. Annu	itant Indicato	r				te Determin REGULAI	
30. Retirement Plan (b) (2), (0) (6)	31. Service (b) (2), (b)	Comp. Date (Leave (<mark>6)</mark>	e) 32. Work	Schedule FULL TIM	1E				ime Hours Biweekly Pay Period	
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34. Position Occupied 1 - Competitive S 2 - Excepted Ser	Service 3 – SES General		ntegory - Exempt - Nonexempt	36. Appr 36999A	opriation Cod WK	le			37. Bargain 8888	ning Unit St	atus
38. Duty Station Co. 240860031			tion (City - Coun TON MONTG	•		ation)					
40. Agency Data	41.	42.	43.		44. PAR	NUMB	ER:				
45. Remarks											
46. Employing Depa DEPARTMENT	rtment or Agency OF HEALTH AND HUM	AN SERVICES					Title of Approv				
47. Agency Code HE36	48. Personnel Office ID	49. Approval Dat 04/11/2023	e				NT SOLUTI				
IIIJU	1107	04/11/2023									

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

PM Supp. 296–33, Subo		A STATE OF THE STA			2. Secia	d Security Numb	er 3. Date	of Birth		4. Effectiv	e Date	
BARRA PRATT,	, ELENITA Y				(b) (2	(), (b) (6)	(b) (2)), (b) (6	5)	01/01/	/2023	
FIRST ACTIO	ON				SECO	ND ACTIO	N					
5-A. Code 890	5-B. Nature of Action MISCELLANEO		DJUSTMENT	Γ.	6-A. Cod	е 6-	B. Nature of A	Action				
5-C. Code Q3E	5-D. Legal Authority REG.534.404(H)	7			6-C. Cod	e 6	-D. Legal Auti	hority				
5-E. Code	5-F. Legal Authority				6-E. Cod	e 6-	-F. Legal Auth	hority				
7. FROM: Position T DEPUTY DIREC PD:ES8108 POSITION:00477	TOR FOR REGUL	ATORY AI	FFAIRS		DEPUT PD:ES8	osition Title and Y DIRECTOR 108 ON:00477188		ILATO	RY AFFA	IRS		
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b) (2), (b)	(6)				(b) (2)), (b) (6)				0	REGULA	R RATE
30. Retirement Plan (b) (2), (b)	o) (6)		31. Service (b) (2), (b)	Comp. Date (Leave) <mark>(6)</mark>	32. Work	Schedule FULL TIME				33. Part-T	ime Hours Biweekly Pay Period	
POSITION DA	ATA											
34. Position Occupie			35. FLSA C	ategory	36. Appre	opriation Code				37. Bargai	ning Unit S	tatus
4 1 - Competitive S 2 - Excepted Ser		erved		– Exempt – Nonexempt	36999A	WK				8888		
38. Duty Station Co. 241450031	de			tion (City - County PRING MONTO			on)					
40. Agency Data	41.	42.		43.		44. PAR NU	MBER:					
45. Remarks HHS SECRETA HAS APPROVI	ARY APPROVED ED THIS EXCE	PERFORM	IANCE-BAS	ED PAY ADJU	JSTMENT IN AC	PURSUANT CORDANCE	TO E.O. WITH 5 C	DECE FR 5	EMBER 2	3, 202 (C) (4	22. HHS	SECRETAR
DEPARTMENT OF HEALTH AND HUMAN SERVICES					ELECTRO	re/Authentication	GNED BY: N	MELAN		ELLER		

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

1 - None 2 - Conditional 1 - None 2 - Conditional 1 - Permanent 3 - Indefinite 29. Pay Rate 20. (b) (2), (b) (6) 20. (c) (b) (6) 20. (c) (c) (c) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	alary/Award 21. Pay Basis
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5-C. Code VWK 5-U.S.C. 5384. SES PERFORMANCE AWARD. 5-E. Code 5-F. Legal Authority 6-E. Code 6-E. Code 6-E. Code 6-E. Code 6-E. Code 6-E. Legal Authority 7. FROM: Position Title and Number 15. TO: Position Title and Number DEPUTY DIRECTOR FOR REGULATORY AFFAIRS PDESSI 108 POSITION:00477188 16. Pay Plan 17. Occ. Code 18. Grade or Level 17. 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 12B. Locality Adj. 12C. Adj. Basic Pay 12D. Other Pay 20A. Basic Pay 20B. Locality Adj. 20C. Adj. Basic Pay 22C. Adj. Basic Pay 22C. Adj. Basic Pay 22C. Name and Location of Position's Organization FOOD AND DRUG ADMINISTRATION CNTR FOR TOBACCO PRODUCTS OF COF COMPILANCE & ENFORCEMENT SILVER SPRING MD USA EMPLOYEE DATA 23. Veterans Preference 2-5-Frain	.00
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24. Tenure 25. Agency Use 26. Veteral 27. February 27. February 28. Annuitant Indicator 29. Pay Rate 20. (b) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	
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7. FEGLI	ns Preference for RIF (b) (6)
31. Service Comp. Date (Leave) (b) (2), (b) (6) 32. Work Schedule F FULL TIME 33. Part— (b) (2), (b) (6) F FULL TIME 34. Position Occupied 35. FLSA Category 36. Appropriation Code 37. Bargat 1 - Competitive Service 3- SES General 26.000 A W K 8888	ite Determinant
b) (2), (b) (6) F FULL TIME POSITION DATA 34. Position Occupied 35. FLSA Category 36. Appropriation Code 37. Bargal	REGULAR RATE
34. Position Occupied 35. FLSA Category 36. Appropriation Code 37. Bargai	Time Hours Per Biweekly Pay Period
1 - Competitive Service 3 - SES General E E-Exempt 26900 A W/K 8888	
	ining Unit Status
39. Duty Station Code 241450031 39. Duty Station (City - County - State or Overseas Location) SILVER SPRING MONTGOMERY MD USA	
40. Agency Data 41. 42. 43. 44. PAR NUMBER:	
45. Remarks	
46. Employing Department or Agency DEPARTMENT OF HEALTH AND HUMAN SERVICES 50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: MELANIE M. KELLER	
47. Agency Code 48. Personnel Office ID 49. Approval Date HE36 1189 12/12/2022	

FPM Supp. 296-33, Subc	h. 4												
1. Name (Last, First,	Middle)				2. Soci	al Secui	rity Number		e of Birtl		4. Effectiv	e Date	
IBARRA PRATT,	ELENITA Y				(b) (2), (b) (6)	(b) ((2), (b)	(6)	09/01	2021	
FIRST ACTIO)N				SECO	ND A	CTION						
5-A. Code 847	5-B. Nature of Actio GROUP TIME O				6-A. Cod	le	6-B.	Nature of	Action				
5-C. Code	5-D. Legal Authority	,			6-C. Cod	le	6-D). Legal Au	thority				
5-E. Code	5-F. Legal Authority		***************************************		6-E. Cod	le	6-F	. Legal Au	thority				
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POSITION:00260		Sten or Rate 1	2. Total Salary	13. Pay Basis	16. Pay Pla	-	00260547 . Occ. Code	18. Grade o	r Level 1	9.Step or Ra	te 20. Total Sa	dary/Award	21. Pay Basis
GS 0696	15	Paramet.	\$172,500.00	PA	GS		0696	15		10	08.00		
2A. Basic Pay	12B. Locality Adj.	12C. Adj. Ba	sic Pay	12D. Other Pay	20A. Basic	Pay		20B, Locali	ity Adj.	20C. Adj.	Basic Pay	20D. Othe	r Pay
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23. Veterans Prefere (2). (b) (6) 1 - None 2 - 5-Point	nce 3 – 10-Point/Disability 4 – 10-Point/Compensa		0-Point/Other 0-Point/Compensab	le/30%	24. Tenu 1	re 0 - Non 1 - Peri		Conditional ndefinite	25. Age	ncy Use	(b) (2	ns Preferen), (b)	(6)
27. FEGLI b) (2), (b)	(6)				28. Annu	itant In	. \ (0)					ite Determi REGULA	
30. Retirement Plan			31. Service C	Comp. Date (Leave)	32. Work	Sched	ule				33. Part-	ime Hours	Per
(b) (2), (b	(6)		(b) (2), (b)	(6)	F	FULI	L TIME					Biweekly Pay Period	1
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34. Position Occupio	ed		35. FLSA C	ategory	36. Appr	opriati	on Code				37. Bargai	ning Unit S	tatus
1 - Competitive S 2 - Excepted Ser		erved		– Exempt – Nonexempt	16999A	WK					8888		
38. Duty Station Co.	le			tion (City - County)					
241450031			SILVER S	PRING MONTO	GOMERY								
40. Agency Data	41.	42.		43.			44. PAR NUN	ABER:					
45. Remarks													
46. Employing Department or Agency DEPARTMENT OF HEALTH AND HUMAN SERVICES 47. Agency Code 48. Personnel Office ID 49. Approval Date					ELEC	TRON	Authenticat	SIGNED	BY: M	ELANIE I		CR	
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1. Name (Last, First				urity Numbe	3. Da	te of Birt	h	4. Effectiv	ve Date					
BARRA PRATT	, ELENITA Y					(p) (2), (b) (6)	(b)	(2), (b)	(6)	08/31	/2022	
FIRST ACTIO	ON					SECO	ND	ACTION	I					
5-A. Code	5-B. Nature of Actio	n				6-A. Coc			. Nature o	f Action				
847	GROUP TIME O													
5-C. Code	5-D. Legal Authority	7				6-C. Coc	le	6-1	D. Legal A	uthority				
5-E. Code	5-F. Legal Authority					6-E. Coc	le	6-1	. Legal Au	thority				
7. FROM: Position DEPUTY DIREC	Title and Number CTOR FOR REGUL	ATORY A	FFAIRS					n Title and N RECTOR I		ULATO	ORY AFF	AIRS		
PD:ES8108						PD:ES8								
POSITION:0047 Pay Plan 9. Occ. Cod		St	D Total Calaura	٦,	3. Pay Basis			00477188	1000-1		10 St	Jan 25.0.16		
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b) (2), (b)	(6)					(b) (2	2), (b) (6)				0	REGULA	
30. Retirement Plan	1	Se at the	31. Service C	Comp.	Date (Leave)	32. Worl	Sche	dule				33. Part-	Time Hours	Per
b) (2), (b) (6)		(b) (2), (b)	173		F	FUI	L TIME					Biweekly Pay Period	
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34. Position Occupi			35. FLSA C	atono-	v	36 April	angle	tion Code				37 Rarge	ining Unit S	tatus
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4 2 - Excepted Ser	rvice 4 – SES Career Res	erved	E N	– Nonex	empt	26999A						8888		
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40. Agency Data	41.	42	1		43.			PAR NUN	MBER:					
45. Remarks														
46. Employing Department or Agency DEPARTMENT OF HEALTH AND HUMAN SERVICES 47. Agency Code 48. Personnel Office ID 49. Approval Date					ELEC	TRO	Authenticat NICALLY	SIGNED	BY: MI	ELANIE N		ER		
HE36	1189		09/02/202	22										

FPM Supp. 296-33, Sub	ch, 4				-								
1. Name (Last, First,	Middle)				2. Soc	ial Sec	urity Numbe	er 3. Date	of Birt	h	4. Effectiv	ve Date	110-1-110-1-110-1-110-1
IBARRA PRATT	, ELENITA Y				(b) ((2), (b) (6)	(b) (2	2), (b)	(6)	06/29	/2022	
FIRST ACTIO	ON				SECO	OND	ACTION	V					
5-A. Code 846	5-B. Nature of Action INDIVIDUAL TIME OF	FF			6-A. Co			B. Nature of A	ction			With Control of the C	
5-C. Code	5-D. Legal Authority				6-C. Co	de	6-	D. Legal Aut	hority				
5-E. Code	5-F. Legal Authority			m - erec // c vo i - e	6-E. Co	de	6-	F. Legal Auti	nority				
7. FROM: Position 7 DEPUTY DIRECT PD:ES8108 POSITION:00477	TOR FOR REGULATOR	Y AFFAIR	S		DEPUT PD:ES	FY DI 8108	on Title and I RECTOR I	Number FOR REGU	LAT	ORY AFFA	IRS		
8. Pay Plan 9. Occ. Cod ES 0340	e 10. Grade or Level 11. Step or	Rate 12. Total :		13. Pay Basis PA	16. Pay P	lan 1	17. Occ. Code 0340	18. Grade or	Level	19.Step or Rate	20. Total S:	alary/Award	21. Pay Basis
12A. Basic Pay	1 22	dj. Basic Pay	SIGNESS CEN	12D. Other Pay	20A. Basi	e Pay		20B. Locality	Adi	20C. Adj. B	3001111111	20D. Other	Pav
\$186,878.00	10 10 10 Laborate	6,878.00	ľ	\$0	Participation	878.0	0	\$0	Auj.	\$186,8	127/5 27/107	\$0	Lay
14. Name and Locat	ion of Position's Organization				22 Nam	e and I	ocation of P	Position's Org	anizati		19.3-4		
CNTR FOR TOB	G ADMINISTRATION ACCO PRODUCTS JANCE & ENFORCEME MD USA	NT			CNTR OFC O	FOR	TOBACCO	MINISTRA D PRODUC EE & ENFO USA	TS				
EMPLOYEE	DATA												
23. Veterans Prefere (b) (2), (b) (6) 1 - None 2 - 5-Point		5 10-Point/0 6 10-Point/0		30%	24. Teni	0-No		Conditional Indefinite	5. Age	ncy Use	26. Vetera (b) (2	ns Preference), (b)	ee for RIF
27. FEGLI (b) (2), (b)	(6)				28. Annu) \ /	Indicator b) (6)					ate Determin	
30. Retirement Plan (b) (2), (b)	\		ervice Co 2), (b) (6	mp. Date (Leave)		1					33. Part-	Time Hours	Per
(/ /	(0) (2	z), (b) (c		F	FUL	LL TIME					Pay Period	
POSITION D.				·									
34. Position Occupie	Service 3 – SES General	35. F		Exempt	36. App		tion Code				37. Bargai 8888	ining Unit St	atus
4 2 - Excepted Ser 38. Duty Station Co		39. D	uty Statio	Sonexempt on (City – County	y – State or	Overs		n)			0000		
241450031	41.	SILV	VER SPI	RING MONTO	GOMERY	MD	USA 44.		- niviscus				
40. Agency Data	700						PAR NUI	MBER:					
45. Remarks													
5 5 5 5 E	46. Employing Department or Agency DEPARTMENT OF HEALTH AND HUMAN SERVICES							tion and Title SIGNED B				er er	
47. Agency Code HE36	48. Personnel Office ID 1189		Approval /29/2022		DIRE	стоі	R, OFF OF	TALENT S	SOLU	ΓI			

FPM Supp. 296-33, Sub	ch. 4							T				
1. Name (Last, First	, Middle)				2. Socia	al Security N	umber	3. Date of Bi		4. Effective	e Date	
IBARRA PRATT	, ELENITA Y				(p) (2), (b) (6		(b) (2), (b	(6)	05/08/	2022	
FIRST ACTIO	ON				SECO	ND ACT	ION					
5-A. Code 542	5-B. Nature of Actio		PT		6-A. Cod	e	6-B, N	ature of Actio	1		W- W- 1/2	
5-C. Code V2M	5-D. Legal Authorit		APPT.		6-C. Cod	e	6-D. I	egal Authorit	y			
5-E. Code	5-F. Legal Authorit	у	5.50 Some (R. 10 Files)		6-E. Cod	e	6-F. L	egal Authorit	y	artista		
7. FROM: Position SUPERVISORY PD:090011 POSITION:0026	CONSUMER SAI	FETY OFFIC	ER		DEPU PD:E		CTOR F	nber OR REGUL	ATORY AI	FFAIRS		
8. Pay Plan 9. Occ. Co	T	1. Step or Rate 12	. Total Salary	13. Pay Basis	16. Pay Pt			. Grade or Leve	19.Step or Ra	te 20. Total Sa	lary/Award	21. Pay Basis
GS 0696	15	10	\$176,300.00	PA	ES	0340	()	00	00	\$186,87	8.00	PA
2A. Basic Pay	12B. Locality Adj.	12C. Adj. Ba	sic Pay	12D. Other Pay	20A. Basic	Pay	20	B. Locality Adj.	20C. Adj	. Basic Pay	20D. Other	Pay
\$146,757.00	\$29,543.00	\$176,300	0.00	\$0	\$186,	878.00		\$0	\$186	,878.00	\$0	
CNTR FOR TOE OFC OF COMPI DIV OF PROMO SILVER SPRING		TS RCEMENT			CNTR I	FOR TOBA	ACCO PI	NISTRATIO RODUCTS & ENFORCI				
EMPLOYEE					21.00			las A	gency Use	26 Vatara	ns Preferen	on for DIF
23. Veterans Prefer (2). (b) (6) 1 - None 2 - 5 - Point	3 - 10-Point/Disabilit	No.	0-Point/Other 0-Point/Compensab	le/30%	24. Tenu 0	re 0 - None 1 - Permanent	2 - Cond 3 - Indel	litional	gency Ose	(b) (2	(b), (b)	(6)
27. FEGLI b) (2), (b) ((6)				28. Annu	itant Indica), (b) (tor			-	te Determin	
30. Retirement Pla			31. Service (b) (2), (b) (Comp. Date (Leave)	32. Worl	Schedule FULL TI	ME			33. Part-T	ime Hours Biweekly	
(/ (/ /					F	FOLK II	IVIL				Pay Period	
POSITION D 34. Position Occup			35. FLSA C	ategory	36. Appi	opriation C	ode			37. Bargai	ning Unit S	tatus
1 - Competitive	Service 3 – SES General		E E	- Exempt - Nonexempt	26999A					8888		
4 2 - Excepted Se 38. Duty Station C		eserved	1	tion (City - County	NESS NATIONAL PROPERTY.		ocation)					
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40. Agency Data	41.	42.		43.		44. PA	R NUME	BER:				
SUBJECT TO SELECTED F	EFERENCE IS SATISFACTOR TROM FDA-CTP- UBJECT TO PO USED FOR 5 U	Y COMPLE ES-21-11 ST-EMPLO	TION OF 232382SB YMENT RE	ONE YEAR SE , DATED 12- STRICTIONS	S PROE 02-21. UNDER	BATIONAL 18 U.S	RY PER	COD BEG			•	
46. Employing Department or Agency DEPARTMENT OF HEALTH AND HUMAN SERVICES 47. Agency Code 48. Personnel Office ID 49. Approval Date HE36 1189 05/11/2022						TRONICA	ALLY SI	and Title of A GNED BY: ALENT SOI	MELANIE		CR	

FPM Supp. 296-33, Subc	h. 4			_										
1. Name (Last, First,	Middle)					2. Socia	al Securi	ity Number	3. Dat	te of Birt	th	4. Effective	Date	
IBARRA PRATT,	ELENITA Y					(b) (2	2), (b)	(6)	(b)	(2), (b) (6)	04/26/	2022	
FIRST ACTIO)N					SECO	ND A	CTION				*		
5-A. Code 846	5-B. Nature of Action INDIVIDUAL TIME	OFF				6-A. Cod	le	6-B,	Nature of	Action				
	5-D. Legal Authority					6-C. Cod	le	6-D.	Legal Au	athority				
5-E. Code	5-F. Legal Authority					6-E. Cod	le	6-F.	Legal Au	thority				
7. FROM: Position T SUPERVISORY PD:090011 POSITION:00260	CONSUMER SAFETY	OFFICE	CR			SUPE PD:09	RVISO 0011	Title and Nu PRY CONS		SAFET	Y OFFICI	ER		
8. Pay Plan 9. Occ. Code	e 10. Grade or Level 11. Step				Pay Basis	16. Pay Pla			18. Grade o	or Level	-00-000	te 20. Total Sai	ary/Award	21. Pay Basis
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14. Name and Locati	on of Position's Organizati	ion				22. Name	and Loc	cation of Pos	sition's Or	rganizat	ion			
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EMPLOYEE I	DATA													
23. Veterans Preference (b) (2), (b) (6) 1 - None 2 - 5-Point	3 - 10-Point/Disability 4 - 10-Point/Compensable		Point/Other Point/Compensable	/30%		24. Tenu	re 0 - None 1 - Perma		nditional definite	25. Age	ency Use	26. Veterar (b) (2), (b)	e for RIF
27. FEGLI						28. Annu						29. Pay Rat	te Determin	ant
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30. Retirement Plan	Tallie Wales Taker Dale West		31. Service Co	omp. Da	ate (Leave)	32. Work	Schedu	le				33. Part-T		Per
(b) (2), (b) (6)		(b) (2), (b) (6	5)		F	FULL	TIME					Biweekly Pay Period	
POSITION DA	ATA													
34. Position Occupie			35. FLSA Ca	tegory Exempt		36. Appr	opriatio	n Code				37. Bargair	ing Unit St	atus
1 2 - Excepted Serv			E N-	Nonexemp		26999A						8888		
38. Duty Station Coc 241450031	le		39. Duty Stati SILVER SP	20.00	F8 (15%)									
40. Agency Data	41.	42.			43.		100	4. PAR NUM	BER:				1 TO	
45. Remarks				'		FA CL			The state of the s					
46. Employing Depart	rtment or Agency OF HEALTH AND HU	IIMAN SI	ERVICES								proving Offi ELANIE N	icial 1. KELLE)	R	
47. Agency Code	48. Personnel Office ID	Caratt Of	49. Approva	l Date		_		OFF OF T				a. assisting		
HE36	1189		05/02/2022											

I. Name (Last, First BARRA PRATI						d Security No	umber	3. Date	of Birth		4. Effective	Date	
BARRA PRATI	, ELENITA Y		1. Name (Last, First, Middle)										
					(b) (2), (b) (6)		(D)	(2), (b)	0)	04/25/	2022	
FIRST ACTION	ON				SECO	ND ACT	ION						
5-A. Code	5-B. Nature of Action				6-A. Cod	e	6-B. Na	ature of	Action				
840	INDIVIDUAL CA		D RB RATIN	GS-BASED	-								
5-C. Code	5-D. Legal Authority				6-C. Cod	e	6-D. L	egal Aut	thority				
5-E. Code	5-F. Legal Authority				6-E. Cod	e	6-F. L	egal Aut	hority	1)			
7. FROM: Position SUPERVISORY PD:090011 POSITION:0020	CONSUMER SAFI	ETY OFFIC	ER		SUPE PD:09	Position Title RVISORY 0011 FION:00260	CONSU		AFETY	OFFICI	ER		
. Pay Plan 9. Occ. Co		Step or Rate 1	. Total Salary	13. Pay Basis	16. Pay Pta	-	-	. Grade or	Level 1	Step or Ra	e 20. Total Sai	ary/Award	21. Pay Basis
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\$146,757.00	\$29,543.00	\$176,300	0.00	\$0	\$146,7	and Location		\$29,543			300.00	\$0	
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EMPLOYEE					lasm				25 4	an The	26 Wateres	David and	on for DIV
23. Veterans Prefer 1(2). (b) (6) 1 - None 2 - 5-Point	3-10-Point/Disability		0-Point/Other 0-Point/Compensab	le/30%	24. Tenui	0 – None 1 – Permanent	2 – Condi 3 – Indefi	itional	25. Ager	Sey Use	26. Veterar (b) (2)		6)
27. FEGLI (b) (2) (b)	(6)				28. Annu	tant Indicate	or				29. Pay Ra	te Determir REGULA	
30. Retirement Pla	(-)		31 Service (omp. Date (Leave	32. Work	Schedule	Marie Constitution				33. Part-T		
L\ (0\ /	o) (6)		(b) (2), (b)		F	FULL TIN	ATE					Biweekly	
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1 - Competitive			35. FLSA Ca	ttegory - Exempt	1 500	opriation Co	ue					nng Unit a	tatus
1 2 - Excepted Se	ervice 4 - SES Career Resi	erved	E N-	Nonexempt	26999A	111111111111111111111111111111111111111					8888		
38. Duty Station Co 241450031	ode		1	tion (City - Count PRING MONTO	•	MD USA	cation)						
40. Agency Data	41.	42.		43.		44. PAR	NUMB	ER:					
45. Remarks													
46. Employing Department or Agency						nature/Authe				100		D	
	DEPARTMENT OF HEALTH AND HUMAN SERVICES										VI. KELLE	IX.	
47. Agency Code HE36	48. Personnel Office 1189	ID	49. Approv		DIREC	CTOR, OF	OFTA	LENT	SOLU	1			

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

1. Name (Last, First, Middle) IBARRA PRATT, ELENITA Y FIRST ACTION 5-A, Code	6-E. Code 15. TO: Position Title SUPERVISORY PD:090011 POSITION:0026 16. Pay Plan 17. Occ. GS 0696 20A. Basic Pay \$146,757.00 22. Name and Location FOOD AND DRUG CNTR FOR TOBAOFC OF COMPLI	6-B. Nature of Ac REALIGNMEN 6-B. Legal Author 6-F. Legal Author e and Number CONSUMER SA 60547 Code 18. Grade or L 5 20B. Locality / \$29,543.0 on of Position's Orga	(b) (6) ition VT rity rity FETY OFFICI evel 19.Step or Rat 10 dj. 20C. Adj.) \$176,	te 20. Total Sal \$176,300	2022	21. Pay Hasis
FIRST ACTION 5-A, Code 001 CANCELLATION 5-C. Code ATM 5 U.S. C. 302. DELEGATION OF PERSONNEL AUTHO 5-E. Code 5-F. Legal Authority 7. FROM: Position Title and Number SUPERVISORY CONSUMER SAFETY OFFICER PD:090011 POSITION:00260547 1. Pay Plan 9. Occ. Code 10. Grade or Level 11. Step or Rate 12. Total Salary GS 0696 15 10 \$176,300.00 PA 2A. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay \$146,757.00 \$29,543.00 \$176,300.00 \$0 14. Name and Location of Position's Organization FOOD AND DRUG ADMINISTRATION CNTR FOR TOBACCO PRODUCTS OFC OF COMPLIANCE & ENFORCEMENT DIV OF PROMO, ADVERTISG & LABELG	SECOND ACT 6-A. Code 790 6-C. Code 0R 6-E. Code 15. TO: Position Title SUPERVISORY PD:090011 POSITION:0026 16. Pay Plan 17. Occ. GS 0696 20A. Basic Pay \$146,757.00 22. Name and Location FOOD AND DRUG CNTR FOR TOBA OFC OF COMPLI	6-B. Nature of Ac REALIGNMEN 6-D. Legal Author 6-F. Legal Author e and Number CONSUMER SA 60547 Code 18. Grade or L 6 15 20B. Locality 4 \$29,543.0 on of Position's Orga	rity FETY OFFICE vel 19.Step or Rat 10 dj. 20C. Adj.) \$176,	ER te 20. Total Sal \$176,300	lary/Award	21. Pay Hasis
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3. Veterans Preference 2.00 0	24. Tenure 0 - None 1 - Permanent	2 - Conditional	. Agency Use	(b) (2), (b)	(6)
2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30% 7. FEGLI	28. Annuitant Indicat			29. Pay Rat	te Determin	nant
(a) (b) (b) (6)	(b) (2) , (b) (6)	5)		0 1	REGULA	R RATE
30. Retirement Plan 50. (b) (2), (b) (6) 31. Service Comp. Date (Leave	e) 32. Work Schedule F FULL TI	МЕ			ime Hours Biweekly Pay Period	
POSITION DATA				т		
34. Position Occupied 35. FLSA Category 1 - Competitive Service 3 - SES General E - Exempt	36. Appropriation Co	ode		37. Bargair	ning Unit S	tatus
1 2-Excepted Service 4-SES Career Reserved E N-Nonexempt	26999AWK			8888		
38. Duty Station Code 39. Duty Station (City - Count 241450031 SILVER SPRING MONT						
40. Agency Data 41. 42. 43.	44. PAI	R NUMBER:		***************************************		
ACTION PROCESSED IN ERROR.						
46. Employing Department or Agency	The Control of the Co	entication and Title			.R	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		FF OF TALENT S				

PM Supp. 296-33, Sub-	ch. 4	at a bloom for more					Constitution of the last		Marine Marine					
l. Name (Last, First, Middle)						19450500000	2.39.700	rity Number	3. Date	9866	1981	4. Effectiv	e Date	
BARRA PRATT	, ELENITA Y					(b) (2	2), (b) (6)	(D) (2), (b)	(6)	01/02	/2022	
IRST ACTIO	ON					SECO	ND A	ACTION					pro Konstronov i na seco	
5-A. Code 894	5-B. Nature of Action GEN ADJ	1				6-A. Cod	e	6-В. І	Nature of A	Action				
5-C. Code QWM	5-D. Legal Authority REG 531,207	t				6-C. Cod	e	6-D.	Legal Aut	hority				
5-E. Code ZLM	5-F. Legal Authority EO # 14061 DATI		BER 22, 202	1		6-E, Cod	e	6-F.	Legal Autl	nority				
FROM: Position T SUPERVISORY PD:090011 POSITION:0026	CONSUMER SAFI	ETY OFFIC	ER	and one about a decide in the term		SUPE PD:09	RVIS 0011	Title and Nu ORY CONS		AFET	Y OFFICI	ER		
Pay Plan 9. Occ. Cod		. Step or Rate 1	2. Total Salary	13, F	ay Basis	16. Pay Pla			18. Grade or	Level 1	9.Step or Rat	te 20. Total Sa	lary/Award	21. Pay Basis
GS 0696			\$172,500.00	P	A	GS		0696	15		10	\$176,30	0.00	PA
A. Basic Pay	12B. Locality Adj.	12C. Adj. Ba	sic Pay	12D. Oth	ier Pay	20A. Basic	Pay		20B, Locality	Adj.	20C, Adj.	Basic Pay	20D. Other	Pay
\$143,598.00	\$28,902.00	\$172,500	0.00	\$0		\$146,	757.00		\$29,543.	.00	\$176,	300.00	\$0	
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MPLOYEE	Market Street Control of the Control					,						Ţ		
3. Veterans Prefere	ence 3 – 10–Point/Disability	5-1	0-Point/Other			24. Tenu	re 0-Nor	ne 2-Con	nditional	25. Agei	ncy Use	26. Vetera	ns Preferenc	The second secon
2 - 5-Point	4-10-Point/Compensal	ble 6-1	0-Point/Compensab	le/30%		1	47 SAUST	manent 3-Ind	lefinite			(D) (Z	/, (/	(6)
7. FEGLI	(6)					28. Annu	itant L	dicator (6)				-	ite Determin REGULAI	
o) (2), (b)	()		T			32. Work	Saland	(-)					ime Hours	
0. Retirement Plan (2), (b)	(6)		31. Service (b) (2), (b		ite (Leave)	F	1	L TIME				33. Fart-1	Biweekly Pay Period	
POSITION D	ATA											_		
34. Position Occupi	ed		35. FLSA C	ategory		36. Appr	opriati	on Code				37. Bargai	ning Unit St	tatus
1 - Competitive: 2 - Excepted Ser		erved		Exempt Nonexemp	ıt	26999A	WK					8888		
8. Duty Station Co						- State or	Overs	eas Location)						
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SALARY INC	LUDES A LOCAL	JITY-BAS	ED PAYME BY E.O.	NT OF # 14	31.53	% (IN ATED 1	BL002/22/22	CK 20B).						
46. Employing Department or Agency DEPARTMENT OF HEALTH AND HUMAN SERVICES 47. Agency Code 48. Personnel Office ID 49. Approval Date					ELEC	TRO	Authentication	IGNED E	SY: MI	ELANIE N		CR.		
HE36	1189		12/22/202	21		1								

PM Supp. 296-33, Subcl	h. 4							~						
1. Name (Last, First, Middle) IBARRA PRATT, ELENITA Y									rth	4. Effective				
						2), (b) (6)	(b) (2), (b) (6)	08/30/2021				
FIRST ACTIO	N				SECO	ND ACT	ION							
5-A. Code	5-B. Nature of Action	ļ			6-A. Cod	e	6-B. N	lature of Action	1					
841	GROUP AWARD	- CH 45												
5-C. Code	5-D. Legal Authority				6-C. Cod	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								
	CONSUMER SAFE	ETY OFFICE	R		SUPE	RVISORY		UMER SAFE	TY OFFIC	ER				
PD:090011						PD:090011								
POSITION: 00260 Pay Plan 9. Occ. Code	the start of the second	Step or Rate 12	Total Salary	13. Pay Basis		rion:0026		8. Grade or Level	19.Step or Ra	te 20. Total Sal	ary/Award	21. Pay Basis		
GS 0696			172,500.00	PA	GS	0696		15	10	\$400.00	•			
A. Basic Pay	12B. Locality Adj.	12C. Adj. Basi		12D. Other Pay	20A. Basic	Pay	2	0B. Locality Adj.	20C. Adj.	Basic Pay	20D. Othe	r Pay		
\$143,598.00	\$28,902.00	\$172,500.		\$0		598.00		\$28,902.00	\$172	500.00	\$0			
	on of Position's Organ	ization			22. Name	and Locatio	n of Posi	ition's Organiz	ation					
NTR FOR TOBA	G ADMINISTRAT ACCO PRODUCTS IANCE & ENFORO ADVERTISG & L MD USA	S CEMENT			OFC OF DIV OF	FOR TOBA F COMPLI	CCO P ANCE ADVEI	INISTRATIO PRODUCTS & ENFORCI RTISG & LA A	EMENT					
EMPLOYEE	DATA													
3. Veterans Prefere	nce				24. Tenu			25. A	gency Use	26. Veterai	ıs Preferen	ce for RIF		
1 - None 2 - 5 - Point	3 - 10-Point/Disability 4 - 10-Point/Compensal	2 102	Point/Other Point/Compensab	de/30%	1	0 - None 1 - Permanent	3 - Inde			(b) (2), (b)	(6)		
7. FEGLI					28. Annu	itant Indicat	or			29. Pay Rate Determinant				
o) (2), (b) (6	5)				(b) (2	2), (b) (o)			0 REGULAR RATE				
30. Retirement Plan 31. Service Comp. Date (Leave (b) (2), (b) (6)						Schedule FULL TI	ME		33. Part—Time Hours Per Biweekly Pay Period					
POSITION DA	ATA													
34. Position Occupie			35. FLSA C	ategory	36. Appr	ropriation Co	de			37. Bargaining Unit Status				
1 - Competitive Service 3 - SES General E E - Exempt					16999A	wĸ			8888					
1 2-Excepted Ser 38. Duty Station Cod		erved	3.5	tion (City - Cou		and the same of th	cation)							
241450031				PRING MON								The second second		
40. Agency Data	41.	42.		43.		44.								
						PAI	RNUM	BER:						
45. Remarks														
	OF HEALTH AN		_		ELEC	50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: MELANIE M. KELLER								
47. Agency Code	48. Personnel Office	: ID	49. Approv		DIRE	CIUR, UF	r OF I	ALENT SOI	.011					
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Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296–33 Subch. 4

FPM Supp. 290-33, Subc	0.4			-										
1. Name (Last, First, IBARRA PRATT,	ALL CONTRACTOR OF THE PROPERTY	(1-)-(1	al Security No. (2), (b) (6)	amber		4. Effective Date 04/13/2021								
FIRST ACTIO				SECO	ND ACT	ION								
	5-B. Nature of Action			6-A. Coc			ture of Action							
840	INDIVIDUAL CASH AW	ARD RB RATIN	GS-BASED											
5-C. Code	5-D. Legal Authority		V	6-C. Coo	6-C. Code 6-D. Legal Authority									
5-E. Code	5-F. Legal Authority	6-E. Coc	le	6-F. Le	gal Authority									
7. FROM: Position T SUPERVISORY (PD:090011 POSITION:00260 8. Pay Plan 9. Occ. Code	CONSUMER SAFETY OF	_	13. Pay Basis	SUPE PD:09	00011 TION:00266	CONSUI	MER SAFE		CER	ary/Award	21. Pay Basis			
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14. Name and Locati	on of Position's Organization			22. Name	and Location	of Position	on's Organiza	tion						
FOOD AND DRUG CNTR FOR TOBA OFC OF COMPLI DIV OF PROMO, SILVER SPRING	OFC OF	FOOD AND DRUG ADMINISTRATION CNTR FOR TOBACCO PRODUCTS OFC OF COMPLIANCE & ENFORCEMENT DIV OF PROMO, ADVERTISG & LABELG SILVER SPRING MD USA												
EMPLOYEE I														
23. Veterans Prefere (b) (2), (b) (6) 1 - None 2 - 5-Point	3-10-Point/Disability	5 – 10–Point/Other 6 – 10–Point/Compensable	±30%	24. Tenu	re 0 – None 1 – Permanent	2 - Condit	ional	ency Use	(b) (2), (b)	e for RIF			
27. FEGLI				28. Annu	28. Annuitant Indicator					29. Pay Rate Determinant				
(D) (2), (D)	(b)			(b) (2	2), (b) (t	o)			0 REGULAR RATE					
30. Retirement Plan (b) (2), (b) (6)	31. Service C (b) (2), (b) (6	omp. Date (Leave 6)	e) 32. Worl	Schedule	Æ.				ime Hours I Biweekly Pay Period	?er			
POSITION DA	ATA													
34. Position Occupie	d	35. FLSA Ca	tegory	36. Appr	opriation Co	de			37. Bargain	ning Unit St	atus			
1 - Competitive S			Exempt Nonexempt	16999A	wĸ				8888					
38. Duty Station Coc 241450031		39. Duty Stat	ion (City - Coun	ty - State or	Overseas Lo	cation)								
40. Agency Data	41.	42.	43.		44.	NUMBI	ER:							
45. Remarks				50 Sin			and Title of A	anravins O	fficial					
46. Employing Department	rtment or Agency OF HEALTH AND HUMA	NSERVICES							M. KELLE	R				
47. Agency Code	48. Personnel Office ID	49. Approva 04/15/202					LENT SOLU			124				
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FPM Supp. 296-33, Sub	ch. 4								-		A STATE OF THE STA					
1. Name (Last, First, Middle)						2. Social Security Number 3. Date of Birth						4. Effective Date				
IBARRA PRATT,	ELENITA Y				(b) (2	(b) (2), (b) (6) (6) (6) (6/09/2021										
FIRST ACTIO	ON				SECO	ND ACT	TON									
5-A. Code 849	5-B. Nature of Action INDIVIDUAL CA		NRB NOT	RATINGS-BAS	6-A, Cod	-A. Code 6-B. Nature of Action										
5-C. Code	5-D. Legal Authority				6-C. Cod	6-C. Code 6-D. Legal Authority										
5-E. Code	5-F. Legal Authority				6-E. Cod	6-E. Code 6-F. Legal Authority										
SUPERVISORY PD:090011	POSITION:00260547						15. TO: Position Title and Number SUPERVISORY CONSUMER SAFETY OFFICER PD:090011 POSITION:00260547									
8. Pay Plan 9. Occ. Cod		. Step or Rate 12	Total Salary	13. Pay Basis	16. Pay Ph	in 17. Occ.	Code 18	8. Grade or	Level 19	Step or Ra	te 20. Total Sa	lary/Award	21. Pay Basis			
GS 0696	15	10	8172,500.00	PA	GS	0696	6	15		10	\$750.00					
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Bas	ic Pay	12D. Other Pay	20A. Basic	100		0B. Locality		200000000000000000000000000000000000000	. Basic Pay	20D. Other	Pay			
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EMPLOYEE					Ta				25. Agen	m: Uso	26 Votora	ns Preferen	ce for RIF			
23. Veterans Preference (b) (2). (b) (6) 1 - None	3 - 10-Point/Disability	20 E	-Point/Other		24. Tenu	0 - None	2 - Cone	ditional	zs. Agen	Syose	(b) (2). (b) (6)			
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27, FEGLI (b) (2), (b) (6)				(b) (2), (b) (6										
30. Retirement Plan (b) (2), (b)	1		31. Service (b) (2), (b)	Comp. Date (Leave)	32. Work Schedule 33. Part—Time Hours Per Biweekly Pay Period											
POSITION D	ATA										,					
1 - Competitive	34. Position Occupied 35. FLSA Category 1 - Competitive Service 3 - SES General E E - Exempt N - Nonexympt						36. Appropriation Code 16999AWK						tatus			
1 2-Excepted Se 38. Duty Station Co		served	39. Duty Sta	-Nonexempt ation (City - County SPRING MONTO	y - State or	Overseas L	ocation)						4			
241450031 40. Agency Data	41.	42.	SILVERS	43.	GOWEK	44.		DED.								
						PA	R NUMI	DEK:					The state of the s			
45. Remarks																
	partment or Agency	ID HIIMAN	CEDVICEC			gnature/Aut					fficial M. KELL	ER				
DEPARTMEN 47. Agency Code	T OF HEALTH AN		49. Appro	The state of the s		ECTOR, O										
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1. Name (Last, First, Middle) IBARRA PRATT, ELENITA Y						2. Social Security Number (b) (2), (b) (6) (2), (b) (6)					5)	4. Effective Date 03/01/2021				
FIRST ACTIO	ON					SECO	ND ACT	ON								
5-A. Code	5-B. Nature of Action					6-A. Code			ature of A	ction						
847	GROUP TIME OF	7														
5-C. Code	5-D. Legal Authority					6-C. Code 6-D. Legal Authority						140000000000000000000000000000000000000				
5-E. Code 5-F. Legal Authority						6-E. Code 6-F. Legal Authority										
7. FROM: Position T SUPERVISORY PD:090011 POSITION:0026	CONSUMER SAFET	Y OFFICI	ER			SUPER PD:090	osition Title : RVISORY (1011 ION:00260	CONSU		AFETY	OFFICE	ER				
3. Pay Plan 9. Occ. Code	e 10. Grade or Level 11. St	ep or Rate 12.	Total Salary	13. Pay	Basis	16. Pay Plan	17. Occ. C	ode 18	. Grade or	Level 19	Step or Rat	e 20. Total Sa	lary/Award	21. Pay Basis		
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	ion of Position's Organiz	350	00	30		(5)	and Location				1	500.00	1 30			
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EMPLOYEE 1								-				lac ve		. DIE		
23. Veterans Prefere 1 (2), (b) (6) 1 - None 2 - 5-Point	nce 3 – 10-Point/Disability 4 – 10-Point/Compensable		-Point/Other -Point/Compensabl	le/30%	F	24. Tenure 25. Agency Use 1 1 - Permanent 3 - Indefinite				cy Use	26. Veterans Preference for RIF (b) (2), (b) (6)					
7. FEGLI						28. Annuit	ant Indicato	r				29. Pay Rate Determinant				
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30. Retirement Plan 31. Service Comp. Date (Leave)						32. Work Schedule						-	ime Hours Biweekly	Per		
b) (2), (b	o) (6)		(b) (2), (b) (b)		F	FULL TIM	IE .			Pay Period	1000 Table				
POSITION DA	ATA															
34. Position Occupie			35. FLSA Ca	E3 50		36. Appropriation Code						37. Bargaining Unit Status				
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38. Duty Station Co. 241450031	de		39. Duty Stat SILVER SI		100			ation)								
40. Agency Data	41.	42.		4	3.		44.	MUMB								
							PAR	NUMB	ER:					i i i i i i i i i i i i i i i i i i i		
45. Remarks							PAR	NUMB	ER:							
46. Employing Depa		UIIM AN C	EDVICES.				ature/Auther	ntication	and Title				R			
46. Employing Depa	rtment or Agency OF HEALTH AND I	The state of the s	ERVICES	al Date		ELECT		ntication LY SIC	and Title	Y: ME	LANIE M		R			

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1. Name (Last, First, IBARRA PRATT,	2. Social Security Number (b) (2), (b) (6) (2), (b) (6)					6)	4. Effective Date 01/31/2021							
FIRST ACTIO	ON			- 11 +	SECOND ACTION									
5-A, Code 893	5-B. Nature of Action WITHIN-RANGE	INCREASI	E PROVIDE	D ON REGULA	6-A. Code 6-B. Nature of Action									
5-C. Code	5-D, Legal Authority			- 011111001111	6-C. Code 6-D. Legal Authority									
Q7M	REG 531.404. WIT	THIN GRA	DE INCREA	ASE.	and anger constant,									
5-E. Code 5-F. Legal Authority						6-E. Code 6-F. Legal Authority								
7. FROM: Position T SUPERVISORY PD:090011 POSITION:00260	CONSUMER SAFE	TY OFFIC	ER		SUPEI PD:090	RVISOR			AFETY	OFFICE	R			
. Pay Plan 9. Occ. Code		Step or Rate 12	. Total Salary	13. Pay Basis	16. Pay Pla			18. Grade or	Level 19	Step or Rate	20. Total Sa	lary/Award	21. Pay Basis	
GS 0696	15 0	9 8	8172,500.00	PA	GS	069	96	15		10	\$172,50	0.00	PA	
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14. Name and Locati	ion of Position's Organia	zation	35-105-10-10-10-10-10-10-10-10-10-10-10-10-10-		22. Name	and Loca	tion of Pos	sition's Org	anizatio	n				
FOOD AND DRUG ADMINISTRATION CNTR FOR TOBACCO PRODUCTS OFC OF COMPLIANCE & ENFORCEMENT DIV OF PROMO, ADVERTISG & LABELG SILVER SPRING MD USA						FOOD AND DRUG ADMINISTRATION CNTR FOR TOBACCO PRODUCTS OFC OF COMPLIANCE & ENFORCEMENT DIV OF PROMO, ADVERTISG & LABELG SILVER SPRING MD USA								
EMPLOYEE I	The second secon							· · · · · · · · · · · · · · · · · · ·						
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27. FEGLI	(0)				28. Annui	tant Indic	ator			te Determin				
b) (2), (b)	(6)				(b) (2)), (b)	(6)				0 REGULAR RATE			
30. Retirement Plan (b) (2), (b) (6) 31. Service Comp. Date (Leave) (b) (2), (b) (6)						F FULL TIME						33. Part-Time Hours Per Biweekly Pay Period		
POSITION D.	ATA				,				de'll.					
34. Position Occupio			35. FLSA Ca		36. Appro	priation (Code				37. Bargaining Unit Status			
1 - Competitive S 2 - Excepted Ser		ved		- Exempt - Nonexempt	16999A	WK					8888			
38. Duty Station Co- 241450031	de	13000		tion (City – County PRING MONTG			070							
40. Agency Data	41.	42.		43.		44. P/	AR NUM	BER:						
45 Remarks WORK PERFOR	RMANCE IS AT A	AN ACCE	PTABLE L	EVEL OF COM	PETENC	E.								
46. Employing Department or Agency DEPARTMENT OF HEALTH AND HUMAN SERVICES					1					roving Offi		R		
47. Agency Code HE36	48. Personnel Office I	al Date	ELECTRONICALLY SIGNED BY: MELANIE M. KELLER DIRECTOR, OFF OF TALENT SOLUTI											