

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>MCCOY MCDEID, REYMA SHIRLEY ANN IVA JANE</b>	2. Social Security Number <b>(b)(6)</b>	3. Date of Birth <b>(b)(6)</b>	4. Effective Date <b>01/20/2021</b>
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FIRST ACTION		SECOND ACTION	
5-A. Code <b>190</b>	5-B. Nature of Action <b>PROVISIONAL APPT NTE 04/21/2021</b>	6-A. Code	6-B. Nature of Action
5-C. Code <b>Y7M</b>	5-D. Legal Authority <b>SCH C, 213.3310A AGENCY- UNIQUE SCHEDULE C AU</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>SPECIAL ASSISTANT PD:21BC14 POSITION:00450288</b>
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8. Pay Plan <b>GS</b>	9. Occ. Code <b>0301</b>	10. Grade or Level <b>14</b>	11. Step or Rate <b>03</b>	12. Total Salary <b>\$130,698.00</b>	13. Pay Basis <b>PA</b>
12A. Basic Pay <b>\$100,167.00</b>	12B. Locality Adj. <b>\$30,531.00</b>	12C. Adj. Basic Pay <b>\$130,698.00</b>	12D. Other Pay <b>\$0</b>		

14. Name and Location of Position's Organization	22. Name and Location of Position's Organization <b>ADMINISTRATION FOR COMMUNITY LIVING ADMINISTRATION ON DISABILITIES (AOD) OFFICE OF THE COMMISSIONER ON DISABILITI WASHINGTON DC USA</b>
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### EMPLOYEE DATA

23. Veterans Preference <b>(b)(6)</b> <small>1 - None    2 - 5-Point    3 - 10-Point/Disability    4 - 10-Point/Compensable    5 - 10-Point/Other    6 - 10-Point/Compensable/30%</small>	24. Tenure <b>3</b> <small>0 - None    1 - Permanent    2 - Conditional    3 - Indefinite</small>	25. Agency Use	26. Veterans Preference for RIF <b>(b)(6)</b>
27. FEGLI <b>(b)(6)</b>	28. Annuitant Indicator <b>(b)(6)</b>	29. Pay Rate Determinant <b>(b)(6)</b>	
30. Retirement Plan <b>(b)(6)</b>	31. Service Comp. Date (Leave) <b>(b)(6)</b>	32. Work Schedule <b>F FULL TIME</b>	33. Part-Time Hours Per Biweekly Pay Period

### POSITION DATA

34. Position Occupied <b>2</b> <small>1 - Competitive Service    2 - Excepted Service    3 - SES General    4 - SES Career Reserved</small>	35. FLSA Category <b>E</b> <small>E - Exempt    N - Nonexempt</small>	36. Appropriation Code <b>12995210</b>	37. Bargaining Unit Status <b>8888</b>
38. Duty Station Code <b>110010001</b>	39. Duty Station (City - County - State or Overseas Location) <b>WASHINGTON DIST COLUMBIA DC USA</b>		

40. Agency Data	41.	42.	43.	44. PAR NUMBER:
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45. Remarks  
 APPOINTMENT IS ON A PROVISIONAL BASIS. **(b)(6)**  
**(b)(6)**  
 APPOINTMENT AFFIDAVIT EXECUTED 01-20-2021.  
 CREDITABLE MILITARY SERVICE: **(b)(6)**  
 PREVIOUS RETIREMENT COVERAGE: **(b)(6)**  
**(b)(6)**

46. Employing Department or Agency <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>	50. Signature/Authentication and Title of Approving Official <b>ELECTRONICALLY SIGNED BY: STEVEN D. CHURCH SUPERVISORY, HUMAN RESOURCES</b>
47. Agency Code <b>HE12</b>	48. Personnel Office ID <b>1704</b>
49. Approval Date <b>01/27/2021</b>	

### NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) **MCCOY MCDEID, REYMA SHIRLEY ANN IVA JANE** 2. Social Security Number **(b)(6)** 3. Date of Birth **(b)(6)** 4. Effective Date **02/02/2021**

**FIRST ACTION** **SECOND ACTION**

5-A. Code <b>546</b>	5-B. Nature of Action <b>CONV TO SES NONCAREER APPT</b>	6-A. Code	6-B. Nature of Action
5-C. Code <b>V4L</b>	5-D. Legal Authority <b>5 U.S.C. 3394(A). NON- CAREER. SES NONCAR. APPT</b>	6-C. Code	6-D. Legal Authority
5-E. Code <b>ZLM</b>	5-F. Legal Authority <b>OPM FORM 1652 DATED 02-02-2021</b>	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number  
**SPECIAL ASSISTANT  
PD:21BC14  
POSITION:00450288**

15. TO: Position Title and Number  
**COMMISSIONER OF THE ADMINISTRATION ON DISABILITIES  
PD:ES1151  
POSITION:00402090**

8. Pay Plan <b>GS</b>	9. Occ. Code <b>0301</b>	10. Grade or Level <b>14</b>	11. Step or Rate <b>03</b>	12. Total Salary <b>\$130,698.00</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>ES</b>	17. Occ. Code <b>0301</b>	18. Grade or Level <b>00</b>	19. Step or Rate <b>00</b>	20. Total Salary/Award <b>\$132,552.00</b>	21. Pay Basis <b>PA</b>
12A. Basic Pay <b>\$100,167.00</b>	12B. Locality Adj. <b>\$30,531.00</b>	12C. Adj. Basic Pay <b>\$130,698.00</b>	12D. Other Pay <b>\$0</b>	20A. Basic Pay <b>\$132,552.00</b>	20B. Locality Adj. <b>\$0</b>	20C. Adj. Basic Pay <b>\$132,552.00</b>	20D. Other Pay <b>\$0</b>				

14. Name and Location of Position's Organization  
**ADMINISTRATION FOR COMMUNITY LIVING  
ADMINISTRATION ON DISABILITIES (AOD)  
OFFICE OF THE COMMISSIONER ON DISABILITI  
WASHINGTON DC USA**

22. Name and Location of Position's Organization  
**ADMINISTRATION FOR COMMUNITY LIVING  
ADMINISTRATION ON DISABILITIES (AOD)  
OFFICE OF THE COMMISSIONER ON DISABILITI  
WASHINGTON DC USA**

#### EMPLOYEE DATA

23. Veterans Preference **(b)(6)**  
1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%

24. Tenure **0**  
0 - None 1 - Permanent 2 - Conditional 3 - Indefinite

25. Agency Use

26. Veterans Preference for RIF **(b)(6)**

27. FEGLI **(b)(6)**

28. Annuitant Indicator **(b)(6)**

29. Pay Rate Determinant **(b)(6)**

30. Retirement Plan **(b)(6)**

31. Service Comp. Date (Leave) **(b)(6)**

32. Work Schedule **F FULL TIME**

33. Part-Time Hours Per Biweekly Pay Period

#### POSITION DATA

34. Position Occupied **3**  
1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved

35. FLSA Category **E**  
E - Exempt N - Nonexempt

36. Appropriation Code **12995210**

37. Bargaining Unit Status **8888**

38. Duty Station Code **110010001**

39. Duty Station (City - County - State or Overseas Location)  
**WASHINGTON DIST COLUMBIA DC USA**

40. Agency Data 41. 42. 43. 44. **PAR NUMBER:**

45. Remarks  
VETERAN PREFERENCE IS NOT APPLICABLE TO THE SENIOR EXECUTIVE SERVICE.  
PREVIOUS RETIREMENT COVERAGE: **(b)(6)**  
TENURE AS USED FOR 5 U.S.C. 3502 IS NOT APPLICABLE TO THE SENIOR EXECUTIVE SERVICE.

46. Employing Department or Agency  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

47. Agency Code **HE12** 48. Personnel Office ID **1704** 49. Approval Date **02/04/2021**

50. Signature/Authentication and Title of Approving Official  
**ELECTRONICALLY SIGNED BY: STEVEN D. CHURCH  
SUPERVISORY, HUMAN RESOURCES**

## NOTIFICATION OF PERSONNEL ACTION

<b>1. Name (Last, First, Middle)</b> MCCOY MCDEID, REYMA SHIRLEY ANN IVA JANE	<b>2. Social Security Number</b> (b)(6)	<b>3. Date of Birth</b> (b)(6)	<b>4. Effective Date</b> 03/29/2021
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FIRST ACTION		SECOND ACTION	
<b>5-A. Code</b> 317	<b>5-B. Nature of Action</b> RESIGNATION	<b>6-A. Code</b>	<b>6-B. Nature of Action</b>
<b>5-C. Code</b> RPM	<b>5-D. Legal Authority</b> REG 715.202. RESIGNATION	<b>6-C. Code</b>	<b>6-D. Legal Authority</b>
<b>5-E. Code</b>	<b>5-F. Legal Authority</b>	<b>6-E. Code</b>	<b>6-F. Legal Authority</b>

<b>7. FROM: Position Title and Number</b> COMMISSIONER OF THE ADMINISTRATION ON DISABILITIES PD:ES1151 POSITION:00402090	<b>15. TO: Position Title and Number</b>
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<b>8. Pay Plan</b> ES	<b>9. Occ. Code</b> 0301	<b>10. Grade or Level</b> 00	<b>11. Step or Rate</b> 00	<b>12. Total Salary</b> \$132,552.00	<b>13. Pay Basis</b> PA	<b>16. Pay Plan</b>	<b>17. Occ. Code</b>	<b>18. Grade or Level</b>	<b>19. Step or Rate</b>	<b>20. Total Salary/Award</b>	<b>21. Pay Basis</b>
<b>12A. Basic Pay</b> \$132,552.00	<b>12B. Locality Adj.</b> \$0	<b>12C. Adj. Basic Pay</b> \$132,552.00	<b>12D. Other Pay</b> \$0			<b>20A. Basic Pay</b>	<b>20B. Locality Adj.</b>	<b>20C. Adj. Basic Pay</b>	<b>20D. Other Pay</b>		

<b>14. Name and Location of Position's Organization</b> ADMINISTRATION FOR COMMUNITY LIVING ADMINISTRATION ON DISABILITIES (AOD) OFFICE OF THE COMMISSIONER ON DISABILITY WASHINGTON DC USA	<b>22. Name and Location of Position's Organization</b>
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**EMPLOYEE DATA**

<b>23. Veterans Preference</b> (b)(6) 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/50%	<b>24. Tenure</b> 0 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	<b>25. Agency Use</b>	<b>26. Veterans Preference for RIF</b> (b)(6)
<b>27. FEGLI</b> (b)(6)	<b>28. Annuitant Indicator</b> (b)(6)	<b>29. Pay Rate Determinant</b> (b)(6)	
<b>30. Retirement Plan</b> (b)(6)	<b>31. Service Comp. Date (Leave)</b> (b)(6)	<b>32. Work Schedule</b> F FULL TIME	<b>33. Part-Time Hours Per Biweekly Pay Period</b>

**POSITION DATA**

<b>34. Position Occupied</b> 3 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved	<b>35. FLSA Category</b> E E - Exempt N - Nonexempt	<b>36. Appropriation Code</b> 12995210	<b>37. Bargaining Unit Status</b> 8888
<b>38. Duty Station Code</b> 110010001		<b>39. Duty Station (City - County - State or Overseas Location)</b> WASHINGTON DIST COLUMBIA DC USA	

<b>40. Agency Data</b>	<b>41.</b>	<b>42.</b>	<b>43.</b>	<b>44. PAR NUMBER:</b>
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**45. Remarks**  
FORWARDING ADDRESS: (b)(6)  
REASON FOR RESIGNATION: (b)(6)

<b>46. Employing Department or Agency</b> DEPARTMENT OF HEALTH AND HUMAN SERVICES	<b>50. Signature/Authentication and Title of Approving Official</b> ELECTRONICALLY SIGNED BY: STEVEN D. CHURCH SUPERVISORY, HUMAN RESOURCES
<b>47. Agency Code</b> HE12	<b>48. Personnel Office ID</b> 1704
<b>49. Approval Date</b> 03/31/2021	