

## NOTIFICATION OF PERSONNEL ACTION

<b>1. Name (Last, First, Middle)</b> OROZCO, ESMERALDA	<b>2. Social Security Number</b> (b)(6)	<b>3. Date of Birth</b> (b)(6)	<b>4. Effective Date</b> 02/08/2021
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FIRST ACTION		SECOND ACTION	
<b>5-A. Code</b> 170	<b>5-B. Nature of Action</b> EXC APPT	<b>6-A. Code</b>	<b>6-B. Nature of Action</b>
<b>5-C. Code</b> Y7M	<b>5-D. Legal Authority</b> SCH C, 213.3301A AGENCY- UNIQUE SCHEDULE C AC	<b>6-C. Code</b>	<b>6-D. Legal Authority</b>
<b>5-E. Code</b> ZLM	<b>5-F. Legal Authority</b> OPM FORM 1019 DATED 02-08-2021	<b>6-E. Code</b>	<b>6-F. Legal Authority</b>

<b>7. FROM: Position Title and Number</b>	<b>15. TO: Position Title and Number</b> SPECIAL ASSISTANT FOR SCHEDULING PD:GS0528 POSITION:00451412				
<b>8. Pay Plan</b> GS	<b>9. Occ. Code</b> 0301	<b>10. Grade or Level</b> II	<b>11. Step or Rate</b> 01	<b>12. Total Salary</b> \$72,750.00	<b>13. Pay Basis</b> PA
<b>12A. Basic Pay</b> \$55,756.00	<b>12B. Locality Adj.</b> \$16,994.00	<b>12C. Adj. Basic Pay</b> \$72,750.00	<b>12D. Other Pay</b> \$0		
<b>14. Name and Location of Position's Organization</b>			<b>22. Name and Location of Position's Organization</b> OFFICE OF THE SECRETARY OF HEALTH AND HUMAN SERVICES IMMEDIATE OFFICE OF THE SECRETARY WASHINGTON DC USA		

EMPLOYEE DATA			
<b>23. Veterans Preference</b> (b)(6)	<b>24. Tenure</b> 3	<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> 2	<b>35. FLSA Category</b> E	<b>36. Appropriation Code</b> 11990362	<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**  
 APPOINTMENT IS INDEFINITE.  
 APPOINTMENT AFFIDAVIT EXECUTED 02-08-2021.  
 CREDITABLE MILITARY SERVICE: (b)(6)  
 PREVIOUS RETIREMENT COVERAGE: (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> HE10	<b>48. Personnel Office ID</b> 1704	<b>49. Approval Date</b> 02/11/2021

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>OROZCO, ESMERALDA</b>	2. Social Security Number <div style="border: 1px solid black; padding: 2px; text-align: center;">(b)(6)</div>	3. Date of Birth <div style="border: 1px solid black; padding: 2px; text-align: center;">(b)(6)</div>	4. Effective Date <b>06/05/2022</b>
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FIRST ACTION		SECOND ACTION	
5-A. Code <b>570</b>	5-B. Nature of Action <b>CONV TO EXC APPT</b>	6-A. Code	6-B. Nature of Action
5-C. Code <b>Y7M</b>	5-D. Legal Authority <b>SCH C, 213.3316 AGENCY- UNIQUE SCHEDULE C AU1</b>	6-C. Code	6-D. Legal Authority
5-E. Code <b>ZLM</b>	5-F. Legal Authority <b>OPM FORM 1019 DATED 05-23-2022</b>	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number <b>SPECIAL ASSISTANT FOR SCHEDULING PD:GS0528 POSITION:00451412</b>	15. TO: Position Title and Number <b>SCHEDULER PD:GS0257 POSITION:00478794</b>
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8. Pay Plan <b>GS</b>	9. Occ. Code <b>0301</b>	10. Grade or Level <b>11</b>	11. Step or Rate <b>02</b>	12. Total Salary <b>\$77,447.00</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>GS</b>	17. Occ. Code <b>0301</b>	18. Grade or Level <b>12</b>	19. Step or Rate <b>01</b>	20. Total Salary/Award <b>\$89,834.00</b>	21. Pay Basis <b>PA</b>
12A. Basic Pay <b>\$58,882.00</b>	12B. Locality Adj. <b>\$18,565.00</b>	12C. Adj. Basic Pay <b>\$77,447.00</b>	12D. Other Pay <b>\$0</b>	20A. Basic Pay <b>\$68,299.00</b>	20B. Locality Adj. <b>\$21,535.00</b>	20C. Adj. Basic Pay <b>\$89,834.00</b>	20D. Other Pay <b>\$0</b>				

14. Name and Location of Position's Organization <b>OFFICE OF THE SECRETARY OF HEALTH AND HUMAN SERVICES IMMEDIATE OFFICE OF THE SECRETARY WASHINGTON DC USA</b>	22. Name and Location of Position's Organization <b>OFFICE OF THE SECRETARY OF HEALTH AND HUMAN SERVICES IMMEDIATE OFFICE OF THE SECRETARY WASHINGTON DC USA</b>
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### EMPLOYEE DATA

23. Veterans Preference <div style="border: 1px solid black; padding: 2px;">(b)(6)</div>	24. Tenure <b>3</b>	25. Agency Use	26. Veterans Preference for RIF <div style="border: 1px solid black; padding: 2px;">(b)(6)</div>
27. FEGLI <div style="border: 1px solid black; padding: 2px;">(b)(6)</div>	28. Annuitant Indicator <div style="border: 1px solid black; padding: 2px;">(b)(6)</div>	29. Pay Rate Determinant <div style="border: 1px solid black; padding: 2px;">(b)(6)</div>	
30. Retirement Plan <div style="border: 1px solid black; padding: 2px;">(b)(6)</div>	31. Service Comp. Date (Leave) <div style="border: 1px solid black; padding: 2px;">(b)(6)</div>	32. Work Schedule <b>F FULL TIME</b>	33. Part-Time Hours Per Biweekly Pay Period

### POSITION DATA

34. Position Occupied <b>2</b>	35. FLSA Category <b>E</b>	36. Appropriation Code <b>21990362</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  
 CREDITABLE MILITARY SERVICE: 

(b)(6)

  
 PREVIOUS RETIREMENT COVERAGE: 

(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: TISA TOLLIVER SUPERVISORY, HUMAN RESOURCES S</b>
47. Agency Code <b>HE10</b>	48. Personnel Office ID <b>1704</b>
49. Approval Date <b>06/10/2022</b>	