

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) **DORIS-PIERCE, MARJORIE R** 2. Social Security Number **(b)(6)** 3. Date of Birth **(b)(6)** 4. Effective Date **08/05/2022**

FIRST ACTION		SECOND ACTION	
5-A. Code 317	5-B. Nature of Action RESIGNATION	6-A. Code	6-B. Nature of Action
5-C. Code RPM	5-D. Legal Authority REG 715.202. RESIGNATION	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
**SPECIAL ASSISTANT
PD:HHS254
POSITION:00291895**

15. TO: Position Title and Number

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
GS	0301	13	02	\$110,384.00	PA						

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
\$83,923.00	\$26,461.00	\$110,384.00	\$0				

14. Name and Location of Position's Organization
**OFFICE OF THE SECRETARY OF HEALTH AND HUMAN SERVICES
DEPUTY SECRETARY
OFC FOR INTERGOVERNMENTAL & EXTERNAL AFF
WASHINGTON DC USA**

22. Name and Location of Position's Organization

EMPLOYEE DATA

23. Veterans Preference (b)(6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%	24. Tenure 3 0 - None 2 - Conditional 1 - Permanent 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 2 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved	35. FLSA Category E E - Exempt N - Nonexempt	36. Appropriation Code 21990571	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
SF 2819 WAS PROVIDED. **(b)(6)**
(b)(6)
(b)(6)
FORWARDING ADDRESS: **(b)(6)**
(b)(6)
REASON FOR RESIGNATION: **(b)(6)**

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

47. Agency Code **HE10** 48. Personnel Office ID **1704** 49. Approval Date **08/09/2022**

50. Signature/Authentication and Title of Approving Official
**ELECTRONICALLY SIGNED BY: TISA TOLLIVER
SUPERVISORY, HUMAN RESOURCES S**