

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) BOUTTE, ELAINA ROBI				2. Social Security Number (b)(6)		3. Date of Birth (b)(6)		4. Effective Date 05/10/2021				
FIRST ACTION					SECOND ACTION							
5-A. Code 170		5-B. Nature of Action EXC APPT			6-A. Code		6-B. Nature of Action					
5-C. Code Y7M		5-D. Legal Authority SCH C, 213.3316 AGENCY- UNIQUE SCHEDULE C AU1			6-C. Code		6-D. Legal Authority					
5-E. Code ZLM		5-F. Legal Authority OPM FORM 1019 DATED 05-04-2021			6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number					15. TO: Position Title and Number SPECIAL ASSISTANT PD:GS0630 POSITION:00456828							
8. Pay Plan GS		9. Occ. Code 0301		10. Grade or Level 09		17. Occ. Code 01		18. Grade or Level 01		19. Step or Rate \$60,129.00	20. Total Salary/Award PA	21. Pay Basis PA
12A. Basic Pay \$46,083.00		12B. Locality Adj. \$14,046.00		12C. Adj. Basic Pay \$60,129.00		20A. Basic Pay \$46,083.00		20B. Locality Adj. \$14,046.00		20C. Adj. Basic Pay \$60,129.00		20D. Other Pay \$0
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization HEALTH RESOURCES AND SERVICES ADMINISTRATION IMMEDIATE OFFICE OF THE ADMINISTRATOR ROCKVILLE MD USA							
EMPLOYEE DATA												
23. Veterans Preference (b)(6)				24. Tenure 3				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				35. FLSA Category E				36. Appropriation Code 13708011		37. Bargaining Unit Status 8888		
38. Duty Station Code 241360031				39. Duty Station (City - County - State or Overseas Location) ROCKVILLE MONTGOMERY MD USA								
40. Agency Data		41.		42.		43.		44. PAR NUMBER:				
45. Remarks APPOINTMENT IS INDEFINITE. APPOINTMENT AFFIDAVIT EXECUTED 05-10-2021. CREDITABLE MILITARY SERVICE: (b)(6) PREVIOUS RETIREMENT COVERAGE: (b)(6) (b)(6)												
46. Employing Department or Agency DEPARTMENT OF HEALTH AND HUMAN SERVICES						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: CATHERINE M. GANEY DIRECTOR, HUMAN RESOURCES CENTER						
47. Agency Code HE34		48. Personnel Office ID 4184		49. Approval Date 05/19/2021								