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

## NOTIFICATION OF PERSONNEL ACTION

11 M Supp. 270 55, Sub	CII. 4																
1. Name (Last, First,	2. Social Security Num							4.	4. Effective Date								
TIEN JR, JOHN K							(b)(6)			(b)(6)				06/24/2021			
FIRST ACTIO	ON					SECO	ND	ACTIO	N								
5-A. Code	5-B. Nature of Action	6-A. Cod	6-A. Code 6-B. Nature of Action														
170	EXC APPT	6-C. Cod	l.		C D I		41										
5-C. Code ZNM	5-D. Legal Authority 6 USC 113 A 8	6-C. Cot	6-C. Code 6-D. Legal Authority														
5-E. Code	6-E. Cod	6-E. Code 6-F. Legal Authority															
7. FROM: Position Title and Number								15. TO: Position Title and Number DEPUTY SECRETARY 91014454 085937									
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11. Step	or Rate 12. To	2. Total Salary 13. Pay Basis			16. Pay Pla EX	an i	17. Occ. Cod 0301			r Level			21. Pay			
12A. Basic Pay		C. Adj. Basic P	Pay	12D. Oth	er Pay	20A. Basic Pay								lj. Basic Pay 20D. Other Pay			
	.00			.00		183,10				00			183,100.0	<del>,</del> 0	.00		
14. Name and Location of Position's Organization							22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Imm Off of the Sec IMMEDIATE OFC OF THE DEP SEC  HS OS0101010000000000 PP 13 2021										
EMPLOYEE	DATA					_											
23. Veterans Prefere	nce 3 – 10–Point/Disability	5 – 10–Poi	int/Other			24. Tenu	re 0 - N	one 2	2 – Condit	tional	25. Age	ency Us	se 26.		ns Preferen	ce for R	IF
2 - 5-Point	4 - 10-Point/Compensable	6 – 10–Poi	int/Compensab	le/30%		(b)(6) 1 - Permanent 3 - Indefinite  28. Annuitant Indicator											
27. FEGLI (b)(6)						28. Annu	itant	Indicator					29.	Pay Ra	te Determir	ant	
30. Retirement Plan		31	1. Service (	Comp. Da	te (Leave)	32. Work	Sche	dule					33.	Part-T	ime Hours	Per	
(b)(6)						F FULL TIME						Biweekly Pay Period					
POSITION D	ATA														ruy remou		
34. Position Occupio	ed	35	5. FLSA Ca	ategory		36. Appr	opria	tion Code					37.	Bargai	ning Unit St	atus	
2 1 - Competitive S 2 - Excepted Ser		(b)	(b)(6) E - Exempt N - Nonexempt								88	8888					
38. Duty Station Cod 11-0010-001			9. Duty Sta VASHING		-				on)								
40. Agency Data	41.	42.			43.			44.									
INELIGIBLE APPOINTMENT EMPLOYEE SU 18 U.S.C. 2 THE PAY RAT FREEZE FOR RATE OF PAY DECEMBER 31 FEDERAL EMI YOU HAVE 60 COMPLETED S TO COMPARE WWW.OPM.GOV FEDERAL EMI YOU ARE AUT	AFFIDAVIT EXECUTED TO POST-E 207 (C). TO OF AN EMPLOYE CERTAIN SENIOR AND APPLICABLE APPLICABLE APPLOYEES' HEALTH DAYS FROM THE EF-2809 TO (h)(6) PLANS AND GET M	CUTED 06 CMPLOYME CE OCCUP POLITIC PAY LI BENEFIT DATE OF	6/24/20 ENT RES  PYING A CAL OFF IMITAT: IS (FEI F HIRE  FORMAT: SURANCE N BASIO	D21 STRICT A POS. FICIAL IONS : TO EI  ION, V  E (FEC COVI	TIONS TITION TO THE STATE OF TH	UNDER SUBJEC LL BE ECT ON SEND	T T BAS YOU	O THE ED ON R	PAY	33.							
46. Employing Department HOMELAND SI 47. Agency Code		4	19. Approva	al Date		ELEC	TRO	e/Authentic NICALL . BARKS	Y SIG	NED I	BY:	proving	g Official				
HSAA	5500		06/25/202	1		EXEC	UTIV	E DIRE	CTOR	, HRN	4S						

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1. Name (Last, First	2. Socia	l Security N	Number	3. Date of Bi	irth	4. Effective Date								
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FIRST ACTIO	ON				SECOND ACTION									
5-A. Code	5-B. Nature of Action				6-A. Cod		6-B. I	Nature of Action						
170 5-C. Code	EXC APPT 5-D. Legal Authority				6-C. Cod		6-D	Legal Authorit	w.					
ZNM	6 USC 113 A 8				0 0.000	•	0-р.	Legai Autilorii	,					
5-E. Code	5-F. Legal Authority				6-E. Cod	i–E. Code 6–F. Legal Authority								
7. FROM: Position	Fitle and Number				15. TO: P	osition Titl	e and Nu	mher						
7.1 KOM. 1 OSMOII	The and Number				DEPU	TY SECR 54 08593	ETARY							
8. Pay Plan 9. Occ. Cod	le 10. Grade or Level 11. S	Step or Rate 12.	Total Salary	13. Pay Basis	16. Pay Pla EX			02 00		or Rate 20. Total Salary/Award 183,100.00		21. Pay Basis PA		
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basi	c Pay	12D. Other Pay	20A. Basic	•	1	20B. Locality Adj.	_	lj. Basic Pay 20D. Other Pay				
14 Name and Least	.00	notion.		.00	183,10		an of Dog	.00 ition's Organiz		100.00	.00			
14. Name and Locat	ion of Position's Organia	zation			IMMED OSEM Imm Off IMMED	Of the Sec	FICE O	F THE SECR HE DEP SEC	RETARY					
<b>EMPLOYEE</b>	DATA				•									
23. Veterans Prefere (b)(6) 1 - None 2 - 5-Point								e 25. Agency Use 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite			26. Veterans Preference for RIF (b)(6)			
27. FEGLI					28. Annui	ant Indica	tor			29. Pay Ra	te Determin	ant		
(b)(6)					22 11/1	G.1. 1. 1.						1		
30. Retirement Plan	l 		31. Service	Comp. Date (Leave)	E FILL TIME Biweel						ime Hours l Biweekly	Per		
(b)(6)	A T A				F	FULL II	ME				Pay Period			
POSITION D.  34. Position Occupio			35. FLSA C	'ategory	36. Appro	priation Co	nde			37. Bargair	ning Unit St	atus		
2 1 - Competitive 2			(b)(6) E	- Exempt		<b>P</b>				8888	g			
2 - Excepted Ser 38. Duty Station Co		ed	N	- Nonexempt ation (City - County	y – State or (	Overseas Lo	ocation)			0000				
11-0010-001			WASHING	GTON DIST OF	COLUMI	SIA DC								
40. Agency Data	41.	42.		43.		44.								
45.Remarks  DAYS FROM THE DATE OF HIRE TO ELECT OPTIONAL COVERAGE. SEND YOUR COMPLETED SF-2817 TO (b)(6)  TO GET MORE INFORMATION AND USE THE FEGLI CALCULATOR, VISIT HTTP://WWW.OPM.GOV/INSURE/LIFE. FLEXIBLE SPENDING ACCOUNT(FSA): YOU HAVE 60 DAYS FROM THE DATE OF HIRE BUT NO LATER THAN OCT 1ST TO ENROLL IN A HEALTH CARE OR DEPENDENT CARE FSA. IF HIRED ON/AFTER OCT 1ST YOU WILL BE ELIGIBLE TO ENROLL DURING THE FSA OPEN SEASON. TO GET MORE INFORMATION AND ENROLL ONLINE, VISIT WWW.FSAFED.COM. ONLINE ENROLLMENT IS MANDATORY. FEDERAL DENTAL AND VISION PROGRAM (FEDVIP): YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO ENROLL IN A SUPPLEMENTAL DENTAL AND/OR VISION PLAN. TO GET MORE INFORMATION AND ENROLL ONLINE, VISIT WWW.BENEFEDS.COM ONLINE ENROLLMENT IS MANDATORY.  *** REMARKS CONTINUED ON THE NEXT PAGE ***														
46. Employing Depa					50. Signature/Authentication and Title of Approving Official									
HOMELAND SI					ELECTRONICALLY SIGNED BY:									
47. Agency Code	48. Personnel Office ID	)	49. Approv					LE-PERRY						

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5-C. Code	5-D. Legal Authority 6 USC 113 A 8	6-C. Co	de	6-D. L	ægal Auth	ority									
ZNM 5-E. Code	6-E. Coo	da	6_F I	egal Auth	ority										
3 E. Code	o E. Co	ac .	o r. L	egai Autii	orny										
7. FROM: Position	Fitle and Number					DEPU		Title and Num CRETARY 5937	ıber						
8. Pay Plan   9. Occ. Code   10. Grade or Level   11. Step or Rate   12. Total Salary   13. Pay Basis									. Grade or I	Grade or Level 19.Step or Ra 02 00		ate 20. Total Salary/Award 21. Pay Basis 183,100.00 PA			
12A. Basic Pay	12B. Locality Adj. 12C	. Adj. Basi	ic Pay	12D. O	ther Pay	20A. Basic	c Pay	20	B. Locality	Adj.	20C. Adj.	Basic Pay	20D. Other	Pay	
	.00			.00		183,1	00.00		.00		183,1	00.00	.00		
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27. FEGLI						28. Annuitant Indicator 29. Pay Rate Determinant							ant		
(b)(6)														I	
30. Retirement Plan			31. Servic	e Comp. D	Date (Leave)	32. Work Schedule							33. Part-Time Hours Per Biweekly		
(b)(6)						F	FULL	TIME			Pay Period				
POSITION D	ATA														
34. Position Occupio			35. FLSA	Category		36. Appropriation Code						37. Bargaining Unit Status			
2 1 - Competitive S 2 - Excepted Ser			(b)(6)	E – Exempt N – Nonexem	npt							8888			
38. Duty Station Coo 11-0010-001	le				ity – County DIST OF										
40. Agency Data	41.	42.			43.		4	4.							
YOU ARE ELI ENROLLED AT CONTRIBUTIO (b)(6) FE AUTOMATIC O	CONTINUED *** CONTINUED *** CONTRIBUTE TO CONTRIBUTE TO CONTRIBUTION OF CONTRI	. TO ETE A LY: Y 1% OF	INCREA TSP-1 OU WIL YOUR	SE OR AND S L IMME PAY AN	DECREA SEND IT EDIATEL ND QUAL	SE YOU TO (b)( Y RECE IFY FC	JR (6) CIVE A DR UP	AN AGENCY	Y						
46. Employing Depart						_		uthentication :			oving Offi	cial			
			40. 4	anal Dete		ELECTRONICALLY SIGNED BY:									
47. Agency Code HSAA	48. Personnel Office ID 5500		49. Appr	oval Date		NICOLE C. BARKSDALE-PERRY EXECUTIVE DIRECTOR, HRMS									