

**NOTIFICATION OF PERSONNEL ACTION**

1. Name (Last, First, Middle) **WARSH, JONATHAN URBACH** 2. Social Security Number **(b)(6)** 3. Date of Birth **(b)(6)** 4. Effective Date **03/08/2021**

FIRST ACTION		SECOND ACTION	
5-A. Code <b>170</b>	5-B. Nature of Action <b>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 03-04-2021</b>	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number						15. TO: Position Title and Number <b>SENIOR POLICY ADVISOR, COVID RESPONSE PD:GS0207 POSITION:00452819</b>					
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
						<b>GS</b>	<b>0301</b>	<b>15</b>	<b>01</b>	<b>\$144,128.00</b>	<b>PA</b>
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		20A. Basic Pay		20B. Locality Adj.		20C. Adj. Basic Pay	
						<b>\$110,460.00</b>		<b>\$33,668.00</b>		<b>\$144,128.00</b>	
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization <b>OFFICE OF THE SECRETARY OF HEALTH AND HUMAN SERVICES OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA</b>					

<b>EMPLOYEE DATA</b>					
23. Veterans Preference <input type="checkbox"/> 1 - None <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 6 - 10-Point/Compensable/50%			24. Tenure <input type="checkbox"/> 0 - None <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <b>(b)(6)</b>			28. Annuitant Indicator <b>(b)(6)</b>	29. Pay Rate Determinant <b>0 REGULAR RATE</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 <input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 4 - SES Career Reserved	35. FLSA Category <input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt
36. Appropriation Code <b>1199C028</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 INDEFINITE.  
 APPOINTMENT AFFIDAVIT EXECUTED 03-08-2021  
 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>HE10</b>	48. Personnel Office ID <b>1704</b>	49. Approval Date <b>03/10/2021</b>			