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

## NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000104

1. Name (Last, First			2. Social Security Number 3. Date of Birth 4. Effective Date													
GANDURI, PADI	MAVATHI NMN	(b)(6)	_	0)(6)		08/30/2021										
FIRST ACTIO	ON	SECOND ACTION														
5-A. Code	5-B. Nature of Action		6-A. Code	6-B. Nature	of Action											
170	EXC APPT															
5-C. Code Y7M	5-D. Legal Authority SCH C 213 3311			6-C. Code	6-C. Code 6-D. Legal Authority											
5-E. Code	5-F. Legal Authority			6-E. Code 6-F. Legal Authority												
7. FROM: Position	Fitle and Number	15. TO: Position Title and Number CONFIDENTIAL ASSISTANT 91023289 086196														
8. Pay Plan 9. Occ. Cod	le 10. Grade or Level 11. Step or I	Rate 12. Total Salary	13. Pay Basis	16. Pay Plan 17. Occ. 0 GS 0301	Code 18. Grac	18. Grade or Level 19.Step or 09 01		20. Total Sal 60,129.0		21. Pay Basis PA						
12A. Basic Pay	12B. Locality Adj. 12C. Ad.	dj. Basic Pay	12D. Other Pay	20A. Basic Pay 46,083.00	20B. Lo 14,0	cality Adj. 20C. Adj. Basic Pay 20D. Other Pay 16.00 60,129.00 .00				Pay						
14. Name and Locat	ion of Position's Organization			22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Off of Cvl Rights & Cvl Lib  HS OS0106000000000000 PP 18 2021												
EMPLOYEE																
23. Veterans Prefere (b)(6) 1 - None 2 - 5-Point	ence 3 – 10–Point/Disability 4 – 10–Point/Compensable	5 – 10–Point/Other 6 – 10–Point/Compensab	le/30%	24. Tenure (b)(6) 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite				Use 26. Veterans Preference for RIF (b)(6)								
27. FEGLI	4 10 Tollio Compension			28. Annuitant Indicator				29. Pav Rate Determinant								
(b)(6)		20														
30. Retirement Plan (b)(6)		31. Service C	Comp. Date (Leave)	32. Work Schedule  F FULL TIN	1E		33. Part-Time Hours Per Biweekly Pay Period									
POSITION D	ATA															
2 1 - Competitive 2 - Excepted Ser	Service 3 – SES General		ntegory - Exempt - Nonexempt	36. Appropriation Cod			37. Bargaining Unit Status 8888									
38. Duty Station Co 11-0010-001	// · · · · · · · · · · · · · · · · · ·			- State or Overseas Loc COLUMBIA DC	cation)											
40. Agency Data	41.	42.	43.	44.												
45. Remarks (b)(6)  FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB): YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO ENROLL. SEND YOUR COMPLETED SF-2809 TO (b)(6) TO COMPARE PLANS AND GET MORE INFORMATION, VISIT WWW.OPM.GOV/INSURE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI): YOU ARE AUTOMATICALLY ENROLLED IN BASIC COVERAGE. YOU HAVE 60 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): *** REMARKS CONTINUED ON THE NEXT PAGE ***																
46. Employing Depa HOMELAND SI					roving Offici	ial		50. Signature/Authentication and Title of Approving Official								
	LCUKITY		ELECTRONICALLY SIGNED BY: NICOLE C. BARKSDALE-PERRY													
47. Agency Code	48. Personnel Office ID	49. Approva	al Date													

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

## NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000105

FPM Supp. 296-33, Sub	ch. 4														
1. Name (Last, First, Middle) GANDURI, PADMAVATHI NMN						2. Social Security Number 3. Date of Birth 4. Effective Date (b)(6) 08/30/2021									
FIRST ACTION						SECOND ACTION									
5-A. Code							6-A. Code 6-B. Nature of Action								
5-C. Code Y7M	5-D. Legal Authority SCH C 213 3311						6-C. Code			gal Auth	hority				
5-E. Code 5-F. Legal Authority							6-E. Code 6-F. Legal Authority								
7. FROM: Position Title and Number						15. TO: Position Title and Number CONFIDENTIAL ASSISTANT 91023289 086196									
8. Pay Plan   9. Occ. Code   10. Grade or Level   11. Step or Rate   12. Total Salary   13. Pay Basis						16. Pay Pla		17. Occ. Code							21. Pay Basis
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basi	c Pay	12D. Ot	ther Pay	GS 20A. Basic	Pay				01 20C. Adj.	60,129.00 PA Adj. Basic Pay 20D. Other Pay			
	.00			.00		46,08	3.00		14	1,046.0	0	60,12	29.00	.00	
	DATA					IMMEI OSEM Off of C	DIAT	Location of I TE OFFICE ights & Cvi	OF T	THE SI	ECRE				
EMPLOYEE  23. Veterans Prefere						24. Tenu	re			2	5. Age	ncy Use	26. Vetera	ns Preferenc	e for RIF
(b)(6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensable		-Point/Other -Point/Compensabl	le/30%		(b)(6)	0 - N		2 - Conditional				(b)(6)		
27. FEGLI (b)(6)						28. Annuitant Indicator 29. Pay Rate Determinant									
30. Retirement Plan	1		31. Service C	Comp. D	ate (Leave)	32. Work	Sche	dule					33. Part-7	Time Hours l	Per
(b)(6)		·				F FULL TIME							Biweekly Pay Period		
POSITION D															
34. Position Occupi		,	35. FLSA Ca (b)(6) E-	ategory - Exempt		36. Appr	opria	tion Code					37. Bargai	ning Unit St	atus
2 2 - Excepted Ser 38. Duty Station Co		d	39. Duty Stat	Nonexem	-	– State or	Over	seas Locatio	n)				0000		
11-0010-001			WASHING	TON	DIST OF	COLUM	BIA	DC							
40. Agency Data	41.	42.			43.			44.							
YOU HAVE 60 TO ENROLL: ON/AFTER OO OPEN SEASON WWW.FSAFED FEDERAL DEN YOU HAVE 60 SUPPLEMENT: INFORMATION ENROLLMENT THRIFT SAV: YOU ARE EL: ENROLLED A: CONTRIBUTION DHS.GOV FEN	S CONTINUED **;  D DAYS FROM THE IN A HEALTH CAR IN A HEALTH CAR IN TO GET MORE  COM. ONLINE EN NTAL AND VISION D DAYS FROM THE AL DENTAL AND/O N AND ENROLL ON IS MANDATORY. INGS PLAN (TSP) IGIBLE TO CONTE I THE RATE OF 3 ON AMOUNT, COME RS EMPLOYEES ON S CONTINUED ON	E DATE RE OR D L BE EL INFORM NROLLME N PROGR E DATE OR VISI NLINE, ): RIBUTE 3%. TO PLETE A NLY: YO	EPENDENT IGIBLE TATION AN NT IS MA AM (FEDV OF HIRE ON PLAN. VISIT WA TO TSP. INCREASE TSP-1 A U WILL I	CAF CO EN ND EN ANDAT VIP): TO E TO WW.BE  YOU E OR AND S IMMED	RE FSA. IROLL DI IROLL OI CORY. CORY	IF HI URING NLINE,  IN A RE .COM O  TOMATI SE YOU TO (b)((	RED THE VI ONLI	FSA SIT NE	ICY						
46. Employing Department or Agency HOMELAND SECURITY						_		e/Authentica NICALLY				proving Offi	ïcial		
47. Agency Code HSAA	y Code 48. Personnel Office ID 49. Approval Date NICOLE C. BARKSDALE-PERRY 5500 08/31/2021 EXECUTIVE DIRECTOR, HRMS														

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

## NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000106

FPM Supp. 296-33, Subo	ch. 4															
1. Name (Last, First, Middle)						2. Social Security Number 3. Date of Birth			th	4. Effective Date						
GANDURI, PADMAVATHI NMN						(b)(6)				08/30/2021						
FIRST ACTIO	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 3311						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						15. TO: Position Title and Number CONFIDENTIAL ASSISTANT 91023289 086196										
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11. S	Step or Rate 12.	Total Salary	13. P	ay Basis	16. Pay Pla	n 17. Occ.	Code 18.	. Grade or Level	19.Step or Rat	e 20. Total Sal	ary/Award	21. Pay Basis			
						GS	0301		09	01	60,129.0	0	PA			
12A. Basic Pay		12C. Adj. Basic	c Pay	12D. Oth	er Pay	20A. Basic	-	20	B. Locality Adj.	20C. Adj.		20D. Other	Pay			
	.00			.00		46,083.00 14,046.00 60,129.00 .00										
14. Name and Locati	IMMEI OSEM Off of C	22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Off of Cvl Rights & Cvl Lib														
EMPLOVEE I	DATA					1 HS OS0	106000000	00000	PP 18 2021							
23. Veterans Prefere (b)(6) 1 - None 2 - 5-Point								24. Tenure (b)(6)								
27. FEGLI (b)(6)						28. Annu	itant Indicat	or			29. Pay Rat	e Determin	ant			
30. Retirement Plan			31. Service	Comp. Da	te (Leave)	32. Work	Schedule				33. Part-Ti	me Hours l	Per			
(b)(6)			31. Service	comp. Da	te (Beave)	F	FULL TI	ИE			Biweekly					
	A T A					F	FULL III	VIE				Pay Period				
POSITION DA  34. Position Occupie			25 ELSA C			26 1	i-ti C-	<b>.</b>			27 D	: II!4 C4				
1 - Competitive S				- Exempt		36. Appropriation Code					37. Bargaining Unit Status 8888					
2 2 - Excepted Service 38. Duty Station Cod		ed		- Nonexempt		- State or	Overseas Lo	cation)			0000					
11-0010-001	ie		WASHING					cation)								
40. Agency Data	41.	42.			43.		44.									
45. Remark  AUTOMATIC CONTRIBUTION OF 1% OF YOUR PAY AND QUALIFY FOR UP TO 4%  MATCHING. TO GET INFORMATION, VISIT WWW.TSP.GOV/FORMS/TSPBK08.PDF  FEDERAL LONG TERM CARE INSURANCE PROGRAM (FLTCIP)  YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO APPLY FOR COVERAGE  USING THE ABBREVIATED UNDERWRITING APPLICATION. TO GET MORE  INFORMATION AND APPLY ONLINE, VISIT WWW.LTCFEDS.COM. YOU MAY  APPLY ONLINE OR DOWNLOAD AN APPLICATION.																
46. Employing Department or Agency HOMELAND SECURITY						_	ature/Authe		and Title of Ap	proving Offic	cial					
HSAA	48. Personnel Office ID 49. Approval Date NICOLE C. BARKSDALE-PERRY 5500 08/31/2021 EXECUTIVE DIRECTOR, HRMS															