## NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000078

14. Name and Location of Position's Organization   14. Name and Location of Position's Organization   15. Name and Location of Position's Organization   16. Name and Location   16. Name and Location   16. Name and Location   16. Name and Location   16. Name a	FPM Supp. 296-33, Sub	cn. 4											
Second   S					ecurity Number		irth						
1.6	FIRST ACTIO	ON	SECOND ACTION										
F-C. Code	5-A. Code						. Nature of Actio	n					
Value	146	SES NONCAREER A	PPT										
5-F. Logd Authority AWM OPM FORM 1682  7. FROM: Position Title and Number COUNSELOR TO THE SECRETARY 9104099-0844697  18. Per Plan   N. Oc. Code   18. Grade or Level   1. Step or Rate   1. Total Salary   19. Pay Boath F. Per Plan   10. Oc. Code   18. Grade or Level   1. Step or Rate   1. Total Salary   19. Pay Boath F. Per Plan   10. Oc. Code   18. Grade or Level   1. Step or Rate   1. Total Salary   19. Pay Boath F. Per Plan   10. Oc. Code   18. Grade or Level   1. Step or Rate   1. Total Salary   19. Pay Boath F. Per Plan   10. Oc. Code   18. Grade or Level   1. Step or Rate   1. Total Salary   19. Pay Boath F. Per Plan   19. Oc. Code   18. Grade or Level   19. Step or Rate   18. Total Salary   Nawed   21. Pay Boath F. Per Plan   19. Oc. Code   18. Grade or Level   19. Step or Rate   18. Total Salary   Nawed   21. Pay Boath F. Per Plan   19. Oc. Code   18. Grade or Level   19. Step or Rate   18. Total Salary   Nawed   21. Pay Boath F. Per Plan   19. Oc. Code   18. Grade or Level   19. Step or Rate   18. Total Salary   Nawed   21. Pay Boath F. Per Plan   19. Oc. Code   18. Grade or Level   19. Step or Rate   18. Total Salary   Nawed   21. Pay Boath F. Per Plan   19. Oc. Code   18. Grade or Level   19. Step or Rate   19. Step or					6-C. Code	6-I	). Legal Authorit	у					
15. TO Position Title and Number	5-E. Code	5-F. Legal Authority			6-E. Code	6-1	F. Legal Authorit	у					
COUNSELOR TO THE SECRETARY   100-009   100-					15 TO: Position Title and Number								
12.h main Fig.   12.h Locality Adj.   12.C Adj. Basic Pay   121.0 there Pay   121.	7. FROM: Fosition	The and Pullber	COUNSELOR TO THE SECRETARY										
14. Name and Location of Position's Organization	8. Pay Plan 9. Occ. Cod	le 10. Grade or Level 11. Step	or Rate 12. Total Salary	13. Pay Basis									
IMMEDIATE OFFICE OF THE SECRETARY   OSC   Condition	12A. Basic Pay		. Adj. Basic Pay	-									
24. Tenure   1-2-Fulat   3-1-Fulationality   1-1-Fulationality					OSEM Imm Off of	the Sec		RETARY					
1-Now   1-No													
Solution   State   S	(b)(6) 1 - None	3 - 10-Point/Disability		e/30%	(b)(6) 0-		Conditional	gency Use					
30. Retirement Plan   31. Service Comp. Date (Leave)   F   FULL TIME   Sirved Weekly   Pay Period    POSITION DATA  34. Position Occupied   35. FLSA Category   50. (6)   Security   50. (6)   Securit	27. FEGLI	•											
POSITION DATA  34. Position Occupied  35. PLSA Category  36. Appropriation Code  37. Bargaining Unit Status  38. Duty Station Code  38. Duty Station Code  40. Agency Data  41.  42.  43.  44.  45. Remarks  46. Remove Health Benefits (Febb):  FEDERAL EMPLOYEES' HEALTH BENEFITS (Febb):  FEDERAL EMPLOYEES' HEALTH BENEFITS (Febb):  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 ENROLL.  YOU ARE AUTOMATICALLY ENROLLED IN BASIC COVERAGE. SEND  YOUR COMPLETED SF-2817 TO [DI/6]  TO GET MORE INFORMATION AND USE THE FEGLI CALCULATOR, VISIT  HITT: //WWW.OPM. GOV/INSURE / SEND YOUR COMPLETED SF-2817 TO [DI/6]  TO GET MORE INFORMATION AND USE THE FEGLI CALCULATOR, VISIT  HITT: //WWW.OPM. GOV/INSURCHIEFE SFROM THE DATE OF HIRE TO ENROLL.  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 [DI/6]  TO GET MORE INFORMATION AND USE THE FEGLI CALCULATOR, VISIT  HITT: //WW.OPM. GOV/INSURCHIFE.  FLEXIBLE SPENDING ACCOUNT (FSA):  YOU HAVE 60 DAYS FROM THE DATE OF HIRE BUT NO LATER THAN OCT 1ST  **** REMARKS CONTINUED ON THE NEXT PAGE ***  46. Employing Department or Agency  HOMELAND SECURITY  47. Agency Code 48. Personnel Office ID  49. Approval Date  NICOLE C. BARKSDALE-PERRY	(b)(6)												
34. Position Occupied   35. FISA Category   36. Appropriation Code   37. Bargaining Unit Status   3 - SES General   4 - SES Carrer Reserved   50   60   60   8 - Newsper   50   50   50   60   60   60   60   60	30. Retirement Plan (b)(6)		31. Service C	omp. Date (Leave)					Biweekly				
3   1- Competitive Service   3- SNS General   Divide   E - Exampt   S888    38. Duty Station Code   11-0010-001   WASHINGTON DIST OF COLUMBIA DC    40. Agency Data   41.   42.   43.   44.    45. Remarks   Ashington   Ashin	POSITION D	ATA											
39. Duty Station Code 11-0010-001  WASHINGTON DIST OF COLUMBIA DC  40. Agency Data  41.  42.  43.  44.  44.  45. Remarks. APPOINTMENT AFFIDAVIT EXECUTED 03/29/2021 TENURE AS USED FOR 5 USC 3502 IS NOT APPLICABLE TO THE SENIOR EXECUTIVE SERVICE. FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB): YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO ENROLL. COMPLETED SF-2809 TO [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 FLECT OPTIONAL COVERAGE. SEND YOUR COMPLETED SF-2817 TO [0]: TO GET MORE INFORMATION AND USE THE FEGLI CALCULATOR, VISIT HITT://WWW.OPM.GOV/INSURE/LIFE. FLEXIBLE SPENDING ACCOUNT (FSA): YOU HAVE 60 DAYS FROM THE DATE OF HIRE BUT NO LATER THAN OCT 1ST  *** REMARKS CONTINUED ON THE NEXT PAGE ***  46. Employing Department or Agency HOMELAND SECURITY  47. Agency Code  48. Personnel Office ID  49. Approval Date  NICOLE C. BARKSDALE-PERRY	1 - Competitive Service 3 - SES General (b)(6) E - Exempt					iation Code							
40. Agency Data  41.  42.  43.  44.  44.  45. Remarks. APFOINTMENT AFFIDAVIT EXECUTED 03/29/2021 TENURE AS USED FOR 5 USC 3502 IS NOT APPLICABLE TO THE SENIOR EXECUTIVE SERVICE. FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB): YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO ENROLL. 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 HITP://WWW.OPM.GOV/INSURE/LIFE. FLEXIBLE SPENDING ACCOUNT (FSA): YOU HAVE 60 DAYS FROM THE DATE OF HIRE BUT NO LATER THAN OCT 1ST *** REMARKS CONTINUED ON THE NEXT PAGE ***  46. Employing Department or Agency HOMELAND SECURITY  47. Agency Code 48. Personnel Office ID 49. Approval Date  NICOLE C. BARKSDALE-PERRY	38. Duty Station Co	10 m	ion (City – County			)							
SERVICE.  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): YOU HAVE 60 DAYS FROM THE DATE OF HIRE BUT NO LATER THAN OCT 1ST  *** REMARKS CONTINUED ON THE NEXT PAGE ***  46. Employing Department or Agency HOMELAND SECURITY  47. Agency Code  48. Personnel Office ID  49. Approval Date  NICOLE C. BARKSDALE-PERRY		41.											
47. Agency Code 48. Personnel Office ID 49. Approval Date NICOLE C. BARKSDALE-PERRY	SERVICE. FEDERAL EMI YOU HAVE 60 COMPLETED S TO COMPARE WWW.OPM.GOV FEDERAL EMI YOU ARE AUS DAYS FROM S YOUR COMPLI TO GET MORI HTTP://WWW FLEXIBLE SI YOU HAVE 60 *** REMARKS	PLOYEES' HEALTH D DAYS FROM THE SF-2809 TO (b)(6) PLANS AND GET M V/INSURE PLOYEES' GROUP L TOMATICALLY ENRO THE DATE OF HIRE ETED SF-2817 TO (E) E INFORMATION AN OPM.GOV/INSURE/ PENDING ACCOUNT (C) D DAYS FROM THE S CONTINUED ON T	BENEFITS (FERDATE OF HIRE  ORE INFORMATI  IFE INSURANCE LLED IN BASIC  TO ELECT OPT  b)(6)  D USE THE FECE  LIFE.  FSA):  DATE OF HIRE	HB): TO ENROLL.  TON, VISIT C (FEGLI): C COVERAGE. CIONAL COVE	YOU HAV RAGE. SE TOR, VIS	UR E 60 ND IT OCT 1ST	on and Title of A	pproving Offic	ial				
		ECURITY											
								HRMS					

## NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000079

FPM Supp. 296-33, Sub	ch. 4											
1. Name (Last, First	, Middle)		<del></del>	2. Socia	2. Social Security Number			h	4. Effective Date			
ESSAHEB, KAM	(b)(	(b)(6)			(b)(6)			03/29/2021				
FIRST ACTIO	SECOND ACTION											
5-A. Code 146	5-B. Nature of Action SES NONCAREER A	6-A. Cod	6-A. Code 6-B. Nature of Action									
5-C. Code V4L	5-D. Legal Authority 5 USC 3394(A)			6-C. Cod	6-C. Code 6-D. Legal Authority							
5-E. Code AWM	5-F. Legal Authority OPM FORM 1652			6-E. Cod	6-E. Code 6-F. Legal Authority							
7. FROM: Position	Title and Number			COUN	Position Title and ISELOR TO 1							
8. Pay Plan 9. Occ. Cod	le 10. Grade or Level 11. Step	16. Pay Pla ES	17. Occ. Cod 0301				tep or Rate 20. Total Salary/Award 21. Pay Basis 0 183,100.00 PA					
12A. Basic Pay	12B. Locality Adj. 12C	C. Adj. Basic Pay	12D. Other Pay						j. Basic Pay	20D. Other	Pay	
	ion of Position's Organization	on		IMMED OSEM Imm Of		E OF	on's Organizati THE SECRE PP 07 2021					
EMPLOYEE				24 75			25.4	<b>T</b> T	26 37-4	D. f.	6 DIE	
(b)(6) 1 - None	3 - 10-Point/Disability	5 - 10-Point/O		24. Tenure (b)(6) 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite					26. Veterans Preference for RIF (b)(6)			
27. FEGLI	4 - 10-Point/Compensable	6 - 10-Point/C	ompensable/30%	1 - Permanent 3 - Indefinite  28. Annuitant Indicator					29. Pay Rate Determinant			
(b)(6)				26. Annu	tant indicator				29. Pay Ka	te Determin	ant	
30. Retirement Plan (b)(6)	32. Work Schedule F FULL TIME					33. Part-Time Hours Per Biweekly Pay Period						
POSITION D	ATA									Tay Teriou		
34. Position Occupi	ed Service 3 – SES General	35. F		36. Appropriation Code					37. Bargaining Unit Status 8888			
38. Duty Station Co	1.50		N - Nonexempt  uty Station (City - County			ion)			0000			
11-0010-001 40. Agency Data	41.	42.	SHINGTON DIST OF	COLUM	44.							
TO ENROLL TO ON/AFTER OF OPEN SEASON WWW.FSAFED FEDERAL DENYOU HAVE 60 SUPPLEMENT INFORMATION ENROLLMENT THRIFT SAVYOU ARE ELENROLLED ACCONTRIBUTION (b)(6)	S CONTINUED *** IN A HEALTH CARE IN A HEALTH CARE IN TO GET MORE I I. COM. ONLINE ENR INTAL AND VISION IN DAYS FROM THE AL DENTAL AND/OR IN AND ENROLL ONL IS MANDATORY. INGS PLAN (TSP): IGIBLE TO CONTRI I THE RATE OF 3% IN AMOUNT, COMPL I FERS EMPLOYEES CONTRIBUTION OF IS CONTINUED ON T	BE ELIGIE NFORMATIC COLLMENT I PROGRAM DATE OF E VISION E INE, VISION E BUTE TO INCE ETE A TSE ONLY: YO 1% OF YOU	BLE TO ENROLL DON AND ENROLL OF AND ENROLL OF SERVICE OF THE SERVI	URING ONLINE,  IN A ORE S.COM O  UTOMATI ASE YOU TO TO TOWAT ATELY R LIFY FO	THE FSA VISIT  NLINE  CALLY R 6) ECEIVE AN R UP TO 4	olo		proving Of	ficial			
HOMELAND SI				50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY:								
47. Agency Code	48. Personnel Office ID	NICOLE C. BARKSDALE-PERRY										
HSAA	5500	03/	30/2021	ACTIN	G EXECUTI	VE D	RECTOR, H	RMS				

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

## NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000080

FPM Supp. 296-33, Sub	ch. 4													
1. Name (Last, First, Middle)							2. Social Security Number			th	4. Effective Date			
ESSAHEB, KAM	ESSAHEB, KAMAL NMN						(b)(6)				03/29/2021			
FIRST ACTIO	SECOND ACTION													
5-A. Code 146	5-B. Nature of Action SES NONCAREER APPT					6-A. Cod	6-A. Code 6-B. Nature of Action							
5-C. Code V4L	5-D. Legal Authority 5 USC 3394(A)					6-C. Cod	e	6-D. L	egal Authority					
5-E. Code AWM	5-F. Legal Authority OPM FORM 1652					6-E. Cod	6-E. Code 6-F. Legal Authority							
7. FROM: Position	Fitle and Number					COUN	Position Title NSELOR TO 199 084697		iber SECRETARY	7				
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11. Step or	Rate 12	. Total Salary	13.	. Pay Basis	16. Pay Pla ES				19.Step or Rate   20. Total Salary/Award   21. Pay Basis   00   183,100.00   PA				
12A. Basic Pay	12B. Locality Adj. 12C.	Adj. Bas	ic Pay	12D. O	ther Pay	20A. Basic	20A. Basic Pay 20B. Locality Adj. 20C. A			20C. Adj.	Basic Pay	20D. Othe	Pay	
	.00			.00		183,10	00.00		.00	183,1	00.00	.00		
14. Name and Location of Position's Organization  22. Name and Locati IMMEDIATE OF OSEM Imm Off of the Se								ICE OF						
EMPLOYEE	DATA													
23. Veterans Preference						24. Tenure  (b)(6)  0 - None 1 - Permanent 2 - Conditional 1 - Permanent 3 - Indefinite					26. Veterans Preference for RIF (b)(6)			
27. FEGLI (b)(6)						28. Annu	itant Indicate	r			29. Pay Rat	e Determir	ant	
30. Retirement Plan			21 Complex	Comm. F	Note (Learne)	32 Work	Schedule				22 Dowt Ti	me Henre	Don	
(b)(6)	Date (Leave)	F	FULL TIN	ΙE			33. Part-Time Hours Per Biweekly Pay Period							
POSITION D	ATA													
34. Position Occupio  1 - Competitive S 2 - Excepted Ser	Service 3 – SES General			ategory - Exempt - Nonexen	npt	36. Appropriation Code					37. Bargaining Unit Status 8888			
38. Duty Station Co. 11-0010-001	de		39. Duty Sta WASHING				Overseas Loc BIA DC	ation)						
40. Agency Data	41.	42.			43.		44.							
45. Remarks Continued ***  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 HOMELAND SI						_	50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY:							
47. Agency Code	48. Personnel Office ID 49. Approval Date 5500 03/30/2021						NICOLE C. BARKSDALE-PERRY							
			03/30/202						IRECTOR, H					