

**NOTIFICATION OF PERSONNEL ACTION**

|   |   |   |   |  |   |   |                               |   |  |  |      |                                   |  |                       |  |
|---|---|---|---|--|---|---|-------------------------------|---|--|--|------|-----------------------------------|--|-----------------------|--|
| <b>1. Name (Last, First, Middle)</b><br>TREVES, VALERIA   |   |   |   | <b>2. Social Security Number</b><br>(b) (6)  |   | <b>3. Date of Birth</b><br>(b) (6)      |                               | <b>4. Effective Date</b><br>02/16/2021              |  |  |      |                                   |  |                       |  |
| <b>FIRST ACTION</b>   |   |   |   |  | <b>SECOND ACTION</b>  |   |                               |   |  |  |      |                                   |  |                       |  |
| <b>5-A. Code</b><br>170   |   | <b>5-B. Nature of Action</b><br>EXC APPT      |   |  | <b>6-A. Code</b>  |   | <b>6-B. Nature of Action</b>  |   |  |  |      |                                   |  |                       |  |
| <b>5-C. Code</b><br>Y7M   |   | <b>5-D. Legal Authority</b><br>SCH C 213 3315 |   |  | <b>6-C. Code</b>  |   | <b>6-D. Legal Authority</b>   |   |  |  |      |                                   |  |                       |  |
| <b>5-E. Code</b>  |   | <b>5-F. Legal Authority</b>                   |   |  | <b>6-E. Code</b>  |   | <b>6-F. Legal Authority</b>   |   |  |  |      |                                   |  |                       |  |
| <b>7. FROM: Position Title and Number</b>   |   |   |   |  | <b>15. TO: Position Title and Number</b><br>ADVISOR FOR WORKER VOICE ENGAGEMENT<br>66433930 C21294  |   |                               |   |  |  |      |                                   |  |                       |  |
| <b>8. Pay Plan</b>  |   | <b>9. Occ. Code</b>                           |   | <b>10. Grade or Level</b>  |   | <b>11. Step or Rate</b>                 |                               | <b>12. Total Salary</b>                             |  | <b>13. Pay Basis</b>                   |      |                                   |  |                       |  |
| GS  |   | 0301  |   | 15   |   | 10                                      |                               | 172,500.00  |  | PA                                     |      |                                   |  |                       |  |
| <b>12A. Basic Pay</b>   |   | <b>12B. Locality Adj.</b>                     |   | <b>12C. Adj. Basic Pay</b>   |   | <b>12D. Other Pay</b>                   |                               | <b>20A. Basic Pay</b>                               |  | <b>20B. Locality Adj.</b>              |      | <b>20C. Adj. Basic Pay</b>        |  | <b>20D. Other Pay</b> |  |
| .00   |   |   |   |  |   | .00                                     |                               | 143,598.00  |  | 28,902.00                              |      | 172,500.00                        |  | .00                   |  |
| <b>14. Name and Location of Position's Organization</b>   |   |   |   |  | <b>22. Name and Location of Position's Organization</b><br>OFFICE OF THE SECRETARY<br><br>DL SO0000000000000000 PP 04 2021                |   |                               |   |  |  |      |                                   |  |                       |  |
| <b>EMPLOYEE DATA</b>  |   |   |   |  |   |   |                               |   |  |  |      |                                   |  |                       |  |
| <b>23. Veterans Preference</b>  |   |   |   |  | <b>24. Tenure</b>   |   |                               | <b>25. Agency Use</b>                               |  | <b>26. Veterans Preference for RIF</b> |      |                                   |  |                       |  |
| I   | 1 - None<br>2 - 5-Point                         |   | 3 - 10-Point/Disability<br>4 - 10-Point/Compensable |  | 5 - 10-Point/Other<br>6 - 10-Point/Compensable/30%  |   |                               | 3   |  | 0 - None<br>1 - Permanent              |      | 2 - Conditional<br>3 - Indefinite |  | YES X NO              |  |
| <b>27. FEGLI</b><br>(b) (6)   |   |   |   |  | <b>28. Annuitant Indicator</b><br>9 NOT APPLICABLE  |   |                               | <b>29. Pay Rate Determinant</b><br>0 NOT APPLICABLE |  |  |      |                                   |  |                       |  |
| <b>30. Retirement Plan</b><br>KF FERS (FRAE)  |   |   |   | <b>31. Service Comp. Date (Leave)</b><br>02/16/2021  |   | <b>32. Work Schedule</b><br>F FULL TIME |                               |   | <b>33. Part-Time Hours Per Biweekly Pay Period</b> |  |      |                                   |  |                       |  |
| <b>POSITION DATA</b>  |   |   |   |  |   |   |                               |   |  |  |      |                                   |  |                       |  |
| <b>34. Position Occupied</b>  |   |   |   | <b>35. FLSA Category</b>   |   |   | <b>36. Appropriation Code</b> |   |  | <b>37. Bargaining Unit Status</b>      |      |                                   |  |                       |  |
| 2   | 1 - Competitive Service<br>2 - Excepted Service |   | 3 - SES General<br>4 - SES Career Reserved          |  | E E-Exempt<br>N Non-exempt  |   |                               |   |  |  | 8888 |                                   |  |                       |  |
| <b>38. Duty Station Code</b><br>11-0010-001   |   |   |   | <b>39. Duty Station (City - County - State or Overseas Location)</b><br>WASHINGTON DIST OF COLUMBIA DC |   |   |                               |   |  |  |      |                                   |  |                       |  |
| <b>40. Agency Data</b>  |   | <b>41.</b>                                    |   | <b>42.</b>   |   | <b>43.</b>                              |                               | <b>44.</b>  |  |  |      |                                   |  |                       |  |
| <b>45. Remarks</b><br>REGULAR TOUR OF DUTY ESTABLISHED; ELIGIBLE FOR ANNUAL AND SICK LEAVE ACCRUAL.<br>SERVES AT THE PLEASURE OF THE SECRETARY.<br>THIS POSITION IS OUTSIDE THE BARGAINING UNIT.<br>APPOINTMENT AFFIDAVIT EXECUTED 02/16/2021.<br>FROZEN SERVICE: 00 YRS. 00 MOS.<br>CREDITABLE MILITARY SERVICE: 00 YRS. 00 MOS.<br>PREVIOUS RETIREMENT COVERAGE: NEVER COVERED.<br>EMPLOYEE IS AUTOMATICALLY COVERED UNDER PERS, FERS-RAE OR FERS-FRAE. |   |   |   |  |   |   |                               |   |  |  |      |                                   |  |                       |  |
| <b>46. Employing Department or Agency</b><br>DEPARTMENT OF LABOR  |   |   |   |  | <b>50. Signature/Authentication and Title of Approving Official</b><br>ELECTRONICALLY SIGNED BY:<br>DEMEATRIC GAMBLE<br>PERSONNEL OFFICER |   |                               |   |  |  |      |                                   |  |                       |  |
| <b>47. Agency Code</b><br>DLAA  |   | <b>48. Personnel Office ID</b><br>1193        |   | <b>49. Approval Date</b><br>02/16/2021   |   |   |                               |   |  |  |      |                                   |  |                       |  |