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

1. Name (Last, First,	Middle)				2. Social Security Number 3. Date of Birth			ı	4. Effective Date				
SUNSTEIN, CASS ROBERT					(b)(6)	(b)(6)		02/08/2021					
FIRST ACTIO	ON				SECOND ACTION								
5-A. Code	5-B. Nature of Action				6-A. Code		ire of Action						
002	CORRECTION				190		SIONAL AP	PT NTE	06/08/21				
5-C. Code	5-D. Legal Authority				6-C. Code V4M		gal Authority ORM 1652						
5-E. Code	5-F. Legal Authority				6-E. Code AWM	6-F. Leg	al Authority						
7. FROM: Position	Title and Number				15. TO: Position Title SENIOR ADVISO		er						
					90997223 084530								
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11. Step or	Rate 12. Total Sa	ary 13. Pay	y Basis	16. Pay Plan 17. Occ. C ES 0301		rade or Level 1	9.Step or Rat	te 20. Total Sal 183,100.				
12A. Basic Pay	12B. Locality Adj. 12C. A	dj. Basic Pay	12D. Other	r Pay	20A. Basic Pay	20B.	Locality Adj.	20C. Adj.	Basic Pay	20D. Other Pay			
	.00		.00		183,100.00	.00	0	183,1	00.00	.00			
14. Name and Locati	on of Position's Organization				22. Name and Location IMMEDIATE OFF OSEM Imm Off of the Sec  HS OS010100000000	ICE OF T	THE SECRE						
EMPLOYEE													
23. Veterans Prefere (b)(6) 1 - None 2 - 5-Point	nce 3 – 10–Point/Disability 4 – 10–Point/Compensable	5 – 10–Point/Oth 6 – 10–Point/Com			24. Tenure  (b)(6)  0 - None 1 - Permanent 3 - Indefinite  25. Agency Use				26. Veterans Preference for RIF (b)(6)				
27. FEGLI				28. Annuitant Indicator					29. Pay Rate Determinant				
(b)(6)		21.0	· a - D ·	<i>a</i> \	22 Work Cakadala				22 D	W D			
(b)(6)		31. Ser	vice Comp. Date	ate (Leave) 32. Work Schedule F FULL TIME				33. Part-Time Hours Per Biweekly Pay Period					
POSITION DA	ATA	<u> </u>											
34. Position Occupie  1 - Competitive S 2 - Excepted Serv	ervice 3 – SES General	35. FLS	E – Exempt N – Nonexempt		36. Appropriation Cod	e			37. Bargain	ing Unit Status			
38. Duty Station Coo 11-0010-001			y Station (City -		- State or Overseas Loc COLUMBIA DC	ation)							
40. Agency Data	41.	42.		3.	44.								
45. Remarks													
(b)(6)	ADDIDANIT DVDOI	TED 02/0	2 / 2 0 2 1										
APPOINTMENT	AFFIDAVIT EXECU	TED 02/08	3/2021										
46. Employing Depar	tment or Agency				50. Signature/Authen	tication an	d Title of App	roving Offi	cial				
HOMELAND SI					ELECTRONICAL			g					
47. Agency Code	48. Personnel Office ID	49. Ap	proval Date		NICOLE C. BARK	SDALE-	PERRY						

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

F1 M Supp. 270 35, Sui	Jen. 4															
1. Name (Last, First	t, Middle)					2. Social Security Number 3. Dat			3. Date of Bir	Date of Birth 4. Effective Date						
SUNSTEIN, CAS	S ROBERT					(b)(6) (b			(b)(6)		02/08/	2021				
FIRST ACTION	ON					SECO	ND A	CTION								
5-A. Code	5-B. Nature of Action	n				6-A. Cod	le		Nature of Action		0.510.010.1					
002	CORRECTION					190 6-C. Cod			VISIONAL A		06/08/21					
5-C. Code	-C. Code 5-D. Legal Authority								Legal Authority C3394(A) LTD							
5-E. Code	5-F. Legal Authority	,				6-E. Cod		6-F.	Legal Authority	,						
7. FROM: Position Title and Number SENIOR ADVSIOR 90991119 083881							15. TO: Position Title and Number SENIOR ADVISOR 90997223 084530									
8. Pay Plan 9. Occ. Coo			2. Total Salary 144,128.00		ay Basis	16. Pay Pla		Occ. Code 1	18. Grade or Level	19.Step or Ra	te 20. Total Sa		21. Pay Basis PA			
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Ba	sic Pay	12D. Oth	er Pay	20A. Basic	Pay	:	20B. Locality Adj.	20C. Adj	. Basic Pay	20D. Other	Pay			
110,460.00	33,668.00	144,128.	00	.00		183,10	00.00		.00	183,1	100.00	.00				
14. Name and Esca	tion of Position's Orga	inization				IMMED OSEM Imm Of	OIATE (	OFFICE O	ition's Organiza F THE SECR PP 06 2021							
<b>EMPLOYEE</b>																
23. Veterans Prefer (b)(6) 1 - None 2 - 5-Point	3 - 10-Point/Disability		0-Point/Other 0-Point/Compen	sable/30%		(b)(6)	0 - None 2 - Conditional (b)(6)					eterans Preference for RIF				
27. FEGLI	4 To Tombeompensu		•			28. Annu	28. Annuitant Indicator 29. Pay Rate Determinant						ant			
(b)(6)																
30. Retirement Plan	n		31. Service	e Comp. Da	te (Leave)	32. Work	Schedu	le				ime Hours F Biweekly	er			
(b)(6)						F	FULL	TIME				Pay Period				
POSITION D																
34. Position Occupi			35. FLSA	Category E - Exempt		36. Appr	opriatio	1 Code			37. Bargain	ning Unit Sta	atus			
3 2 - Excepted Se	rvice 4 – SES Career Res	erved	(0)(0)	N - Nonexempt			_				8888					
38. Duty Station Co 11-0010-001	ode			tation (City IGTON   I	-											
40. Agency Data	41.	42.			43.		4	4.								
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46. Employing Depa HOMELAND S						_			n and Title of Ap	oproving Off	icial					
47. Agency Code	48. Personnel Office	ID	49. Appro	val Date					LE-PERRY							
HSAA	5500		02/09/20						DIRECTOR I	прмс						

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

FPM Supp. 296-33, Sub	ch. 4												
1. Name (Last, First	, Middle)					_		rity Number	3. Date of Bir	th	4. Effective	e Date	
SUNSTEIN, CASS ROBERT						(b)(6) <b>02/08/2021</b>							
FIRST ACTIO	ON					SECO	ND A	ACTION					
5-A. Code	5-B. Nature of Actio	n				6-A. Coc	le	6-B. Na	ature of Action				
002	CORRECTION					190		PROV	VISIONAL A	PPT NTE	06/08/21		
5-C. Code	5-D. Legal Authorit	у				6-C. Coo	le		egal Authority				
5-E. Code	5-F. Legal Authority	7				6-E. Cod	le .		3394(A) LTD	IEKM			
b El code	o 17 Degai 7 Millorn,	,				AWM		0 112	agui mumomy				
7. FROM: Position SENIOR ADVSI 90991119 08388	OR					SENI		n Title and Num DVISOR 84530	ıber				
8. Pay Plan 9. Occ. Cod	le 10. Grade or Level 1	1. Step or Rate 12	. Total Salary	13.	Pay Basis	16. Pay Pl	an 17	7. Occ. Code 18	. Grade or Level	19.Step or Ra	te 20. Total Sa	lary/Award	21. Pay Basis
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12A. Basic Pay	12B. Locality Adj.	12C. Adj. Bas			her Pay	20A. Basic			B. Locality Adj.		. Basic Pay	20D. Other	Pay
110,460.00	33,668.00	144,128.0	00	.00		183,1			.00		100.00	.00	
14. Name and Local	ion of Position's Orga	mzauon				IMMEI OSEM Imm Of	DIATE	ocation of Posit E OFFICE OF le Sec	THE SECR				
EMPLOYEE	DATA					I 113 O30	10100	0000000000	FF 00 2021				
23. Veterans Prefere						24. Tenu				ency Use	26. Veterai	ns Preferenc	e for RIF
(b)(6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensa		)–Point/Other )–Point/Compensa	ble/30%		(b)(6)	0 - Non 1 - Per				(b)(6)		
27. FEGLI						28. Annu	itant II	ndicator			29. Pay Ra	te Determin	ant
(b)(6)													
30. Retirement Plan	1		31. Service	Comp. Da	ate (Leave)	32. Work	Sched	ule				ime Hours l Biweekly	Per
(b)(6)						F	FUL	L TIME				Pay Period	
POSITION D	ATA												
34. Position Occupi			35. FLSA C			36. Appr	opriati	on Code			37. Bargain	ning Unit St	atus
3 1 - Competitive 2 - Excepted Ser		served		– Exempt – Nonexemp	pt	8888							
38. Duty Station Co	de							eas Location)					
11-0010-001			WASHING	GTON		COLUM	BIA	DC					
40. Agency Data	41.	42.			43.			44.					
TO ENROLL ON/AFTER OF OPEN SEASON WWW.FSAFED FEDERAL LONG YOU HAVE 60 USING THE AND INFORMATION	S CONTINUED OF IN A HEALTH OF THE COLUMN TO GET MORE OF THE CARE OF THE CARE OF THE COLUMN THE COLUMN THE COLUMN THE COLUMN TO THE COLUMN THE COLUMN TO THE COLUMN THE COLUMN TO THE COLUMN THE COLUMN TO THE COLUMN	CARE OR I ILL BE EI RE INFORM ENROLLME INSURANC IHE DATE JNDERWRII DNLINE, N	JIGIBLE MATION A CNT IS M CE PROGR OF HIRE TING APP	TO EN ND EN ANDAT AM (F TO A LICAT W.LTC	ROLL DI ROLL OI ORY. LTCIP) PPLY FO	URING NLINE, OR COV O GET	THE VIS ERAG MORE	SIT GE					
46. Employing Depa						_		Authentication	_	proving Off	icial		
46. Employing Depa HOMELAND SI 47. Agency Code			49. Approv			ELEC'	TRON	Authentication :	GNED BY:	proving Off	icial		

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

11 M Supp. 270 55, Sub												
1. Name (Last, First,				2. Social Security N	umber 	3. Date of Bir	th	4. Effective Date				
SUNSTEIN, CAS				(b)(6) <b>02/08/2021</b>								
FIRST ACTIO	DN			SECOND ACT	ION							
5-A. Code	5-B. Nature of Action			6-A. Code	6-B. Na	ture of Action						
190	PROVISIONAL APPT NTE	06/08/21										
5-C. Code	5-D. Legal Authority			6-C. Code	6-D. L	egal Authority						
Y7M 5-E. Code	SCH C 213.33XX			6-E. Code	6-F I	and Authority						
5-E. Code	5-F. Legal Authority			6-E. Code	0-F. L	egal Authority						
7. FROM: Position	Fitle and Number			15 TO: Position Title	and Num	har						
7. P KOM. P osition	The and Number	15. TO: Position Title and Number SENIOR ADVSIOR 90991119 083881										
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11. Step or Rate 12	. Total Salary	13. Pay Basis	16. Pay Plan 17. Occ. GS 0301		Grade or Level	19.Step or Ra	te 20. Total Sala		21. Pay Basis PA		
12A. Basic Pay	12B. Locality Adj. 12C. Adj. Bas	ic Pay	12D. Other Pay	20A. Basic Pay	201	B. Locality Adj.	20C. Adj.	. Basic Pay	20D. Other	Pay		
	.00		.00	110,460.00	3	33,668.00	144,1	28.00	.00			
14. Name and Local	ion of Position's Organization			22. Name and Locatio IMMEDIATE OFF OSEM Imm Off of the Sec HS OS01010000000	TICE OF	THE SECRI						
EMPLOYEE	DATA											
23. Veterans Prefere (b)(6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 5 – 10	)–Point/Other )–Point/Compensabl	ie/30%	24. Tenure (b)(6) 0 - None 1 - Permanent	25. Age	ency Use	26. Veterans Preference for RIF (b)(6)					
27. FEGLI				28. Annuitant Indicator 29. Pay Rate Determinant								
(b)(6)												
30. Retirement Plan		31. Service C	omp. Date (Leave)	32. Work Schedule				33. Part-Tir	me Hours P Biweekly	er		
(b)(6)				F FULL TI	ИE				Pay Period			
POSITION D	ATA											
34. Position Occupio	ed	35. FLSA Ca	tegory	36. Appropriation Co	de			37. Bargaini	ing Unit Sta	tus		
2 1 - Competitive S			Exempt Nonexempt				8888					
38. Duty Station Cod		39. Duty Stat	ion (City – County	- State or Overseas Lo	cation)							
11-0010-001		WASHING	TON DIST OF	COLUMBIA DC								
40. Agency Data	41. 42.		43.	44.								
45.Remarks APPOINTMENT AFFIDAVIT EXECUTED 02/08/2021 OPF MAINTAINED BY DHS/HQ.  (b)(6)  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 LONG TERM CARE INSURANCE PROGRAM (FLTCIP)												
YOU HAVE 60 USING THE A INFORMATION	DAYS FROM THE DATE ABBREVIATED UNDERWRIT NAND APPLY ONLINE, N NE OR DOWNLOAD AN APP	OF HIRE ING APPI VISIT WWW	TO APPLY FOR ICATION. TO ILTCFEDS.CO	O GET MORE								
46. Employing Depart				50. Signature/Authe			proving Offi	icial				
47. Agency Code		40 4	l Data	NICOLE C. BAR								
HSAA	48. Personnel Office ID 5500	49. Approva		ACTING EXECU								

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

FPM Supp. 296-33, Sub-	ch. 4														
1. Name (Last, First,	Middle)					2. Socia	al Securi	ty Number	<u> </u>			4. Effective Date			
SUNSTEIN, CAS	SUNSTEIN, CASS ROBERT						(b)(6) (b)(6)				06/07/2021				
FIRST ACTIO	ON					SECO	ND A	CTION							
5-A. Code 590	5-B. Nature of Action		6-A. Cod	6-A. Code 6-B. Nature of Action											
5-C. Code V4M	5-D. Legal Authority 5USC3394(A) LT					6-C. Cod	le	6-D. L	egal Authority						
5-E. Code	5-E. Code 5-F. Legal Authority							6-F. L	egal Authority						
7. FROM: Position	Fitle and Number					15. TO: Position Title and Number									
7. P KOM. P osition	rue and Number					SENIC	OR ADV 223 084	VISOR	bei						
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11	. Step or Rate 12.	. Total Salary	13. P	ay Basis	16. Pay Pla ES		Occ. Code 18.	Grade or Level	19.Step or Ra	20. Total Sal 183,100.		21. Pay Basis PA		
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basi	ic Pay	12D. Oth	er Pay	20A. Basic	Pay	201	B. Locality Adj.	20C. Adj	. Basic Pay	20D. Other P	ay		
	.00			.00		183,10	00.00		00	183,	100.00	.00			
14. Name and Local	ion of Position's Orga	iizatioii				IMMED OSEM Imm Of	OIATE (	OFFICE OF	on's Organizati THE SECRE PP 13 2021						
EMPLOYEE	DATA														
23. Veterans Prefere (b)(6)  1 - None 2 - 5-Point	nce 3 – 10–Point/Disability 4 – 10–Point/Compensal		-Point/Other -Point/Compensa	ble/30%		(b)(6)	0 – None 1 – Perma		tional	ncy Use	(b)(6)	ns Preference			
27. FEGLI (b)(6)						28. Annui	itant Ind	icator			29. Pay Rat	te Determina	nt		
30. Retirement Plan			31. Service	Comp. Do	te (Leave)	32. Work	Schedul	e			33 Part-Ti	ima Haure Pa	ar .		
			31. Service	Comp. Da	te (Leave)						33. Part-Time Hours Per Biweekly				
(b)(6)	A 700 A					F	FULL	TIVIE				Pay Period			
POSITION D. 34. Position Occupio			25 77 01 6			26.1									
1 - Competitive 8			35. FLSA (	- Exempt		36. Appro	opriation	Code			37. Bargaining Unit Status				
3 2 - Excepted Ser	vice 4 – SES Career Rese	erved	(0)(0)	- Nonexempt		8888									
38. Duty Station Co. 11-0010-001	de		39. Duty Sta WASHING												
40. Agency Data	41.	42.			43.		4	4.							
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46. Employing Department HOMELAND SI						_		ithentication a	and Title of App NED BY:	proving Off	ïcial				
47. Agency Code	48. Personnel Office	ID	49. Approv	val Date		NICOL	E C. B.	ARKSDALE	E-PERRY						
HSAA	5500		06/08/20					DIRECTOR							