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

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000280

FPM Supp. 296-33, Sub	cii. 4										
1. Name (Last, First, COVEN, PHYLL)				2. Social S (b)(6)	ecurity Numbe	3. Date of B (b)(6)		fective Date 3/15/2021			
FIRST ACTIO	ON			SECON	D ACTION	1					
5-A. Code	5-B. Nature of Action			6-A. Code	6-H	3. Nature of Actio	on				
146	SES NONCAREER	APPT									
5-C. Code V4L	5-D. Legal Authority 5 USC 3394(A)			6-C. Code 6-D. Legal Authority			ty				
5-E. Code	5-F. Legal Authority			6-E. Code 6-F. Legal Authority							
AWM	OPM FORM 1652										
7. FROM: Position	Fitle and Number			15. TO: Position Title and Number OMBUDSMAN (CIS) 90952631 028099							
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11. Ste	o or Rate 12. Total Salary	13. Pay Basis	16. Pay Plan ES	17. Occ. Code 0340			otal Salary/Award 21. Pay Basis 3,100.00 PA			
12A. Basic Pay	12B. Locality Adj. 12	C. Adj. Basic Pay	12D. Other Pay .00	20A. Basic Pag 183,100.		20B. Locality Adj	j. 20C. Adj. Basic Pa 183,100.00	20D. Other Pay .00			
14. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Citizen and Immgrtn Svc Ombuds HS OS011000000000000 PP 06 2021 EMPLOYEE DATA											
23. Veterans Prefere				24. Tenure				eterans Preference for RIF			
(b)(6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensable	5 – 10–Point/Other 6 – 10–Point/Compensable	/30%	(b)(6) 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite				(b)(6)			
27. FEGLI				28. Annuitant Indicator 29. Pay Rate Determinant							
(b)(6) 30. Retirement Plan		21.0 : 0	D (a)	32. Work Sc	h a duda		22 P	. T. T. D.			
(b)(6)		31. Service Co	omp. Date (Leave)		ULL TIME		33. Pa	33. Part-Time Hours Per Biweekly Pay Period			
POSITION D	ATA										
34. Position Occupied 35. FLSA Category 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved (b)(6) N - Nonexempt					iation Code			37. Bargaining Unit Status 8888			
38. Duty Station Co. 11-0010-001	de		ion (City – County FON DIST OF)					
40. Agency Data	41.	42.	43.		44.						
45.Remarks. AS A REEMPLOYED ANNUITANT, YOU SERVE AT THE WILL OF THE APPOINTING OFFICER. APPOINTMENT AFFIDAVIT EXECUTED 03/15/2021 ANNUITY AT PRESENT IS (D)(6) TENURE AS USED FOR 5 USC 3502 IS NOT APPLICABLE TO THE SENIOR EXECUTIVE SERVICE. 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 (D)(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 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 *** REMARKS CONTINUED ON THE NEXT PAGE *** 46. Employing Department or Agency 50. Signature/Authentication and Title of Approving Official											
46. Employing Department or Agency HOMELAND SECURITY					ELECTRONICALLY SIGNED BY:						
47. Agency Code 48. Personnel Office ID 49. Approval Date					NICOLE C. BARKSDALE-PERRY						
HSAA	5500	03/16/2021	l	ACTING EXECUTIVE DIRECTOR, HRMS							

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000281

FPM Supp. 296-33, Su	ocn. 4												
1. Name (Last, Firs						2. Social Security Number			3. Date of Birth 4. Effective Date (b)(6) 4. (c) 4.				
COVEN, PHYLLIS A FIRST ACTION					(b)(6) 03/15/2021 SECOND ACTION								
5-A. Code 5-B. Nature of Action								Nature of Action	,				
146	SES NONCAREER APPT				o A. Coc	6-A. Code 6-B. Nature of Action							
5-C. Code	5-D. Legal Authority				6-C. Cod	6-C. Code 6-I		6-D. Legal Authority					
V4L 5 USC 3394(A)						6-E. Code 6-F. Legal Authority							
5-E. Code 5-F. Legal Authority OPM FORM 1652						o-r. Legal Authority							
7. FROM: Position Title and Number						15. TO: Position Title and Number OMBUDSMAN (CIS) 90952631 028099							
8. Pay Plan 9. Occ. Co	de 10. Grade or Level 11	. Step or Rate 12.	Total Salary	13. Pay Basis	16. Pay Pla	17. Occ.			19.Step or Ra	Step or Rate 20. Total Salary/Award 21. Pay Basis 00 183,100.00 PA			
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basi	c Pay	12D. Other Pay	20A. Basic	-	2	0B. Locality Adj.		. Basic Pay	20D. Other	Pay	
	.00 tion of Position's Organ			.00	183,100.00 .00 183,100.00 .00 22. Name and Location of Position's Organization						.00		
EMPLOYEE	DATA				OSEM Citizen	and Immgr	tn Svc (F THE SECR Ombuds PP 06 2021	LIANI				
23. Veterans Prefer	ence	5 10	P-1-4/Od		24. Tenu	24. Tenure 25. Agency Use 26. Veterans Preference for RIF							
(b)(6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensal		-Point/Other -Point/Compensa	ble/30%	(b)(6)	(b)(6) - None 2 - Conditional - Permanent 3 - Indefinite				(b)(6)			
27. FEGLI (b)(6)					28. Annu	tant Indicat	or			29. Pay Ra	te Determin	ant	
30. Retirement Pla	n		31. Service	Comp. Date (Leave	2) 32. Work	Schedule				33. Part-T	ime Hours	Per	
(b)(6)				¬	F	F FULL TIME				Biweekly Pay Period			
POSITION D	ATA										- 47		
34. Position Occup			35. FLSA C	ategory	36. Appropriation Code					37. Bargaining Unit Status			
3 1 - Competitive 2 - Excepted Se		erved		- Exempt - Nonexempt					8888				
38. Duty Station Co 11-0010-001	ode			ation (City – Count GTON DIST OF	-		cation)						
40. Agency Data	41.	42.	WASHIN	43.	COLUM	44.							
40. Agency Data	41.	42.		43.		44.							
OPEN SEASO WWW.FSAFED FEDERAL DE YOU HAVE 6 SUPPLEMENT INFORMATIO ENROLLMENT THRIFT SAV YOU ARE EL ENROLLED A CONTRIBUTI HQ.DHS.GOV AUTOMATIC MATCHING. FEDERAL LO	S CONTINUED * N. TO GET MOR .COM. ONLINE NTAL AND VISI O DAYS FROM T AL DENTAL AND N AND ENROLL IS MANDATORY INGS PLAN (TS IGIBLE TO CON T THE RATE OF ON AMOUNT, CO .FERS EMPLOY CONTRIBUTION TO GET INFORM NG TERM CARE S CONTINUED O	E INFORM ENROLLME ON PROGR HE DATE /OR VISI ONLINE, . P): TRIBUTE 3%. TO MPLETE A EES ONLY OF 1% OF	NT IS MAM (FED OF HIRE ON PLAN VISIT W TO TSP. INCREAS TSP-1: YOU W YOUR PISIT WWE PROGRE	ANDATORY. VIP): TO ENROLL TO GET MO WW.BENEFEDS YOU ARE AU E OR DECREA AND SEND IT ILL IMMEDIA AY AND QUAI W.TSP.GOV/F AM (FLTCIP)	IN A ORE S.COM O UTOMATI ASE YOU I TO VI ATELY R LIFY FO FORMS/T	NLINE CALLY R RGINIA. ECEIVE R UP TO	AN AG						
	46. Employing Department or Agency							and Title of Ap	pproving Off	ïcial			
HOMELAND SECURITY 47 Arency Code 48 Research Office ID 40 Approved Date					ELECTRONICALLY SIGNED BY: NICOLE C. BARKSDALE-PERRY								
47. Agency Code HSAA	48. Personnel Office ID 49. Approval Date NICOLE (5500 03/16/2021 ACTING								прмс				

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

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000282

FPM Supp. 296-33, Sub-	ch. 4												
1. Name (Last, First, Middle)					2. Social Security Number		3. Date of Birth		4. Effective Date				
COVEN, PHYLLIS A					(b)(6)	(b)(6)			03/15/2021				
FIRST ACTIO	ON	SECOND ACTION											
5-A. Code 146	5-B. Nature of Action SES NONCAREER	6-A. Code	6-A. Code 6-B. Nature of Action										
5-C. Code V4L	5-D. Legal Authority 5 USC 3394(A)	6-C. Code	6-C. Code 6-D. Legal Authority										
5-E. Code AWM	5-F. Legal Authority OPM FORM 1652	6-E. Code	6-E. Code 6-F. Legal Authority										
7. FROM: Position Title and Number						15. TO: Position Title and Number OMBUDSMAN (CIS) 90952631 028099							
8. Pay Plan 9. Occ. Code 10. Grade or Level 11. Step or Rate 12. Total Salary 13. Pay					16. Pay Plan ES	17. Occ. Code 18	3. Grade or Level 1	9.Step or Rate	Rate 20. Total Salary/Award 21. Pay Basis 183,100.00 PA				
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	.00			.00	183,100.00		.00	183,10	.00				
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27 FEGLI (b)(6)													
30. Retirement Plan			31 Service	Comp. Date (Leave)	32. Work Scl	nedule			33. Part-Ti	me Hours	Dor		
			31. Service	Comp. Date (Beave)		JLL TIME			Biweekly				
b)(6)	A T A				F					Pay Period			
POSITION DA 34. Position Occupie			25 FI SA ('atagam:	26 Annuanu	ation Code			27 Pangain	ing Unit Ct	atus		
1 - Competitive S				- Exempt	36. Appropri	ation Code			37. Bargaining Unit Status 8888				
3 2 - Excepted Ser		d		i - Nonexempt ation (City - County	v – State or Ove	preas Location)			0000				
38. Duty Station Co. 11-0010-001		GTON DIST OF		DC									
40. Agency Data	41.	42.		43.		44.							
45.Remarks 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. ALL INFORMATION SUBJECT TO VERIFICATION UPON RECEIPT OF THE MERGED RECORDS PERSONNEL FOLDER.													
46. Employing Department or Agency HOMELAND SECURITY						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY:							
47. Agency Code HSAA	48. Personnel Office ID 5500		49. Appro-		NICOLE	C. BARKSDAL EXECUTIVE D	E-PERRY	RMS					