

## NOTIFICATION OF PERSONNEL ACTION

<b>1. Name (Last, First, Middle)</b> HEGARTY, RACHEL FRANCES				<b>2. Social Security Number</b> (b)(6)		<b>3. Date of Birth</b> (b)(6)		<b>4. Effective Date</b> 04/19/2021							
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>										
<b>5-A. Code</b> 170		<b>5-B. Nature of Action</b> EXC APPT			<b>6-A. Code</b>		<b>6-B. Nature of Action</b>								
<b>5-C. Code</b> Y7M		<b>5-D. Legal Authority</b> SCH C, 213.3317			<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> CONFIDENTIAL ASSISTANT  ED GS60858										
<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		11		01		\$72750.00		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>	
\$55756.00								\$16994.00		\$72750.00		\$0.00			
<b>14. Name and Location of Position's Organization</b>					<b>22. Name and Location of Position's Organization</b> EDED OFC OF PLNG, EVAL & POLICY DEV  WASHINGTON,DC										
<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>				
1	1 - None 2 - 5-Point		3 - 10-Point/Disability 4 - 10-Point/Compensable		5 - 10-Point/Other 6 - 10-Point/Compensable/30%		3	0 - None 1 - Permanent		2 - Conditional 3 - Indefinite		YES	<input checked="" type="checkbox"/> X	NO	
<b>27. FEGLI</b>						<b>28. Annuitant Indicator</b>			<b>29. Pay Rate Determinant</b>						
C0	BASIC ONLY					9	NOT APPLICABLE		0						
<b>30. Retirement Plan</b>				<b>31. Service Comp. Date (Leave)</b>		<b>32. Work Schedule</b>			<b>33. Part-Time Hours Per Biweekly Pay Period</b>						
KF	FERS-FRAE & FICA			04/19/2021		F	FULL-TIME								
<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 2 - Excepted Service		3 - SES General 4 - SES Career Reserved		E	E - Exempt N - Nonexempt					8888				
<b>38. Duty Station Code</b> 11-0010-001				<b>39. Duty Station (City - County - State or Overseas Location)</b> WASHINGTON, DISTRICT OF COLUMBIA											
<b>40. Agency Data</b> FUNC CLS 00		<b>41.</b> VET STAT X		<b>42.</b> EDUC LVL 13		<b>43.</b> SUPV STAT 8		<b>44.</b> POSITION SENSITIVITY HIGH RISK							
<b>45. Remarks</b> APPOINTMENT AFFIDAVIT EXECUTED 04/19/21. CREDITABLE MILITARY SERVICE: NONE PREVIOUS RETIREMENT COVERAGE: NEVER COVERED FROZEN SERVICE 0000 EMPLOYEE IS AUTOMATICALLY COVERED UNDER FERS, FERS-RAE OR FERS-FRAE. WITHIN 60 DAYS OF HIRE YOU ARE ELIGIBLE TO ENROLL IN A FEDERAL HEALTH BENEFITS PLAN AND APPLY FOR THE FEDERAL EMPLOYEE LONG TERM CARE INSURANCE PROGRAM USING AN ABBREVIATED UNDERWRITING APPLICATION. YOU HAVE BEEN ENROLLED IN BASIC LIFE INSURANCE COVERAGE. WITHIN 60 DAYS OF HIRE YOU ARE ELIGIBLE TO ELECT OPTIONAL LIFE INSURANCE. YOU MAY WAIVE YOUR COVERAGE AT ANY TIME. UNLESS YOU MAKE YOUR OWN TSP CONTRIBUTION ELECTION, YOU ARE AUTOMATICALLY ENROLLED IN THE TSP AT A CONTRIBUTION RATE OF 5% OF YOUR BASIC PAY EACH PAY PERIOD. OPM FORM 1019 DATED 4/16/21. DATE OF LAST EQUIVALENT INCREASE 04/19/21.															
<b>46. Employing Department or Agency</b> ED - EDU OPEPD					<b>50. Signature/Authentication and Title of Approving Official</b> 210825513 / ELECTRONICALLY SIGNED BY:										
<b>47. Agency Code</b> EDED		<b>48. Personnel Office ID</b> 1306		<b>49. Approval Date</b> 04/20/2021		ANTONIA HARRIS CHIEF HUMAN CAPITAL OFFICER									