

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) ZURITA-CORONADO, JORGE LUIS	2. Social Security Number (b)(6)	3. Date of Birth (b)(6)	4. Effective Date 04/24/2022
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FIRST ACTION		SECOND ACTION	
5-A. Code 170	5-B. Nature of Action EXC APPT	6-A. Code	6-B. Nature of Action
5-C. Code Y7M	5-D. Legal Authority SCH C, 213.3316 AGENCY- UNIQUE SCHEDULE C AU1	6-C. Code	6-D. Legal Authority
5-E. Code ZLM	5-F. Legal Authority OPM FORM 1019 DATED 04-04-2022	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number	15. TO: Position Title and Number SPECIAL ASSISTANT AND BRIEFING BOOK COORDINATOR PD:GS0695 POSITION:00476582				
8. Pay Plan GS	9. Occ. Code 0301	10. Grade or Level 11	11. Step or Rate 01	12. Total Salary \$74,950.00	13. Pay Basis PA
12A. Basic Pay \$56,983.00	12B. Locality Adj. \$17,967.00	12C. Adj. Basic Pay \$74,950.00	12D. Other Pay \$0		
14. Name and Location of Position's Organization			22. Name and Location of Position's Organization OFFICE OF THE SECRETARY OF HEALTH AND HUMAN SERVICES THE EXECUTIVE SECRETARIAT WASHINGTON DC USA		

23. Veterans Preference (b)(6)		24. Tenure 3	25. Agency Use	26. Veterans Preference for RIF (b)(6)
27. FEGLI (b)(6)		28. Annuitant Indicator (b)(6)	29. Pay Rate Determinant (b)(6)	
30. Retirement Plan (b)(6)	31. Service Comp. Date (Leave) (b)(6)	32. Work Schedule F FULL TIME	33. Part-Time Hours Per Biweekly Pay Period	

34. Position Occupied 2	35. FLSA Category E	36. Appropriation Code 2199SAAE	37. Bargaining Unit Status 8888
38. Duty Station Code 110010001		39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST COLUMBIA DC USA	

40. Agency Data	41.	42.	43.	44. PAR NUMBER:
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45. Remarks
 FEDERAL DENTAL AND VISION PROGRAM (FEDVIP): YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO ENROLL IN A SUPPLEMENTAL DENTAL AND/OR VISION PLAN. TO OBTAIN ADDITIONAL INFORMATION AND TO ENROLL, VISIT WWW.BENEFEDS.COM. . ONLINE ENROLLMENT IS MANDATORY.
 APPOINTMENT IS INDEFINITE.
 APPOINTMENT AFFIDAVIT EXECUTED 04-25-2022
 CREDITABLE MILITARY SERVICE: (b)(6)
 PREVIOUS RETIREMENT COVERAGE: (b)(6)
 FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB): (b)(6) SEND YOUR COMPLETED SF-2809 TO ERD.NEWEMPLOYEEORIENTATION@HHS.GOV FOR PROCESSING. TO COMPARE PLANS AND OBTAIN ADDITIONAL INFORMATION, VISIT WWW.OPM.GOV/INSURE FLEXIBLE SPENDING ACCOUNT (FSA): (b)(6) IF HIRED ON/AFTER OCT 1ST YOU WILL BE ELIGIBLE TO ENROLL DURING THE FSA OPEN SEASON. TO OBTAIN ADDITIONAL INFORMATION AND TO ENROLL, VISIT WWW.FSAFEDS.COM . ONLINE ENROLLMENT IS MANDATORY.
 THRIFT SAVINGS PLAN (TSP): (b)(6) TO INCREASE OR DECREASE YOUR CONTRIBUTION AMOUNT, COMPLETE A TSP-1 AND SEND TO (b)(6)
 *** REMARKS CONTINUED ON THE NEXT PAGE ***

46. Employing Department or Agency DEPARTMENT OF HEALTH AND HUMAN SERVICES			50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TISA TOLLIVER SUPERVISORY, HUMAN RESOURCES S		
47. Agency Code HE10	48. Personnel Office ID 1704	49. Approval Date 05/04/2022			

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7. FROM: Position Title and Number	15. TO: Position Title and Number SPECIAL ASSISTANT AND BRIEFING BOOK COORDINATOR PD:GS0695 POSITION:00476582
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8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis
						GS	0301	11	01	\$74,950.00	PA
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay				
				\$56,983.00	\$17,967.00	\$74,950.00	\$0				

14. Name and Location of Position's Organization	22. Name and Location of Position's Organization OFFICE OF THE SECRETARY OF HEALTH AND HUMAN SERVICES THE EXECUTIVE SECRETARIAT WASHINGTON DC USA
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EMPLOYEE DATA

23. Veterans Preference (b)(6)	24. Tenure 3	25. Agency Use	26. Veterans Preference for RIF (b)(6)
27. FEGLI (b)(6)	28. Annuitant Indicator (b)(6)	29. Pay Rate Determinant (b)(6)	
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POSITION DATA

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45. Remarks
 REMARKS CONTINUED ***
 ERD.NEWEMPLOYEEORIENTATION@HHS.GOV FOR PROCESSING. FERS EMPLOYEES: (b)(6)
 (b)(6) TO OBTAIN ADDITIONAL INFORMATION, VISIT WWW.TSP.GOV/PUBLICATIONS/TSPBK30.PDF
 FEDERAL LONG TERM CARE INSURANCE PROGRAM (FLTCIP): (b)(6)
 (b)(6) TO OBTAIN ADDITIONAL INFORMATION AND APPLY
 APPLY ONLINE, VISIT WWW.LTCFEDS.COM . FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI): (b)(6)
 (b)(6) SEND YOUR COMPLETED SF-2817 TO ERD.NEW EMPLOYEEORIENTATION@HHS.GOV FOR PROCESSING. TO OBTAIN
 ADDITIONAL INFO AND ACCESS THE FEGLI CALCULATOR, VISIT WWW.OPM.GOV/HEALTHCARE/INSURA

46. Employing Department or Agency DEPARTMENT OF HEALTH AND HUMAN SERVICES	50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TISA TOLLIVER SUPERVISORY, HUMAN RESOURCES S
47. Agency Code HE10	48. Personnel Office ID 1704
49. Approval Date 05/04/2022	