

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) STANFORD, ALA	2. Social Security Number (b)(6)	3. Date of Birth (b)(6)	4. Effective Date 04/24/2022
---	--	-----------------------------------	--

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 AU	6-C. Code	6-D. Legal Authority
5-E. Code ZLM	5-F. Legal Authority OPM FORM 1019 DATED 04-14-2022	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number	15. TO: Position Title and Number REGIONAL DIRECTOR, REGION III, PHILADELPHIA PA PD:HHS247 POSITION:00274429
---	--

8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan GS	17. Occ. Code 0301	18. Grade or Level 15	19. Step or Rate 06	20. Total Salary/Award \$167,199.00	21. Pay Basis PA
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay \$131,705.00	20B. Locality Adj. \$35,494.00	20C. Adj. Basic Pay \$167,199.00	20D. 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 OFFICE OF THE REGIONAL DIRECTOR, REGION PHILADELPHIA PA USA
---	---

EMPLOYEE DATA

23. Veterans Preference (b)(6) 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/50%	24. Tenure 3 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	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	

POSITION DATA

34. Position Occupied 2 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved	35. FLSA Category E E - Exempt N - Nonexempt	36. Appropriation Code 21030560	37. Bargaining Unit Status 8888
38. Duty Station Code 426540101	39. Duty Station (City - County - State or Overseas Location) PHILADELPHIA PHILADELPHIA PA USA		

40. Agency Data	41.	42.	43.	44. PAR NUMBER:
------------------------	------------	------------	------------	------------------------

45. Remarks
 FEDERAL DENTAL AND VISION PROGRAM (FEDVIP): (b)(6)
 (b)(6) 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)
 (b)(6)
 PAY SET USING THE SUPERIOR QUALIFICATIONS AND SPECIAL NEEDS PAY-SETTING AUTHORITY UNDER 5 CFR 531.212
 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)
 (b)(6)
 (b)(6) TO OBTAIN ADDITIONAL
 INFORMATION AND TO ENROLL, VISIT WWW.FSAFEDS.COM. . ONLINE ENROLLMENT IS MANDATORY.
 FEDERAL LONG TERM CARE INSURANCE PROGRAM (FLTCIP): (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	

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) STANFORD, ALA	2. Social Security Number (b)(6)	3. Date of Birth (b)(6)	4. Effective Date 04/24/2022
---	--	-----------------------------------	--

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 AU	6-C. Code	6-D. Legal Authority
5-E. Code ZLM	5-F. Legal Authority OPM FORM 1019 DATED 04-14-2022	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number						15. TO: Position Title and Number REGIONAL DIRECTOR, REGION III, PHILADELPHIA PA PD:HHS247 POSITION:00274429					
8. Pay Plan GS	9. Occ. Code 0301	10. Grade or Level 15	11. Step or Rate 06	12. Total Salary \$167,199.00	13. Pay Basis PA	16. Pay Plan GS	17. Occ. Code 0301	18. Grade or Level 15	19. Step or Rate 06	20. Total Salary/Award \$167,199.00	21. Pay Basis PA
12A. Basic Pay \$131,705.00	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay \$131,705.00	20B. Locality Adj. \$35,494.00	20C. Adj. Basic Pay \$167,199.00	20D. 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 OFFICE OF THE REGIONAL DIRECTOR, REGION PHILADELPHIA PA USA
--	---

EMPLOYEE DATA

23. Veterans Preference (b)(6) 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/50%			24. Tenure 3 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	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					

POSITION DATA

34. Position Occupied 2 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved		35. FLSA Category E E - Exempt N - Nonexempt	36. Appropriation Code 21030560	37. Bargaining Unit Status 8888
38. Duty Station Code 426540101		39. Duty Station (City - County - State or Overseas Location) PHILADELPHIA PHILADELPHIA PA USA		

40. Agency Data	41.	42.	43.	44. PAR NUMBER:
-----------------	-----	-----	-----	-----------------

45. Remarks
 *** REMARKS CONTINUED ***
(b)(6) TO OBTAIN ADDITIONAL INFORMATION AND APPLY ONLINE, VISIT WWW.LTCFEDS.COM , FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI) : **(b)(6)** SEND YOUR COMPLETED SF-2817 TO ERD.NEWEMPLOYEE ORIENTATION@HHS.GOV FOR PROCESSING. TO OBTAIN ADDITIONAL INFORMATION AND ACCESS THE FEGLI CALCULATOR, VISIT WWW.OPM.GOV/HEALTHCARE-INSURANCE/

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			