

**NOTIFICATION OF PERSONNEL ACTION**

1. Name (Last, First, Middle) <b>KNODEL, MARISSA S</b>				2. Social Security Number <b>(b) (6)</b>		3. Date of Birth <b>(b) (6)</b>		4. Effective Date <b>01/20/2021</b>			
<b>FIRST ACTION</b>					<b>SECOND ACTION</b>						
5-A. Code <b>190</b>		5-B. Nature of Action <b>PROVISIONAL APPT NTE 05-19-21</b>			6-A. Code		6-B. Nature of Action				
5-C. Code <b>Y9K</b>		5-D. Legal Authority <b>SCH C, 213,3302(A)</b>			6-C. Code		6-D. Legal Authority				
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority				
7. FROM: Position Title and Number					15. TO: Position Title and Number <b>ADVISOR</b> <b>10000000 IGS1520</b>						
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
						<b>GS</b>	<b>0301</b>	<b>14</b>	<b>06</b>	<b>\$142950.00</b>	<b>PA</b>
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.	
								<b>\$109557.00</b>		<b>\$33393.00</b>	
								<b>\$142950.00</b>		<b>\$0.00</b>	
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization <b>IN01 SECRETARY'S IMMEDIATE OFFICE</b>  <b>WASHINGTON,DC</b>						
<b>EMPLOYEE DATA</b>											
23. Veterans Preference						24. Tenure			25. Agency Use		26. Veterans Preference for RIF
<input type="checkbox"/> 1 - None <input type="checkbox"/> 2 - 5-Point <input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 4 - 10-Point/Compensable <input type="checkbox"/> 5 - 10-Point/Other <input type="checkbox"/> 6 - 10-Point/Compensable/30%						<input type="checkbox"/> 0 - None <input type="checkbox"/> 1 - Permanent <input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 3 - Indefinite					<input type="checkbox"/> YES <input type="checkbox"/> NO
27. FEGLI <b>(b) (6)</b>						28. Annuitant Indicator <b>(b) (6)</b>			29. Pay Rate Determinant <b>(b) (6)</b>		
30. Retirement Plan <b>(b) (6)</b>				31. Service Comp. Date (Leave) <b>01/20/2021</b>		32. Work Schedule <b>F FULL-TIME</b>		33. Part-Time Hours Per Biweekly Pay Period			
<b>POSITION DATA</b>											
34. Position Occupied				35. FLSA Category		36. Appropriation Code			37. Bargaining Unit Status		
<input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 2 - Excepted Service <input type="checkbox"/> 3 - SES General <input type="checkbox"/> 4 - SES Career Reserved				<input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Nonexempt					<b>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>(b) (6)</b>		42. <b>EDUC LVL 17</b>		43. <b>SUPV STAT 8</b>		44. <b>POSITION SENSITIVITY HIGH RISK</b>			
45. Remarks APPOINTMENT IS ON A PROVISIONAL BASIS. YOU ARE ELIGIBLE FOR RETIREMENT COVERAGE AND FOR HEALTH BENEFITS AND LIFE INSURANCE. IF YOUR PERFORMANCE IS SATISFACTORY, AND YOU MEET ALL LEGAL QUALIFICATIONS, AND OTHER APPLICABLE REQUIREMENTS, YOU MAY BE CONVERTED TO A NONTEMPORARY APPOINTMENT BEFORE THIS APPOINTMENT EXPIRES. APPOINTMENT AFFIDAVIT EXECUTED 01/20/21. CREDITABLE MILITARY SERVICE: <b>(b) (6)</b> PREVIOUS RETIREMENT COVERAGE: <b>(b) (6)</b> EMPLOYEE IS AUTOMATICALLY COVERED UNDER <b>(u) (6)</b> ELIGIBLE TO ELECT HEALTH BENEFITS COVERAGE WITHIN 60 DAYS OF THE EFFECTIVE DATE OF THIS PERSONNEL ACTION. AN ELECTION MUST BE MADE EVEN IF IT'S TO DECLINE HEALTH BENEFITS COVERAGE. IF YOU DON'T MAKE AN ELECTION, YOU ARE CONSIDERED TO HAVE DECLINED COVERAGE.											
46. Employing Department or Agency <b>IN - OFC OF THE SECRETARY</b>						50. Signature/Authentication and Title of Approving Official <b>210364807 / ELECTRONICALLY SIGNED BY:</b>  <b>ERICA J. WILLIAMS</b> <b>HUMAN RESOURCES SPECIALIST</b>					
47. Agency Code <b>IN01</b>		48. Personnel Office ID <b>4342</b>		49. Approval Date <b>01/20/2021</b>							