

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000005

1. Name (Last, First, Middle) ACEVEDO, LIZA MARIE				2. Social Security Number (b)(6)		3. Date of Birth (b)(6)		4. Effective Date 04/12/2021						
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 3311			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 DEPUTY PRESS SECRETARY 91005363 085019									
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 13	19. Step or Rate 03	20. Total Salary/Award 110,603.00	21. Pay Basis PA
12A. Basic Pay		12B. Locality Adj. .00	12C. Adj. Basic Pay		12D. Other Pay .00		20A. Basic Pay 84,766.00		20B. Locality Adj. 25,837.00	20C. Adj. Basic Pay 110,603.00		20D. Other Pay .00		
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Off of Public Affairs HS OS0107000000000000 PP 08 2021									
EMPLOYEE DATA														
23. Veterans Preference (b)(6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%					24. Tenure (b)(6) - None 2 - Conditional - Permanent 3 - Indefinite			25. Agency Use		26. Veterans Preference for RIF (b)(6)				
27. FEGLI (b)(6)					28. Annuitant Indicator			29. Pay Rate Determinant						
30. Retirement Plan (b)(6)			31. Service Comp. Date (Leave)		32. Work Schedule F FULL TIME			33. Part-Time Hours Per Biweekly Pay Period						
POSITION DATA														
34. Position Occupied 2 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved			35. FLSA Category (b)(6) E - Exempt S - Nonexempt		36. Appropriation Code			37. Bargaining Unit Status 8888						
38. Duty Station Code 11-0010-001			39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC											
40. Agency Data		41.		42.		43.		44.						
45. Remarks APPOINTMENT AFFIDAVIT EXECUTED 04/12/2021 FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB): YOU HAVE 60 DAYS FROM THE DATE OF HIRE TO ENROLL. SEND YOUR COMPLETED SF-2809 TO (b)(6) (b)(6) TO COMPARE PLANS AND GET MORE INFORMATION, VISIT WWW.OPM.GOV/INSURE 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 (b)(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 HOMELAND SECURITY					50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: NICOLE C. BARKSDALE-PERRY EXECUTIVE DIRECTOR, HRMS									
47. Agency Code HSAA		48. Personnel Office ID 5500		49. Approval Date 04/13/2021										

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000006

1. Name (Last, First, Middle) ACEVEDO, LIZA MARIE				2. Social Security Number (b)(6)		3. Date of Birth (b)(6)		4. Effective Date 04/12/2021					
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 3311			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 DEPUTY PRESS SECRETARY 91005363 085019								
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 13	19. Step or Rate 03	20. Total Salary/Award 110,603.00	21. Pay Basis PA
12A. Basic Pay		12B. Locality Adj. .00	12C. Adj. Basic Pay		12D. Other Pay .00		20A. Basic Pay 84,766.00		20B. Locality Adj. 25,837.00	20C. Adj. Basic Pay 110,603.00	20D. Other Pay .00		
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Off of Public Affairs HS OS0107000000000000 PP 08 2021								
EMPLOYEE DATA													
23. Veterans Preference (b)(6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%				24. Tenure (b)(6) 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite				25. Agency Use		26. Veterans Preference for RIF (b)(6)			
27. FEGLI (b)(6)				28. Annuitant Indicator				29. Pay Rate Determinant					
30. Retirement Plan (b)(6)			31. Service Comp. Date (Leave)		32. Work Schedule F FULL TIME			33. Part-Time Hours Per Biweekly Pay Period					
POSITION DATA													
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38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC									
40. Agency Data		41.		42.		43.		44.					
45. Remarks *** REMARKS CONTINUED *** OPEN SEASON. TO GET MORE INFORMATION AND ENROLL ONLINE, VISIT WWW.FSAFED.COM. ONLINE ENROLLMENT IS MANDATORY. 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 GET MORE INFORMATION AND ENROLL ONLINE, VISIT WWW.BENEFEDS.COM ONLINE ENROLLMENT IS MANDATORY. THRIFT SAVINGS PLAN (TSP): YOU ARE ELIGIBLE TO CONTRIBUTE TO TSP. YOU ARE AUTOMATICALLY ENROLLED AT THE RATE OF 3%. TO INCREASE OR DECREASE YOUR CONTRIBUTION AMOUNT, COMPLETE A TSP-1 AND SEND IT TO (b)(6) (b)(6) FERS EMPLOYEES ONLY: YOU WILL IMMEDIATELY RECEIVE AN AGENCY AUTOMATIC CONTRIBUTION OF 1% OF YOUR PAY AND QUALIFY FOR UP TO 4% MATCHING. TO GET INFORMATION, VISIT WWW.TSP.GOV/FORMS/TSPBK08.PDF FEDERAL LONG TERM CARE INSURANCE PROGRAM (FLTCIP) *** REMARKS CONTINUED ON THE NEXT PAGE ***													
46. Employing Department or Agency HOMELAND SECURITY					50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: NICOLE C. BARKSDALE-PERRY EXECUTIVE DIRECTOR, HRMS								
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NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000007

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45. Remarks *** REMARKS CONTINUED *** 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.														
46. Employing Department or Agency HOMELAND SECURITY					50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: NICOLE C. BARKSDALE-PERRY EXECUTIVE DIRECTOR, HRMS									
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