Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296–33, Subch. 4

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000005

1 Nome (Lost First					2 Coolel	Consulty Num	hon 2 De	ate of Birt	L	4 Effective	a Data		
1. Name (Last, First, Middle) ACEVEDO, LIZA MARIE						2. Social Security Number (b)(6)			n	4. Effective Date 04/12/2021			
FIRST ACTION						(b)(6) 04/12/2021 SECOND ACTION							
5-A. Code	5-B. Nature of Action	6-A. Code 6-B. Nature of Action											
170	EXC APPT												
5-C. Code	5-D. Legal Authority			6-C. Code 6-D. Legal A			Authority						
Y7M	SCH C 213 3311												
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. Coo	de 10. Grade or Level 11.	Step or Rate 12. Tota	tal Salary	13. Pay Basis	16. Pay Plan GS	1,000			el 19.Step or Rate 20. Total Salary/Award 21. Pay Basis 03 110,603.00 PA				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pa	12D	. Other Pay	20A. Basic Pa 84,766.0	-	20B. Loca 25,83	-	20C. Adj.		20D. Other Pay		
14. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Off of Public Affairs HS OS010700000000000 PP 08 2021 EMPLOYEE DATA													
23. Veterans Prefere					24. Tenure			25. Agei	ncy Use	26. Veterai	ns Preference for RIF		
(b)(6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensable	5 – 10–Poin 6 – 10–Poin	nt/Other nt/Compensable/30%		(b)(6) - None 2 - Conditional - Permanent 3 - Indefinite					(b)(6)			
27. FEGLI					28. Annuitant Indicator 29. Pay Rate Determinant								
(b)(6) 30. Retirement Plan 31. Service Comp. Date (Leave) 32. Work Schedule 33. Part-Time Hours Per													
(b)(6)	ı	31.	Date (Leave)	F FULL TIME					33. Part-Time Hours Per Biweekly Pay Period				
POSITION D	ATA												
34. Position Occupied 35. FLSA Category 1 - Competitive Service 2 - Excepted Service 4 - SES Career Reserved (b)(6) 5 - Excepted Service 6 - Nonexempt						36. Appropriation Code					37. Bargaining Unit Status 8888		
38. Duty Station Code 11-0010-001 WASHINGTON DIST OF							ion)						
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 (D)(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 (D)(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:							
47. Agency Code 48. Personnel Office ID 49. Approval Date						NICOLE C. BARKSDALE-PERRY							
HSAA	5500		04/13/2021			TIVE DIRE							

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000006

FPM Supp. 296-33, Sub	ch. 4											
1. Name (Last, First	, Middle)			2. Social	Security Number	3. Date of Birt	th 4. Effec	4. Effective Date				
ACEVEDO, LIZA	MARIE			(b)(6)	(b)(6)	(6) 04/12/2021					
FIRST ACTIO	ON			SECOND ACTION								
5-A. Code	5-B. Nature of Action			6-A. Code	6-A. Code 6-B. Nature of Action							
170	EXC APPT											
5-C. Code	5-D. Legal Authority			6-C. Code	6-C. Code 6-D. Legal Authority							
Y7M 5-E. Code	SCH C 213 3311 5-F. Legal Authority			6-E. Code	6-E Code 6-E Logal Authority							
J L. Code	J. Legal Authority			o E. couc	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. Coo	le 10. Grade or Level 11. St	tep or Rate 12. Total Salary	13. Pay Basis	16. Pay Plan GS	17. Occ. Code 0301	18. Grade or Level		r Rate 20. Total Salary/Award 21. Pay Basis 110,603.00 PA				
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic P	ay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay				
	.00		.00	84,766.	.00							
				OSEM Off of Pu	ATE OFFICE (blic Affairs		СТАКУ					
EMPLOYEE								D 4 D D				
23. Veterans Prefere (b)(6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensable	5 – 10–Point/Other 6 – 10–Point/Compensal	ble/30%	(0)(0)	0 - None 2 - Co	25. Age orditional definite	(b)(6)	(b)(6)				
27. FEGLI (b)(6)				28. Annuit	ant Indicator		29. Pav	Rate Determinant				
30. Retirement Plan	1	31. Service (Comp. Date (Leave)) 32. Work S	Schedule		33. Part	-Time Hours Per				
(b)(6)					FULL TIME			Biweekly Pay Period				
POSITION D	ATA							1 ay 1 ci iou				
34. Position Occupi		35. FLSA C	ategory	36. Approp	oriation Code		37. Barg	gaining Unit Status				
2 1 - Competitive 2 - Excepted Ser		(b)(6)	- Exempt - Nonexempt				8888	8888				
38. Duty Station Co	A. (2)		tion (City – County	y – State or O	verseas Location)							
11-0010-001		WASHING	GTON DIST OF	COLUMB	IA DC							
40. Agency Data	41.	42.	43.		44.							
OPEN SEASON WWW.FSAFED FEDERAL DEN YOU HAVE 60 SUPPLEMENT INFORMATION ENROLLMENT THRIFT SAV' YOU ARE ELE ENROLLED A' CONTRIBUTION (b)(6) AUTOMATIC (MATCHING. ' FEDERAL LON	S CONTINUED *** N. TO GET MORE COM. ONLINE EN NTAL AND VISION DAYS FROM THE AL DENTAL AND/O IS MANDATORY. INGS PLAN (TSP) IGIBLE TO CONTE THE RATE OF COMMENT THE RATE OF COMMENT ON AMOUNT, COMMENT FERS EMPLOYER CONTRIBUTION OF TO GET INFORMAT NG TERM CARE IN S CONTINUED ON	INFORMATION AND INFORMATION, VISIT WAS AND INFORMATION AND INFORMATION, VISIT WAS AND INFORMATION AND	ANDATORY. VIP): TO ENROLL TO GET MO WW.BENEFEDS YOU ARE AU E OR DECREE AND SEND IT ILL IMMEDIA AY AND QUAI W.TSP.GOV/F AM (FLTCIP)	IN A DRE S.COM ON JTOMATIC ASE YOUR T TO (b)(6) ATELY RE LIFY FORMS/TS	LINE ALLY CEIVE AN A UP TO 4%] GENCY						
46. Employing Depa				_	ture/Authenticatio		proving Official					
HOMELAND S			18.		RONICALLY S							
47. Agency Code HSAA	48. Personnel Office ID 5500	49. Approv			E C. BARKSDA TIVE DIRECTO							

Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Sunp. 296–33. Subch. 4

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000007

FPM Supp. 296-33, Subc	h. 4															
1. Name (Last, First, Middle)						2. Social Security Number			3. Date of Bir	th	4. Effective Date					
ACEVEDO, LIZA MARIE						(b)(6)			(b)(6)	04/12/2	04/12/2021					
FIRST ACTIO	SECOND ACTION															
5-A. Code 170	5-B. Nature of Action EXC APPT	6-A. Cod	le	6-B. Na	6-B. Nature of Action											
5-C. Code Y7M	5-D. Legal Authority SCH C 213 3311	6-C. Code 6-D. I		Legal Authority												
5-E. Code	6-E. Cod	6-E. Code 6-F. Legal Authority														
7 FDOM: Position T	15. TO: Position Title and Number															
7. FROM: Position Title and Number							DEPUTY PRESS SECRETARY 91005363 085019									
8. Pay Plan 9. Occ. Code	e 10. Grade or Level 11. Ste	ep or Rate 12.	Total Salary	13. Pay Ba	nsis	16. Pay Pla	17. Occ. 0301		. Grade or Level	19.Step or Ra	ate 20. Total Salary/Award 21. Pay Basis 110,603.00 PA					
12A. Basic Pay	A. Basic Pay 12B. Locality Adj. 12C. Adj. Bas		sic Pay 12D. Other Pa		y	20A. Basic	Pay	20	B. Locality Adj.	20C. Adj	. Basic Pay	20D. Other	Pay			
	.00					84,76	6.00		25,837.00	110,6	.00					
14. Name and Locati	IMMEI OSEM Off of P	22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM Off of Public Affairs HS OS010700000000000 PP 08 2021														
23. Veterans Preferen						24. Tenu	re		25. Age	ency Use	26. Veteran	s Preferenc	e for RIF			
(b)(6) 1 - None 2 - 5-Point	3 – 10–Point/Disability 4 – 10–Point/Compensable		-Point/Other -Point/Compens	ble/30%		(b)(6) 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite				chey esc	(b)(6)					
27. FEGLI	4 - 10-1 omo Compensable	- 10	Tomo Compensa			28. Annuitant Indicator					29. Pay Rate Determinant					
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30. Retirement Plan			31. Service	Comp. Date (L	eave)						33. Part-Time Hours Per Biweekly					
						F	FULL TI	МЕ				Pay Period				
POSITION DA																
34. Position Occupie			35. FLSA (36. Appropriation Code					37. Bargaining Unit Status					
2 1 - Competitive S 2 - Excepted Serv		. (1		– Exempt – Nonexempt							8888					
38. Duty Station Code 39. Duty Station (City - Count 11-0010-001 WASHINGTON DIST OF								cation)								
40. Agency Data	41.	42.		43.			44.									
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							ature/Authe ΓRONICA		and Title of Ap SNED BY:	proving Off	icial					
47. Agency Code HSAA	48. Personnel Office ID 49. Approval Date 5500 04/13/2021						NICOLE C. BARKSDALE-PERRY EXECUTIVE DIRECTOR, HRMS									