

**NOTIFICATION OF PERSONNEL ACTION**

1. Name (Last, First, Middle) **MATAKA, ARSENIO YEO** 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 <b>170</b>	5-B. Nature of Action <b>EXC APPT</b>	6-A. Code	6-B. Nature of Action
5-C. Code <b>Y7M</b>	5-D. Legal Authority <b>SCH C, 213.3316 AGENCY- UNIQUE SCHEDULE C AU1</b>	6-C. Code	6-D. Legal Authority
5-E. Code <b>ZLM</b>	5-F. Legal Authority <b>OPM FORM 1019 DATED 04-08-2021</b>	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number  
 15. TO: Position Title and Number  
**SENIOR ADVISOR FOR HEALTH EQUITY AND CLIMATE**  
**PD:21AC21**  
**POSITION:00455045**

8. Pay Plan <b>GS</b>	9. Occ. Code <b>0301</b>	10. Grade or Level <b>15</b>	11. Step or Rate <b>06</b>	12. Total Salary <b>\$128,870.00</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>GS</b>	17. Occ. Code <b>0301</b>	18. Grade or Level <b>15</b>	19. Step or Rate <b>06</b>	20. Total Salary/Award <b>\$168,150.00</b>	21. Pay Basis <b>PA</b>
12A. Basic Pay <b>\$128,870.00</b>	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay <b>\$128,870.00</b>	20B. Locality Adj.	20C. Adj. Basic Pay <b>\$168,150.00</b>	20D. Other Pay <b>\$0</b>				

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 ASSISTANT SECRETARY FOR HE**  
**IMMEDIATE OFFICE**  
**WASHINGTON DC USA**

**EMPLOYEE DATA**

23. Veterans Preference <b>(b)(6)</b> 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%	24. Tenure <b>3</b> 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF <b>(b)(6)</b>
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>(b)(6)</b>	32. Work Schedule <b>F FULL TIME</b>	33. Part-Time Hours Per Biweekly Pay Period

**POSITION DATA**

34. Position Occupied <b>2</b> 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved	35. FLSA Category <b>E</b> E - Exempt N - Nonexempt	36. Appropriation Code <b>11990136</b>	37. Bargaining Unit Status <b>8888</b>
38. Duty Station Code <b>110010001</b>	39. Duty Station (City - County - State or Overseas Location) <b>WASHINGTON DIST COLUMBIA DC USA</b>		

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

45. Remarks  
 APPOINTMENT IS INDEFINITE.  
 APPOINTMENT AFFIDAVIT EXECUTED 04-12-2021.  
 CREDITABLE MILITARY SERVICE: **(b)(6)**  
 PREVIOUS RETIREMENT COVERAGE: **(b)(6)**  
**(b)(6)**

46. Employing Department or Agency <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>	50. Signature/Authentication and Title of Approving Official <b>ELECTRONICALLY SIGNED BY: STEVEN D. CHURCH</b> <b>SUPERVISORY, HUMAN RESOURCES</b>
47. Agency Code <b>HE10</b>	48. Personnel Office ID <b>1704</b>
49. Approval Date <b>04/16/2021</b>	