

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000111

| | | | | | | | | | | | | | |
|---|-------------------------|---|--|--|--|-----------------------------------|------------------------------------|--|--|--|-------------------------------|---|----------------------------|
| 1. Name (Last, First, Middle) GENZINK, SCOTT T | | | | 2. Social Security Number (b)(6) | | 3. Date of Birth (b)(6) | | 4. Effective Date 06/21/2021 | | | | | |
| 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 INTERGOVERNMENTAL AFFAIRS SPECIALIST 91013637 085772 | | | | | | | | |
| 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 01 | 20. Total Salary/Award 103,690.00 | 21. Pay Basis PA |
| 12A. Basic Pay | | 12B. Locality Adj. .00 | 12C. Adj. Basic Pay | | 12D. Other Pay .00 | | 20A. Basic Pay 79,468.00 | | 20B. Locality Adj. 24,222.00 | 20C. Adj. Basic Pay 103,690.00 | 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 PARTNERSHIP AND ENGAGEMENT HS OS0116000000000000 PP 13 2021 | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | |
| 23. Veterans Preference | | | | | 24. Tenure | | | 25. Agency Use | 26. Veterans Preference for RIF | | | | |
| (b)(6) | 1 - None | 3 - 10-Point/Disability | | 5 - 10-Point/Other | (b)(6) | 0 - None | 2 - Conditional | | (b)(6) | | | | |
| | 2 - 5-Point | 4 - 10-Point/Compensable | | 6 - 10-Point/Compensable/30% | | 1 - Permanent | 3 - Indefinite | | | | | | |
| 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 Biweekly Pay Period | | | | | |
| (b)(6) | | | | | F FULL TIME | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | |
| 34. Position Occupied | | | 35. FLSA Category | | 36. Appropriation Code | | | 37. Bargaining Unit Status | | | | | |
| 2 | 1 - Competitive Service | 3 - SES General | (b)(6) | E - Exempt | | | | 8888 | | | | | |
| | 2 - Excepted Service | 4 - SES Career Reserved | | N - Nonexempt | | | | | | | | | |
| 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 06/21/2021 (b)(6) 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) (b)(6) TO GET MORE INFORMATION AND USE THE FEGLI CALCULATOR, VISIT HTTP://WWW.OPM.GOV/INSURE/LIFE. FLEXIBLE SPENDING ACCOUNT (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 06/22/2021 | | | | | | | | | |

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000112

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|---|-------------------------|---|----------------------------|--|--|-----------------------------------|------------------------------|--|---------------------------|---------------------------------|---------------------------------|--|---|----------------------------|
| 1. Name (Last, First, Middle) GENZINK, SCOTT T | | | | 2. Social Security Number (b)(6) | | 3. Date of Birth (b)(6) | | 4. Effective Date 06/21/2021 | | | | | | |
| 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 INTERGOVERNMENTAL AFFAIRS SPECIALIST 91013637 085772 | | | | | | | | | |
| 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 01 | 20. Total Salary/Award 103,690.00 | 21. Pay Basis PA |
| 12A. Basic Pay | | 12B. Locality Adj. | 12C. Adj. Basic Pay | | 12D. Other Pay | | 20A. Basic Pay | | 20B. Locality Adj. | 20C. Adj. Basic Pay | | 20D. Other Pay | | |
| | | .00 | | | .00 | | 79,468.00 | | 24,222.00 | 103,690.00 | | .00 | | |
| 14. Name and Location of Position's Organization | | | | | 22. Name and Location of Position's Organization IMMEDIATE OFFICE OF THE SECRETARY OSEM PARTNERSHIP AND ENGAGEMENT HS OS0116000000000000 PP 13 2021 | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | |
| 23. Veterans Preference | | | | | 24. Tenure | | | | | 25. Agency Use | | 26. Veterans Preference for RIF | | |
| (b)(6) | 1 - None | 3 - 10-Point/Disability | | 5 - 10-Point/Other | | | (b)(6) | 0 - None | 2 - Conditional | | | (b)(6) | | |
| | 2 - 5-Point | 4 - 10-Point/Compensable | | 6 - 10-Point/Compensable/30% | | | | 1 - Permanent | 3 - Indefinite | | | | | |
| 27. FEGLI | | | | | 28. Annuitant Indicator | | | | | 29. Pay Rate Determinant | | | | |
| (b)(6) | | | | | | | | | | | | | | |
| 30. Retirement Plan | | | | | 31. Service Comp. Date (Leave) | | | | | 32. Work Schedule | | | | |
| (b)(6) | | | | | | | | | | F FULL TIME | | | | |
| 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | |
| 34. Position Occupied | | | | | 35. FLSA Category | | | | | 36. Appropriation Code | | | | |
| 2 | 1 - Competitive Service | 3 - SES General | | (b)(6) | E - Exempt | | | | | 8888 | | | | |
| | 2 - Excepted Service | 4 - SES Career Reserved | | | N - Nonexempt | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |
| <p>*** REMARKS CONTINUED ***</p> <p>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 OPEN SEASON. TO GET MORE INFORMATION AND ENROLL ONLINE, VISIT WWW.FSAFED.COM. ONLINE ENROLLMENT IS MANDATORY.</p> <p>FEDERAL DENTAL AND VISION PROGRAM (FEDVIP):</p> <p>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.</p> <p>THRIFT SAVINGS PLAN (TSP):</p> <p>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)</p> <p>(b)(6) FERS EMPLOYEES ONLY: YOU WILL IMMEDIATELY RECEIVE AN AGENCY</p> <p>*** REMARKS CONTINUED ON THE NEXT PAGE ***</p> | | | | | | | | | | | | | | |
| 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 06/22/2021 | | | | | | | | | | |

NOTIFICATION OF PERSONNEL ACTION

DHS-001-01896-000113

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| .00 | | | | | .00 | | 79,468.00 | | 24,222.00 | 103,690.00 | | .00 | | |
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| EMPLOYEE DATA | | | | | | | | | | | | | | |
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| POSITION DATA | | | | | | | | | | | | | | |
| 34. Position Occupied | | | 35. FLSA Category | | 36. Appropriation Code | | | 37. Bargaining Unit Status | | | | | | |
| 2 | 1 - Competitive Service | 3 - SES General | (b)(6) | E - Exempt | | | | 8888 | | | | | | |
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| 40. Agency Data | | 41. | 42. | 43. | 44. | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 45. Remarks *** REMARKS CONTINUED *** 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) 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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