

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) DVORSKY, CAROLINE MANDERNACH	2. Social Security Number (b)(6)	3. Date of Birth (b)(6)	4. Effective Date 04/10/2022
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FIRST ACTION	SECOND ACTION
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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, 213.3316 AGENCY- UNIQUE SCHEDULE C AU1	6-C. Code	6-D. Legal Authority
5-E. Code ZLM	5-F. Legal Authority OPM FORM 1019 DATED 04-07-2022	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number	15. TO: Position Title and Number SENIOR ADVISOR, BOARDS AND COMMISSIONS PD:GS0486 POSITION:00475749
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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 \$106,823.00	21. Pay Basis PA	
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay \$81,216.00	20B. Locality Adj. \$25,607.00	20C. Adj. Basic Pay \$106,823.00	20D. Other Pay \$0					

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 IMMEDIATE OFFICE OF THE SECRETARY WASHINGTON DC USA
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EMPLOYEE DATA

23. Veterans Preference (b)(6)	24. Tenure 3	25. Agency Use	26. Veterans Preference for RIF (b)(6)
27. FEGLI (b)(6)	28. Annuitant Indicator (b)(6)	29. Pay Rate Determinant (b)(6)	
30. Retirement Plan (b)(6)	31. Service Comp. Date (Leave) (b)(6)	32. Work Schedule F FULL TIME	33. Part-Time Hours Per Biweekly Pay Period

POSITION DATA

34. Position Occupied 2	35. FLSA Category E	36. Appropriation Code 21990362
37. Bargaining Unit Status 8888	38. Duty Station Code 110010001	39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST COLUMBIA DC USA

40. Agency Data	41.	42.	43.	44. PAR NUMBER:
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45. Remarks
 FEDERAL DENTAL AND VISION PROGRAM (FEDVIP): (b)(6) TO OBTAIN ADDITIONAL INFORMATION AND TO ENROLL, VISIT WWW.BENEFEDS.COM. ONLINE ENROLLMENT IS MANDATORY. APPOINTMENT IS INDEFINITE. APPOINTMENT AFFIDAVIT EXECUTED 04-11-2022. CREDITABLE MILITARY SERVICE: (b)(6) PREVIOUS RETIREMENT COVERAGE: (b)(6)
 FEDERAL EMPLOYEES' HEALTH BENEFITS (FEHB): (b)(6) SEND YOUR COMPLETED SF-2809 TO ERD.NEWEMPLOYEEORIENTATION@HHS.GOV FOR PROCESSING. TO COMPARE PLANS AND OBTAIN ADDITIONAL INFORMATION, VISIT WWW.OPM.GOV/INSURE FLEXIBLE SPENDING ACCOUNT (FSA): (b)(6) IF HIRED ON/AFTER OCT 1ST YOU WILL BE ELIGIBLE TO ENROLL DURING THE FSA OPEN SEASON. TO OBTAIN ADDITIONAL INFORMATION AND TO ENROLL, VISIT WWW.FSAFEDS.COM . ONLINE ENROLLMENT IS MANDATORY.
 FEDERAL LONG TERM CARE INSURANCE PROGRAM (FLTCIP): (b)(6) TO OBTAIN ADDITIONAL INFORMATION AND APPLY
 *** REMARKS CONTINUED ON THE NEXT PAGE ***

46. Employing Department or Agency DEPARTMENT OF HEALTH AND HUMAN SERVICES	50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TISA TOLLIVER SUPERVISORY, HUMAN RESOURCES S
47. Agency Code HE10	48. Personnel Office ID 1704
49. Approval Date 04/21/2022	

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45. Remarks
 *** REMARKS CONTINUED ***
 ONLINE, VISIT WWW.LTCFEDS.COM . FEDERAL EMPLOYEES' GROUP LIFE INSURANCE (FEGLI):

(b)(6)

 SEND YOUR COMPLETED SF-2817 TO ERD.NEWEMPLOYEE.ORIENTATION@HHS.GOV FOR PROCESSING. TO OBTAIN ADDITIONAL INFORMATION AND ACCESS THE FEGLI CALCULATOR, VISIT WWW.OPM.GOV/HEALTHCARE-INSURANCE/

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