

## NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) <b>BROOKS-LASURE, CHIQUITA W</b>	2. Social Security Number (b)(6)	3. Date of Birth (b)(6)	4. Effective Date <b>05/25/2021</b>
---	-------------------------------------	----------------------------	--

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>ZNM</b>	5-D. Legal Authority <b>APPROVED BY PRES W/SENATE CONFIRMATION 5/2</b>	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 <b>ADMINISTRATOR PD:EX0030 POSITION:00380916</b>					
8. Pay Plan <b>EX</b>	9. Occ. Code <b>0301</b>	10. Grade or Level <b>03</b>	11. Step or Rate <b>00</b>	12. Total Salary <b>\$168,400.00</b>	13. Pay Basis <b>PA</b>	16. Pay Plan <b>EX</b>	17. Occ. Code <b>0301</b>	18. Grade or Level <b>03</b>	19. Step or Rate <b>00</b>	20. Total Salary/Award <b>\$168,400.00</b>	21. Pay Basis <b>PA</b>
12A. Basic Pay <b>\$168,400.00</b>	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay <b>\$168,400.00</b>	20B. Locality Adj. <b>\$0</b>	20C. Adj. Basic Pay <b>\$168,400.00</b>	20D. Other Pay <b>\$0</b>				
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization <b>CENTERS FOR MEDICARE AND MEDICAID SERVICES OFFICE OF THE ADMINISTRATOR WASHINGTON DC USA</b>					

**EMPLOYEE DATA**

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

**POSITION DATA**

34. Position Occupied 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved <b>2</b>		35. FLSA Category E - Exempt N - Nonexempt <b>E</b>		36. Appropriation Code <b>15990721</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  
 (b)(6)  
 APPOINTMENT AFFIDAVIT EXECUTED 05/26/2021  
 FROZEN SERVICE: (b)(6)  
 CREDITABLE MILITARY SERVICE: (b)(6)  
 PREVIOUS RETIREMENT COVERAGE: (b)(6)  
 EMPLOYEE RECEIVED A COPY OF THE STANDARDS OF ETHICAL CONDUCT OF THE EXECUTIVE BRANCH. (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: LEI LONNI S. GIROUX HUMAN RESOURCES OFFICER</b>		
47. Agency Code <b>HE70</b>	48. Personnel Office ID <b>4222</b>	49. Approval Date <b>06/02/2021</b>			