

NOTIFICATION OF PERSONNEL ACTION

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|--|-------------------------------------|----------------------------|--|
| 1. Name (Last, First, Middle) BOYD, JANINE RAE | 2. Social Security Number (b)(6) | 3. Date of Birth (b)(6) | 4. Effective Date 04/24/2022 |
|--|-------------------------------------|----------------------------|--|

| 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, 213.3316. AGENCY- UNIQUE SCHEDULE C AU | 6-C. Code | 6-D. Legal Authority |
| 5-E. Code ZLM | 5-F. Legal Authority OPM FORM 1019 DATED 04-05-2022 | 6-E. Code | 6-F. Legal Authority |

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|--|--|--|--|---|----------------------------|
| 7. FROM: Position Title and Number | 15. TO: Position Title and Number ,REGIONAL DIRECTOR, REGION V, CHICAGO IL PD:HHS255 POSITION:00055337 | | | | |
| 8. Pay Plan GS | 9. Occ. Code 0301 | 10. Grade or Level 15 | 11. Step or Rate 01 | 12. Total Salary/Award \$145,831.00 | 13. Pay Basis PA |
| 12A. Basic Pay \$112,890.00 | 12B. Locality Adj. \$32,941.00 | 12C. Adj. Basic Pay \$145,831.00 | 12D. 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 OFFICE OF THE REGIONAL DIRECTOR, REGION CHICAGO IL USA | | |

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|-----------------------------------|--|--|--|---|--|---|--|
| 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 | |

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|---|--|-------------------------------|--|---|--|---|--|
| 34. Position Occupied 2 | | 35. FLSA Category E | | 36. Appropriation Code 21050560 | | 37. Bargaining Unit Status 8888 | |
| 38. Duty Station Code 171670031 | | | | 39. Duty Station (City - County - State or Overseas Location) CHICAGO COOK IL USA | | | |

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

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 04-25-2022. 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 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 ***

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| 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 05/04/2022 | | | |

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| 7. FROM: Position Title and Number | 15. TO: Position Title and Number REGIONAL DIRECTOR, REGION V, CHICAGO IL PD:HHS255 POSITION:00055337 | | | | |
| 8. Pay Plan GS | 9. Occ. Code 0301 | 10. Grade or Level 15 | 11. Step or Rate 01 | 12. Total Salary \$145,831.00 | 13. Pay Basis PA |
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| EMPLOYEE DATA | | | |
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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.NEWEMPLOYEEORIENTATION@HHS.GOV FOR PROCESSING. TO OBTAIN ADDITIONAL
 INFORMATION AND ACCESS THE FEGLI CALCULATOR, VISIT WWW.OPM.GOV/HEALTHCAR

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|--|--|
| 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 |
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| 49. Approval Date 05/04/2022 | |