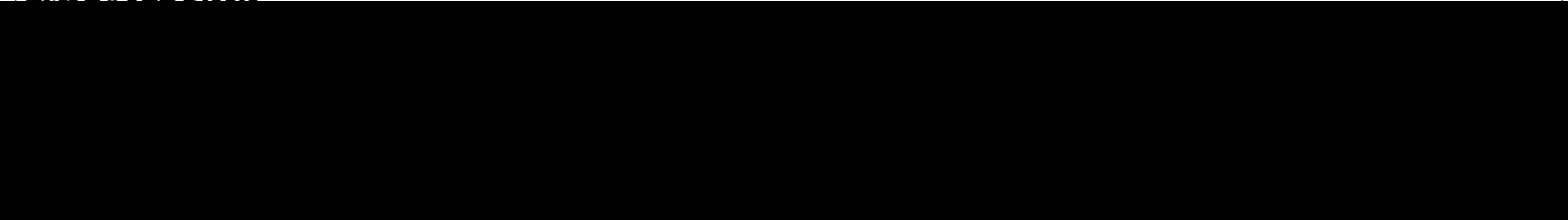


NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|---------------------|---|--|--------------------------------|------------------------------------|--|--|--|---|--|------------------------------|--|---------------------------------|--|-------------------------------|--|--|--|----------------------------|--|
| 1. Name (Last, First, Middle) MARTINSON, SHEA ELISE | | | | | 2. Social Security Number [REDACTED] | | 3. Date of Birth [REDACTED] | | 4. Effective Date 03/01/2021 | | | | | | | | | | | | | | |
| 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 3332 | | | | 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 CONFIDENTIAL ASSISTANT SBGS0704 SBGS70 | | | | | | | | | | | | | | | | | |
| 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 09 | | 19. Step or Rate 01 | | 20. Total Salary/Award 60,129.00 | | 21. Pay Basis PA | |
| 12A. Basic Pay | | 12B. Locality Adj. .00 | | 12C. Adj. Basic Pay | | 12D. Other Pay .00 | | 20A. Basic Pay 46,083.00 | | 20B. Locality Adj. 14,046.00 | | 20C. Adj. Basic Pay 60,129.00 | | 20D. Other Pay .00 | | | | | | | | | |
| 14. Name and Location of Position's Organization | | | | | | 22. Name and Location of Position's Organization SMALL BUSINESS ADMINISTRATION OFFICE OF THE ADMINISTRATOR | | | | | | | | | | | | | | | | | |
| | | | | | | SB 312100000000000000 PP 05 2021 | | | | | | | | | | | | | | | | | |

EMPLOYEE DATA



POSITION DATA

| | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|------------------------|--|--|--|----------------------------|--|--|--|
| 34. Position Occupied | | | | 35. FLSA Category | | | | 36. Appropriation Code | | | | 37. Bargaining Unit Status | | | |
| 1 - Competitive Service | | 3 - SES General | | E | | 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 WELCOME TO THE SMALL BUSINESS ADMINISTRATION. YOUR POSITION MAY BE RENEWED AT THE DISCRETION OF THE APPOINTING OFFICIAL. APPOINTMENT AFFIDAVIT EXECUTED 03/01/2021 FROZEN SERVICE: 00 YRS. 00 MOS. CREDITABLE MILITARY SERVICE: 00 YRS. 00 MOS. PREVIOUS RETIREMENT COVERAGE: NEVER COVERED EMPLOYEE IS AUTOMATICALLY COVERED UNDER FERS, FERS-RAE OR FERS-FRAE. APPOINTMENT IS INDEFINITE. YOU MAY CHANGE HEALTH BENEFITS ENROLLMENT WITHIN 60 DAYS AFTER THE EFFECTIVE DATE OF THIS ACTION. | | | | | | | | | | | | | | | |
| 46. Employing Department or Agency SMALL BUSINESS ADMINISTRATION | | | | | | 50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: | | | | | | | | | |
| 47. Agency Code SB00 | | 48. Personnel Office ID 1826 | | 49. Approval Date 03/08/2021 | | ELIAS HERNANDEZ CHIEF HUMAN CAPITAL OFFICER | | | | | | | | | |