

## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, D.C. 20460

THE INSPECTOR GENERAL

### April 16, 2018

### **MEMORANDUM**

**SUBJECT:** Management Alert: Salary Increases for Certain Administratively Determined Positions

Athy a. Elki-1

Report No. 18-N-0154

**FROM:** Arthur A. Elkins Jr.

**TO:** Scott Pruitt, Administrator

As you know, the U.S. Environmental Protection Agency Office of Inspector General (OIG) is conducting an audit of the Office of the Administrator's (present and prior administrations) use of administratively determined (AD) positions. Our objective is to determine how the agency has used its authority under the Safe Drinking Water Act to fill up to 30 AD positions. The purpose of this management alert is to notify you of certain factual information while our audit continues.

This management alert was not performed in accordance with generally accepted government auditing standards and does not present any conclusions or recommendations.

A *Request for Personnel Action*, Standard Form 52 (SF-52), is used to request some types of personnel action. Supervisors and managers use the SF-52 to request position actions, such as the establishment of a new position or the reclassification of an existing position and reassignment of an employee to the reclassified position. The manager who requested the action is identified by signature in Box 5, and the supervisor authorizing the action is identified by signature in Box 6. For actions requiring a position change, the details of the requested changes (such as salary) are noted in Boxes 7-14 and 15-22.

A *Notification of Personnel Action*, Standard Form 50 (SF-50), is written documentation of a personnel action taken affecting position or pay. All SF-50s must be supported by an accompanying SF-52. The Nature of Action, Block 5-B, indicates the action being taken. The details of any change in position title, pay plan, pay grade or total salary are identified in Blocks 7-14 and 15-22.

We examined the personnel files for certain employees who occupied AD positions. Of the files examined, we identified six employees whose files contained at least three SF-52s and the corresponding SF-50s. The attached documents (Appendices A through F) identify that for these six employees, three of the original SF-52s were signed and requested (Box 5) by the Chief of Staff (Appendices C through E) and three of the original SF-52s were signed and requested by the acting Deputy Administrator (Appendices A, B and F). The authorizations for three of these original actions were personally signed (Box 6) by the Administrator (Appendices A, B and F); the other three authorizations were signed by the Chief of Staff "for Scott Pruitt" (Appendices C through E). The remaining 12 SF-52s for these employees were signed and requested by the Chief of Staff and authorized by the Chief of Staff "for Scott Pruitt" (Appendices A through F).

18-N-0154 1

Three employees who were originally hired under Safe Drinking Water Act authority (AD positions) were converted to Schedule C<sup>1</sup> positions and then later converted back to AD positions (Appendices A through C). Five of these six actions were accompanied by salary increases, as shown in Table 1 (Employees A through C). In one case, the total salary increased \$66,244, or 67.6 percent (Employee A). In another case, the total salary increased \$48,080, or 72.3 percent (Employee B).

Table 1: Employees converted back to AD positions

|            |          | Original AD appointment | Schedule C appointment | Final AD appointment | Total increase |
|------------|----------|-------------------------|------------------------|----------------------|----------------|
|            | Date     | 3/8/2017                | 7/9/2017               | 4/1/2018             |                |
| Employee A | Salary   | \$97,956                | \$107,435              | \$164,200            | 67.6%          |
|            | Increase |                         | 9.7%                   | 52.8%                |                |
|            | Date     | 3/13/2017               | 7/9/2017               | 4/1/2018             |                |
| Employee B | Salary   | \$66,510                | \$86,460               | \$114,590            | 72.3%          |
|            | Increase |                         | 30.0%                  | 32.5%                |                |
|            | Date     | 5/7/2017                | 7/16/2017              | 2/18/2018            |                |
| Employee C | Salary   | \$44,941                | \$44,941               | \$56,233             | 25.1%          |
|            | Increase |                         | 0.0%                   | 25.1%                |                |

Source: OIG tabulation of agency SF-50 information.

The other three employees were converted from AD positions to Schedule C and then noncareer Senior Executive Service (SES) positions (Appendices D through F). None of the three included raises when converting from AD positions to Schedule C positions. However, all included raises when converting to noncareer SES positions (Appendices D through F). In one case, the conversion from Schedule C to noncareer SES 3 months later included an increase in salary of \$31,208, or 23.9 percent (Employee D). In another case, the conversion from Schedule C to noncareer SES 2 months later included an increase in salary of \$24,245, or 20.9 percent (Employee E). The conversion from Schedule C to noncareer SES for the remaining employee included a salary increase of \$2,363, or 1.6 percent (Employee F). Details are in Table 2.

Table 2: Employees converted from AD positions to Schedule C and noncareer SES positions

|            |          | Original AD appointment | Schedule C appointment | Noncareer SES appointment | Total increase |
|------------|----------|-------------------------|------------------------|---------------------------|----------------|
|            | Date     | 3/26/2017               | 5/14/2017              | 8/13/2017                 |                |
| Employee D | Salary   | \$130,692               | \$130,692              | \$161,900                 | 23.9%          |
| . ,        | Increase |                         | 0.0%                   | 23.9%                     |                |
|            | Date     | 4/23/2017               | 5/14/2017              | 7/16/2017                 |                |
| Employee E | Salary   | \$115,755               | \$115,755              | \$140,000                 | 20.9%          |
|            | Increase |                         | 0.0%                   | 20.9%                     |                |
|            | Date     | 3/26/2017               | 5/14/2017              | 7/16/2017                 |                |
| Employee F | Salary   | \$149,337               | \$149,337              | \$151,700                 | 1.6%           |
|            | Increase |                         | 0.0%                   | 1.6%                      |                |

Source: OIG tabulation of agency SF-50 information.

18-N-0154 2

<sup>&</sup>lt;sup>1</sup> Appointments are noncompetitive and involve determining policy or require a close, confidential working relationship with the agency head or other key appointed officials. Schedule C appointees serve at the pleasure of the agency head.

We requested from the agency any documentation indicating modifications to the salary of any of the employees subsequent to the personnel actions noted above. As of report issuance, the agency was unable to provide us with complete information or confirmation of any modifications.

In addition to the information above, we have currently identified one other employee with personnel actions documenting direct involvement by the Administrator. Table 3 provides details on an employee who started with the agency in an AD position and 6 months later had their title changed with a 26.7 percent pay increase while staying in an AD position. Both SF-52s were authorized by the personal signature of the Administrator.

Table 3: Employee job title conversion within AD position

| Employee G |                |                |  |  |  |  |  |  |
|------------|----------------|----------------|--|--|--|--|--|--|
| Action     | AD appointment | AD appointment |  |  |  |  |  |  |
| Date       | 3/13/2017      | 9/03/2017      |  |  |  |  |  |  |
| Salary     | \$79,720       | \$100,981      |  |  |  |  |  |  |
| Increase   |                | 26.7%          |  |  |  |  |  |  |

Source: OIG tabulation of agency SF-50 information.

### **Agency Response and OIG Evaluation**

We issued a draft report on April 11, 2018. The agency provided the following response on April 15, 2018:

These salary determinations for appointees were made by the Agency chief of staff, White House liaison, and Agency human resources staff based on previous salary history and increases in salary were made due to either new and additional responsibilities or promotions. The salaries involved were meant to correspond directly with the responsibilities the individual held and to attempt to ensure no salary disparities among positions of equivalent or similar responsibilities with other political appointees as much as possible. As employees continue to work in the agency reaching milestones like one year of employment and/or continue to take on new responsibilities, we will further evaluate their salaries to ensure the employees compensation is commensurate with their seniority and work.

The purpose of our management alert is to provide certain factual information. The OIG did not evaluate the agency's response. We are continuing our audit of the Office of the Administrator's (present and prior administrations) use of AD positions.

Please send all inquiries to our public affairs office at (202) 566-2391 or visit www.epa.gov/oig.

#### Attachments

cc: Donna Vizian, Principal Deputy Assistant Administrator for Administration and Resources Management

Ryan Jackson, Chief of Staff, Office of the Administrator

Matthew Leopold, General Counsel

Kevin Minoli, Deputy General Counsel

Troy Lyons, Associate Administrator for Congressional and Intergovernmental Relations

18-N-0154 3

## Appendix A: Employee A

Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Sunp. 296–33. Sulph. 4

| FPM Supp. 296-33, Sub               | cn. 4   |               |   |                                 |  |          |  |             |            |               |                       |             |                     |
|-------------------------------------|---|---------------|---|---------------------------------|--|----------|--|-------------|------------|---------------|-----------------------|-------------|---------------------|
| 1. Name (Last, First,               | Middle)   |               |   |                                 | 2. Soci  | ial Secu | rity Number  | 3. Dat      | te of Birt | h             | 4. Effectiv<br>03/08/ |             |                     |
| FIRST ACTIO                         | )N  |               |   |                                 | SECO   | ND /     | ACTION   | •           |            |               |                       |             |                     |
| 5–A. Code<br>170                    | 5-B. Nature of Action EXC APPT                                  |               |   |                                 | 6-A. Coo   |          |  | . Nature of | Action     |               |                       |             |                     |
| 5-C. Code                           | 5-D. Legal Authority  |               |   |                                 | 6-C. Co  | de       | 6-I  | ). Legal Au | ıthority   |               |                       |             |                     |
| ZLM<br>5-E. Code                    | P. L. 95-190<br>5-F. Legal Authority                            |               |   |                                 | 6-E. Coo   | de       | 6-I  | . Legal Au  | ıthority   |               |                       |             |                     |
| Z EDOM D ''                         | Pa IN I   |               |   |                                 | 15. TO: Position Title and Number                        |          |  |             |            |               |                       |             |                     |
| 7. FROM: Position                   | ittle and Number  |               |   |                                 | 15. 10:  | Positioi | n Title and N  | umper       |            |               |                       |             |                     |
| e Bar Blan e Oar Cad                | . 10 C. 1 I 11 St   | 4. 12 T.      | 4-16-1  | 12 P P!-                        | 16 P DI  | la 15    | 7 Ora Gala   | 10 C. 1.    |            | 0 S4 D-4      | 20 T-4-1 S-           | 1/41        | 21. D D             |
| 8. Pay Plan 9. Occ. Cod             | e 10. Grade or Level 11. Step or Ra                             | te 12. 101    | tai Salary  | 13. Pay Basis                   | 16. Pay Pl<br>AD   | an 17    | 7. Occ. Code<br>0301   | 00          | or Level 1 | 9.Step or Rat | 20. Total Sa<br>97956 | lary/Award  | 21. Pay Basis<br>PA |
| 12A. Basic Pay                      | 12B. Locality Adj. 12C. Adj                                     | Basic Pa      | ay 1  | 2D. Other Pay                   | 20A. Basic<br>97950                                      | •        |  | 20B. Local  | ity Adj.   | 20C. Adj.     |                       | 20D. Other  | Pay                 |
| 14. Name and Locat                  | ion of Position's Organization                                  |               |   |                                 |  |          | ocation of Po  |             |            | on            |                       |             |                     |
|                                     |   |               |   |                                 |  | L OF     | THE ADM  | INISTRA     | IOK        |               |                       |             |                     |
|                                     |   |               |   |                                 |  |          |  |             |            |               |                       |             |                     |
|                                     |   | WASHI         | INGTO   | ON,DC                           |  |          |  |             |            |               |                       |             |                     |
| EMPLOYEE DATA                       |   |               |   |                                 |  |          |  |             |            |               |                       |             |                     |
| 23. Veterans Prefere                |   | 24. Tenu      | 24. Tenure 25. Agency Use 26. Veterans Preference for R |                                 |  |          |  |             |            | e for RIF     |                       |             |                     |
| 1 - None<br>2 - 5-Point             |   |               |   |                                 |  |          | 3 0 None 2 - Conditional 1 - Permanent 3 - Indefinite YES X NO |             |            |               |                       |             |                     |
| 27. FEGLI                           |   |               |   |                                 | 28. Annuitant Indicator 29. Pay Rate Determinant 0       |          |  |             |            |               |                       | ant         |                     |
| 30. Retirement Plan                 |   | 31            | . Service Cor   | np. Date (Leave)                | 32. Worl   | k Sched  | lule   |             |            |               | 33. Part-T            | ime Hours I | Per                 |
| KF FERS-FRA                         | AE & FICA   | 03            | 3/08/2017   |                                 | F FULL-TIME Biweekly Pay Period                          |          |  |             |            |               |                       |             |                     |
| POSITION D                          |   |               |   |                                 |  |          |  |             |            |               |                       |             |                     |
| 34. Position Occupio                |   | 35            | 5. FLSA Cate  |                                 | 36. Appropriation Code 37. Bargaining Unit Status        |          |  |             |            |               |                       | atus        |                     |
| 2 2 - Excepted Ser                  | vice 4 – SES Career Reserved                                    |               | N N-N   | onexempt                        | 8888   |          |  |             |            |               |                       |             |                     |
| 38. Duty Station Cod<br>11-0010-001 | de  |               | -   | n (City – County<br>ON,DISTRICT |  |          |  |             |            |               |                       |             |                     |
| 40. Agency Data<br>FUNC CLS 00      |   | 42.<br>EDUC I | LVL   | 43.<br>SUPV ST                  | AT 8   |          | 44.<br>POSITIO   | N SENSI     | FIVITY     | MODER         | ATE RISK              | (           |                     |
| 45. Remarks<br>APPOINTMENT          | r AFFIDAVIT EXECUTI   | ED 03         | 3-08-17.  | •                               |  | '        |  |             |            |               |                       |             |                     |
| CREDITABLE                          | MILITARY SERVICE:   | NONE          | C   |                                 |  |          |  |             |            |               |                       |             |                     |
|                                     | ETIREMENT COVERAGE<br>ION IS DESIGNATED I                       |               |   |                                 | TIONAL   | SEC      | CURITY 5   | CFR 7       | 32.10      | 2             |                       |             |                     |
| FROZEN SERV                         | /ICE NONE<br>S AUTOMATICALLY COV                                | /ERED         | ) IINDER  | FERS FER                        | S-RAE  | OR F     | TERS-FRI   | AE.         |            |               |                       |             |                     |
| POSITION IS                         | S AT THE FULL PERFO   |               |   |                                 |  | OIC I    | DIG TH   |             |            |               |                       |             |                     |
|                                     | T IS INDEFINITE.<br>ION IS DESIGNATED I                         | FOR D         | ORUG TES  | TING                            |  |          |  |             |            |               |                       |             |                     |
| THIS APPOIN                         | ITMENT DOES NOT COI   | IFER          | ELIGIBI   | LITY TO B                       | E NONC   | COMPE    | ETITIVEI   | ĽΥ          |            |               |                       |             |                     |
|                                     |   |               |   |                                 |  |          |  |             |            |               |                       |             |                     |
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|                                     |   |               |   |                                 |  |          |  |             |            |               |                       |             |                     |
|                                     |   |               |   |                                 |  |          |  |             |            |               |                       |             |                     |
|                                     |   |               |   |                                 |  |          |  |             |            |               |                       |             |                     |
|                                     | 46. Employing Department or Agency EP - ENVIRONMENTAL PROTECTIO |               |   |                                 | "  |          | Authenticati<br>ELECTRO  |             |            | _             | cial                  |             |                     |
| 47. Agency Code                     | 48. Personnel Office ID   | 40            | 9. Approval l   | Date                            | 170593962 / ELECTRONICALLY SIGNED BY: SUZANNE L. ROBERTS |          |  |             |            |               |                       |             |                     |
| FP00                                | 3216  |               | ). //pp/0/ur /<br>03/08/2017                            | <del>.</del>                    |  |          | EVEC DE  |             | C DIV      | OHD           |                       |             |                     |



SF \$2 (E Forms 4.4) Rev. 7/91 U.S. Office of Personnel Management SRO Approval

## REQUEST FOR PERSONNEL ACTION

John E Reeder

| 1. Actions Requested Administratively Determine   | 51.5<br>17 516                 |                     |                    |                                    | d) <u>2</u> 900                         | 1500       | Quest Num<br>IO-2017   | -057               |
|---|--------------------------------|---------------------|--------------------|------------------------------------|---|------------|------------------------|--------------------|
| 3. For Additional Information Call (Name and Telephone Number,  | , ,                            |                     | Local Tra          | cking No:                          | on West                                 | 4. Pn      | oposed Effe<br>03/06/2 |                    |
| 5. Action Requested By (Typed Name, Title, Signature, and Reques  | 1900/2 1                       | 6. Action A         | uthorized l        | Ву Пурасти                         | ne Die, Signa                           | sture, and |                        |                    |
| Michael Flynn Acting Deputy Administrator   | 16611                          | E. Scott F          | ruitt / Ad         | ministrator                        | _2_                                     | ME         | ~                      | •                  |
| 1. Name   |                                | 12 Coolel C         | a consister. No co | mhar 2 Da                          | te of Birth                             | 4 50       | nother Data            |                    |
| 1. Name   |                                | 2. Social Se        | ecunty Nu          | niber 3. Da                        | te or birth                             |            | active Date<br>3-08-/  | 7                  |
| 5-A. Code   5-B. Nature of Action   | alata - sas Standica and a sta | IS A Code           | G D Mate           | re of Action                       | on the minimum                          |            |                        |                    |
| 170 Excepted Aport.   |                                | 6-A. Code           | 6-B. Natt          | ire of Action                      |   |            |                        |                    |
| 5-C Code 5-D. Legal Authority   |                                | 6-C. Code           | 6-D. Lega          | al Authority                       | 30 A                                    |            |                        | 8                  |
| 5-E. Code 5-F. Legal Authority  | W                              | 6-E. Code           | 6-F. Lega          | al Authority                       |   |            |                        |                    |
| 7. FROM: Position Title and Number  | 3                              | 15. TO: Po          | sition Title       | and Number                         |   | 3          |                        |                    |
| € Yı  |                                |                     |                    |                                    |   |            |                        |                    |
| 8. Pay Plan 9. Occ. Code 10. Grade or Level 11, Step or 12. Total Salary Rate   | 13. Pay Bash                   | 16. Pay Plan 1      |                    | 1                                  | 100000000000000000000000000000000000000 | 100        | lalary/Award           | 21. Pay Basis      |
|   | 2D. Other Pay                  | AD<br>20A Besic Pay | 0301               | 00<br>DB. Locelity Adil.           | - 00                                    | Basic Pay  | ,956.00                | PA<br>FF PRV       |
|   |                                |                     |                    |                                    |   |            |                        |                    |
| 14. Name and Location of Position's Organization  |                                |                     |                    | Position's Orga<br>, Office of the |   | or         | 50                     |                    |
| ** es   |                                | Immedia             |                    |                                    | Hammoual                                | on:        |                        |                    |
|   |                                |                     | ion. Do zo         | 7400                               |   |            |                        |                    |
| 23. Veterans Preference 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Companyshia 6 - 10-Point/Companyshia | -200                           | 24. Tenure          | 0 - None           | 2 - Conditional                    | 25. Ager                                | ncy Use    | 26. Veterans           | No RIF             |
| 27. FEGLI   | 0.014                          | 28. Annuitani       |                    |                                    |   | l          | 29. Pay Rate           | •                  |
| 30-Setrement Plan 31. Set   | rvice Comp. Date               | 32. Work Sct        | and de             |                                    | ****                                    |            | 33. Part Tim           | terminent          |
|   | 03-08-17                       | 32. THUR SU         | ledule             |                                    |   |            | AA BN                  | veekly<br>v Period |
|   |                                |                     |                    |                                    |   | 100        |                        |                    |
| 34. Position Occupied  1 - Competitive Service 3 - SES General  2 - Events of Service 4 - SES Conser Passand                              | A Category                     | 36. Approprie       |                    | B 11A ZZZ                          | ME8                                     | :          | 37. Bargainin<br>SS    | g Unit Status      |
| 38. Duty Station Code 39. Dut   | ty Station                     |                     | -,,,               |                                    |   | 90         | 0.00                   |                    |
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| 45. Educational Level 46. Year Degree Attained 47. Academic Disc  | inline 48. Functio             | nal Class           | 49. Citizen        | 7.50                               | 50. Veterans S                          | Status t   | 1. Superviso           | ry Status          |
| 1. Office/Function initials/Signature   | Date                           | Office/F            | unction            |                                    | nitials/Signa                           | ture       |                        | Date               |
| ^ ~   | A5                             | D. 5/a              | kl                 | and                                | Hace                                    | Kley       | 03                     | 3-08-17            |
| · PSB (aux)   | 3/7/17                         | E.                  | <del></del>        |                                    |   | 7          | ă.                     | 2                  |
| c. 0  |                                | F.                  | . 8                |                                    |   |            |                        |                    |
| 2. Approval: I certify that the information entered on this form is accurate  | Signature                      |                     | en ta              | _                                  | -03848502                               | Apr        | roval Date             |                    |

|  | rs: Do you know of additional if "YES", please state these  | al or conflicting reasons for the emperence of a separata sheet and att  | ployee's resignation/retirement?<br>ach to SF 52.)   | YES N   | 10   |
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|  |   |  | ning possible unemployment benefits<br>midnight - unless you specify otherw  |   | d  |
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| Effective Date   | 3. Your Signature   | 4. Date Signed   | 5. Forwarding Address (Number  | er, Street, City, State, ZIP Cod  | ·.<br>(e)  |
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| M01:   | Appointment Affidavit   | executed: <b>03-08-17</b>  |  | er, Street, City, State, ZIP Cod  | <b>•</b><br>(e)  |
| M01:<br>M39:   | Appointment Affidavit<br>Creditable Military Ser  | executed: 03-08-17   | <b>4.</b>  | er, Street, City, State, ZIP Cod  | Θ)   |
| M01:<br>M39:<br>M40:<br>M45:   | Appointment Affidavit<br>Creditable Military Ser<br>Previous Retirement C<br>Employee is automatic  | executed: 03-08-17 vice: Now overage: Naw Cavaca ally covered under FERS.  | <b>4.</b>  | er, Street, City, State, ZIP Cod  | <b>(a)</b>   |
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| M01:<br>M39:<br>M40:<br>M45:<br>K18: E<br>ZZZ: T   | Appointment Affidavit<br>Creditable Military Sen<br>Previous Retirement Co<br>Employee is automatic<br>Employee position is at<br>this position is designat<br>this appointment does                            | executed: 03-08-17 vice: Now Coulcil overage: New Coulcil tally covered under FERS. the full performance level. ted for Drug Testing. not confer eligibility to be n   |  | er, Street, City, State, ZIP Cod  | (e)  |
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Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296–33, Subch. 4

| 1. Name (Last, First,  | Middle)  |             | 2. Social Security Number 3. Date of Birth 4. Effective Date 07/09/2017 |                    |             |  |   |                          |                |            |              |               |              |               |
|--|--|-------------|---|--------------------|-------------|--|---|--------------------------|----------------|------------|--------------|---------------|--------------|---------------|
| EXPOSE A CONTO   |  |             |   |                    |             | CT CO  |   | CET CAL                  |                |            |              | 07/09/        | 2017         |               |
| FIRST ACTIO  |  |             |   |                    | 1           |  |   | CTION                    |                |            |              |               |              |               |
| 5-A. Code<br>570   | 5-B. Nature of Action CONV TO EXC APPT               |             |   |                    |             | 6-A. Cod   | le  | 6-B.                     | Nature of A    | ction      |              |               |              |               |
| 5-C. Code  | 5-D. Legal Authority                                 |             |   |                    |             | 6–C. Cod   | le  | 6-D.                     | . Legal Auth   | ority      |              |               |              |               |
| Y7M  | SCH C, 213.33SCH C, 2                                | 13.3321     | AGE   |                    |             |  |   |                          |                |            |              |               |              |               |
| 5-E. Code  | 5-F. Legal Authority                                 |             |   |                    |             | 6-E. Cod   | le  | 6-F.                     | Legal Auth     | ority      |              |               |              |               |
| 7. FROM: Position T  | itle and Number                                      |             |   |                    |             | 15. TO: Position Title and Number  |   |                          |                |            |              |               |              |               |
|  |  |             |   |                    |             |  |   |                          |                |            |              |               |              |               |
| 8. Pay Plan 9. Occ. Code   | 10. Grade or Level 11. Step or                       | Rate 12. T  | otal Salary   | 13. I              | Pay Basis   | 16. Pay Pl   | an 17. 0  | Occ. Code                | 18. Grade or l | Level 19.S | Step or Rate | 20. Total Sal | lary/Award   | 21. Pay Basis |
| AD 0301  | 00 00  | 97          | 956   | P                  | A           | GS 0301 13 05 107  |   |                          |                | 107435     |              | PA            |              |               |
| 12A. Basic Pay   |  | dj. Basic l | Pay   | 12D. Oth           | her Pay     | 20A. Basic   | •   |                          | 20B. Locality  | Adj.       | 20C. Adj. l  |               | 20D. Other   | Pay           |
| 97956  | 0 979  | 56          |   | 0                  |             | 84528  |   |                          | 22907          |            | 10743        | 5             | 0            |               |
| 14. Name and Location of Position's Organization OFFICE OF THE ADMINISTRATOR   |  |             |   |                    |             |  |   | cation of Pos<br>HE ADMI |                |            |              |               |              |               |
| OFFICE OF THE RESIDENCE OF THE SECOND OF THE |  |             |   |                    |             | 01110  |   |                          |                | <b></b>    |              |               |              |               |
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| WASHINGTON,DC  |  |             |   |                    |             | WASHI  | NGTO  | N,DC                     |                |            |              |               |              |               |
| EMPLOYEE DATA  |  |             |   |                    |             |  |   |                          |                |            |              |               |              |               |
| EMPLOYEE DATA  23. Veterans Preference   |  |             |   |                    |             |  | 24. Tenure 25. Agency Use 26. Veterans Preference for RIF |                          |                |            |              |               | e for RIF    |               |
| 1 - None<br>2 - 5-Point  | 1 – None 3 – 10–Point/Disability 5 – 10–Point/Other  |             |   |                    |             |  |   | 2 – Con<br>nnent 3 – Ind | nditional      |            |              | YES           |              | Ю             |
| 27. FEGLI  |  |             |   |                    |             | 28. Annuitant Indicator 29. Pay Rate Determinant   |   |                          |                |            |              |               | ant          |               |
|  |  |             |   |                    |             | 9 NOT APPLICABLE 0   |   |                          |                |            |              |               |              |               |
| 30. Retirement Plan  |  | 3           | 31. Service C   | omp. Da            | ate (Leave) | 32. Work   | Schedul   | le                       |                |            |              |               | ime Hours I  | 'er           |
| KF FERS-FRA  | E & FICA   |             | 03/08/2017  |                    |             | F FULL-TIME Biweekly Pay Period  |   |                          |                |            |              |               |              |               |
| POSITION DA  | TA   |             |   |                    |             |  |   |                          |                |            |              |               |              |               |
| 34. Position Occupie   | d  | 3           | 35. FLSA Ca   | tegory             |             | 36. Appr   | opriation   | ı Code                   |                |            |              | 37. Bargair   | ning Unit St | atus          |
| 2 1 - Competitive Service 2 - Excepted Service |  |             |   | Exempt<br>Nonexemp | nt.         | 8888   |   |                          |                |            |              |               |              |               |
| 38. Duty Station Cod   |  | 3           |   |                    |             | ty – State or Overseas Location)   |   |                          |                |            |              |               |              |               |
| 11-0010-001  |  | V           | VASHING   | TON,D              | ISTRICT     | OF COI   | LUMBIA  | A                        |                |            |              |               |              |               |
| 40. Agency Data  | 41.  | 42.         |   |                    | 43.         | . m. o   | <b>I</b>  | 4.                       |                |            |              | Q.V.T.        |              |               |
| FUNC CLS 00  | VET STAT X   | EDUC        | LVL   |                    | SUPV ST.    | AT 8   | ŀ   | POSITION                 | SENSITI        | VITY H     | IIGH RI      | SK            |              |               |
| 45 Remarks<br>CREDITABLE   | MILITARY SERVICE                                     | : NON       | E   |                    |             |  |   |                          |                |            |              |               |              |               |
| EMPLOYEE IS  | AUTOMATICALLY C                                      | OVERE       | D UNDER   |                    |             | S-RAE  | OR FE   | RS-FRAI                  | Ε.             |            |              |               |              |               |
|  | TIREMENT COVERAG<br>ON IS DESIGNATED                 |             |   |                    |             | rtonat.  | SECT  | זמדייע קי                | CEP 733        | 102        |              |               |              |               |
| 11115 FOSI11   | ON IS DESIGNATED                                     | ron         | DRUG IE   | 101111             | G J NAI     | LONAL  | DECO  | MIII J                   | CFR 752        | 02         |              |               |              |               |
|  |  |             |   |                    |             |  |   |                          |                |            |              |               |              |               |
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|  |  |             |   |                    |             |  |   |                          |                |            |              |               |              |               |
| 46. Employing Depar  | tment or Agency                                      |             |   |                    |             | 50. Sign   | nature/A  | uthentication            | n and Title    | of Approx  | ving Offic   | ial           |              |               |
|  | IENTAL PROTECTIO                                     |             |   |                    |             | 50. Signature/Authentication and Title of Approving Official 171236831 / ELECTRONICALLY SIGNED BY: |   |                          |                |            |              |               |              |               |
| 47. Agency Code  | 48. Personnel Office ID                              |             | 49, Annrova   | l Date             |             |  |   |                          |                |            |              |               |              |               |
| EP00   | 48. Personnel Office ID 49. Approval Date 07/12/2017 |             |   |                    |             | BENJAMIN H. PEABODY  ACTG DIR EXEC RESOURCES DIV OHR   |   |                          |                |            |              |               |              |               |



SF 52 (E Forms 4.4) SRO Approval Rev. 7/91 U.S. Office of Personnel Menegement FPM Supp. 296-33, Subch. 3 John E Reeder REQUEST FOR PERSONNEL ACTION 1. Actions Requested 2. Request Number Conversion to Schedule C Appt. IO-2017-111 and Telephone Number) 3. For Additional Information Call Local Tracking No: 4. Proposed Effective Date 5. Action Requested By (T) ped Name 6. Action Authorized By E. Scott Pruitt / Administrated Ryan T. Jackson Chief of Staff 1. Name 2. Social Security Number 3. Date delirth 4. Effective Date D7-09-17 6-A. Code 6-B. Nature of Action 6-C. Code 6-D. Legal Authority iencu-6-E. Code 6-F. Legal Authority 7. FROM: Position Title and Number 15. TO: Position Title and Number 8. Pay Plan 9. Occ. Code 12. Total Salary 10. Grade or Level 11. Step or 13. Pay Basis 16. Pay Plan 17. Occ. Code | 18. Grade or Level|19. Step or 20. Total Salarvi Award 21. Pay Basis \$107,435.00 AD \* GS 0301 13 . 05 PA DZWI 00 CO 12C. Adj. Basic Pay 12B. Locality Adi. 12D. Other Pay 20B. Locality Adj. 20C. Adj. Besic Pay 14. Name and Location of Position's Organization 22. Name and Location of Position's Organization A0000000 - USEPA, Office of the Administrator Immediate Office Washington, DC 20460 24. Tenure 25. Agency Use 26. Veterans Preference 1 - None 3 - 10-Point/Disability 2 - Conditional 5 - 10-Point/Other 0 - None YES NO RIF 27. FEGLI 28. Annuitant Indicator 29. Pay Rate Determinant 30. Retirement Plan 31. Service Comp. Date 32. Work Schedule 33. Part Time Hours Per (Lesve) Pay Period 34. Position Occupied
1 - Competitive Service
2 - Eventual Service 35. FLSA Category 37. Bargeining Unit Status 38. Appropriation Code 3 - SES General
A - SES Coreer P 17/18 B 11A ZZZME8 38. Duty Station Code 39. Duty Station 11.0010-001 Washington, DC 20460 40. Agency Data 42.

| 45. Educational Level | 46. Year Degree Attained 47. Academic Dis       | cipline 48. Functio | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ip 50. Veterans Status 51. Supervisory Status |                  |  |  |  |
|-----------------------|---|---------------------|---------------------------------------|---|------------------|--|--|--|
| 1. Office/Function    | Initials/Signature                              | Date                | Office/Function                       | Initials/Signature                            | Date             |  |  |  |
| Α.                    |   | 858                 | o Hall                                | Chan Dackley                                  | 07-11-17         |  |  |  |
| В.                    | <b>c</b> )                                      | *                   | E. 00                                 | * /·  |                  |  |  |  |
| C.                    | N e   |                     | F.                                    |   | * 1 - 1324<br>** |  |  |  |
|                       | he information entered on this form is accurate |                     | Signature                             | J K rately                                    | Approval Date    |  |  |  |

CONTINUED ON NEXT PAGE

Editions Prior to 7/91 Are Not Usable After 6/30/93 NSN 7540-01-333-6239

|                         | •   |                          |                  | •   |                          | *                                    |  |          |
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|                         | ke by Requesting O  |                          |                  |   | •                        | •                                    |  |          |
|                         | Do you know of additions                                      |                          |                  |   | irement?                 | YES                                  | . □NO                                  |          |
| . п                     | "YES", please state these                                     | stacts on a separate     | sneet and at     | tach to SF 52.)                                   |                          |                                      |  |          |
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| OGE 450 No              | ot Dequired   |                          |                  |   |                          | ,                                    |  |          |
| OGE 450 N               | or required   |                          |                  |   |                          | ٠,                                   |  |          |
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| O!                      |   | DEO.                     |                  |   |                          |                                      |  |          |
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| ADT E Emalei            | ee Resignation/Ret  | irement                  |                  |   |                          |                                      | *:                                     |          |
|                         | A Masifination Let  | 4: 41: 10  1L            | Privacy Act      | : Statement                                       |                          |                                      |  |          |
| ses can parted in firm  | sh a specific reason for your r                               | regionation or retireme  | •                | with regard to employme                           | of individuals in the    | Federal benien                       | and their cocce                        | ملتطيين  |
| wesding address. Your   | reason may be considered in                                   | any future decision rec  | garding your     | section 8506 requires ag                          | encies to furnish the s  | pecific reason for                   | r termination of                       | Federal  |
|                         | eral service and may also be tition benefits. Your forwarding |                          |                  | service to the Secretary<br>unemployment compens  | of Labor or a State age  | ency in connection                   | n with administr                       | ation o  |
| capies of any docume    | nts you should have or any PE                                 | By or compensation to    | which you are    |   | die de des               |                                      |  |          |
| itled.                  |   |                          |                  | The furnishing of this info                       | ormation is voluntary, I | nowever, failure to                  | provide it may                         | result i |
| s information is reques | ted under authority of sections                               | s 301, 3301, and 8506    | of title 5, U,S. | your not receiving: (1) you compensation due you; | and (3) any unemployn    | tuments you shou<br>neat compensatio | iki have; (2) pay<br>ni benefitsito wi | or oth   |
| ie. Sections 301 and 3  | 301 authorize OPM and ager                                    | ncles to issue regulatio | ns               | may be entitled.                                  | (-) <u>-</u> ,           |                                      | on sometime to be                      |          |
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| ffective Date   3       | Your Signature  | Ta                       | Date Signed      | 5 Forwarding Ado                                  | iress (Number, Stre      | nat City State                       | 7/0 (Co.do)                            |          |
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|                         | Salar Alia  | ·                        |                  | · ]   |                          |                                      |  |          |
| RTF - Remark            | cs for SF 50  |                          |                  |   |                          | <u> </u>                             |  |          |
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| 22 - Thi                | is position i   |                          |                  | ) I   | 9                        |                                      |  |          |
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Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296–33 Subch 4

| FPM Supp. 296–33, Sub  | ch. 4   |              |                         |                 |  |  |          |            |            |               |                |             |               |
|--|---|--------------|-------------------------|-----------------|--|--|----------|------------|------------|---------------|----------------|-------------|---------------|
| 1. Name (Last, First,  | Middle)   |              |                         |                 | 2. Soci  | al Security  | Number   | 3. Dat     | e of Birtl | 1             | 4. Effectiv    |             |               |
| FIRST ACTIO  | ON  |              |                         |                 | SECO   | ND AC  | TION     |            |            |               |                |             |               |
| 5-A. Code  | 5-B. Nature of Action   |              |                         |                 | 6-A. Cod   |  |          | Nature of  | Action     |               |                |             |               |
| 570  | CONV TO EXC APPT  |              |                         |                 |  |  |          |            |            |               |                |             |               |
| 5-C. Code<br>ZLM   | 5-D. Legal Authority<br>P.L. 95-190                             |              |                         |                 | 6-C. Cod   | le   | 6-D.     | Legal Au   | thority    |               |                |             |               |
| 5-E. Code  | 5-F. Legal Authority  |              |                         |                 | 6–E. Cod   | le   | 6-F.     | Legal Au   | thority    |               |                |             |               |
| 7. FROM: Position T  | Fitle and Number  |              |                         |                 | 15 TO: Position Title and Number   |  |          |            |            |               |                |             |               |
|  |   |              |                         |                 |  |  |          |            |            |               |                |             |               |
| 8. Pay Plan 9. Occ. Cod  | e 10. Grade or Level 11. Step or                                | Rate 12. To  | tal Salary              | 13. Pay Basis   | <br>16. Pay Pla  | an 17. Occ   | . Code 1 | 8. Grade o | r Level 1  | 9.Step or Rat | e 20. Total Sa | nlary/Award | 21. Pay Basis |
| GS 0301  | 13 05   | 109          | 900                     | PA              | AD   | 090  | 5        | 00 00      |            |               | 164200 PA      |             |               |
| 12A. Basic Pay   | 12B. Locality Adj. 12C. A                                       | dj. Basic Pa | ay 12I                  | O. Other Pay    | 20A. Basic   | Pay  | 2        | 20B. Local | ity Adj.   | 20C. Adj.     | Basic Pay      | 20D. Other  | Pay           |
| 85712  | 24188 109   | 900          | 0                       |                 | 13665  | 59   |          | 27541      |            | 16420         | 00             | 0           |               |
| 14. Name and Location of Position's Organization ENVIRONMENTAL PROTECTION AGENCY OFFICE OF THE ADMINISTRATOR   |   |              |                         |                 | ENVIR  | and Locati<br>ONMENT<br>E OF THE   | AL PRO   | TECTI      | ON AG      |               |                |             |               |
| WASHINGTON,I   |   | WASHI        | NGTON,I                 | DC              |  |  |          |            |            |               |                |             |               |
| <b>EMPLOYEE</b>  |   | 1            |                         |                 |  |  |          | ı          |            |               |                |             |               |
| $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$   |   |              |                         |                 |  | 24. Tenure 25. Agency Use 26. Veterans Preference for 1 - Permanent 3 - Indefinite 25. Agency Use 26. Veterans Preference for YES X NO |          |            |            |               |                |             |               |
| 27. FEGLI  |   |              |                         |                 | 28. Annuitant Indicator  9 NOT APPLICABLE  29. Pay Rate Determinant 0                              |  |          |            |            |               |                | ant         |               |
| 30. Retirement Plan  |   | 31           | . Service Comp          | p. Date (Leave) | 32. Work   | Schedule   |          |            |            |               | 33. Part-T     | ime Hours l | Per           |
| KF FERS-FRA  | AE & FICA   | 03           | 3/08/2017               |                 | F FULL-TIME Biweekly Pay Period  |  |          |            |            |               |                |             |               |
| POSITION DA  | ATA   |              |                         |                 |  |  |          |            |            |               |                | -           |               |
| 34. Position Occupie   | ed  | 35           | 5. FLSA Catego          | ory             | 36. Appropriation Code 37. Bargaining Unit Status  |  |          |            |            |               |                | atus        |               |
| 2 1 - Competitive S  |   |              | E E - Exer              |                 | 8888   |  |          |            |            |               |                |             |               |
| 38. Duty Station Cod   | de  | 39           | Duty Station            | (City – County  | - State or   | Overseas L   | ocation) |            |            |               |                |             |               |
| 11-0010-001  |   | W            | ASHINGTO                | N,DISTRICT      | OF COI   | LUMBIA   |          |            |            |               |                |             |               |
| 40. Agency Data<br>FUNC CLS 00   | 41.<br>VET STAT X   | 42.<br>EDUC  | LVL                     | 43.<br>SUPV ST  | AT 8   | 44.<br>PO  | SITION   | SENSI      | FIVITY     | HIGH RI       | SK             |             |               |
| 45. Remarks CREDITABLE MILITARY SERVICE: NONE PREVIOUS RETIREMENT COVERAGE: PREVIOUSLY COVERED EMPLOYEE IS AUTOMATICALLY COVERED UNDER FERS, FERS-RAE OR FERS-FRAE. THIS POSITION IS DESIGNATED FOR DRUG TESTING 5 NATIONAL SECURITY 5CFR 732.102 APPOINTMENT IS INDEFINITE. OPF MAINTAINED BY US EFA, HRMD, MD-C639-02, RTP, NC 27711. HEALTH BENEFITS COVERAGE CONTINUES. THIS APPOINTMENT DOES NOT CONFER ELIGIBILITY TO BE NONCOMPETITIVELY CONVERTED TO A CAREER-CONDITIONAL OR CAREER APPOINTMENT. |   |              |                         |                 |  |  |          |            |            |               |                |             |               |
|  | 46. Employing Department or Agency EP - ENVIRONMENTAL PROTECTIO |              |                         |                 | 50. Signature/Authentication and Title of Approving Official 180569123 / ELECTRONICALLY SIGNED BY: |  |          |            |            |               |                |             |               |
| 47. Agency Code  | 48. Personnel Office ID   | 40           | 9. Approval Da          | ate             | 1  | MY A. TA   |          |            | . 51011    |               |                |             |               |
| EP00   | 3216  | <del>-</del> | HUMAN RESOURCES OFFICER |                 |  |  |          |            |            |               |                |             |               |

Automated Standard Form 52 U.S. Office of Personnel Management FPM Supp. 296-33, Subch. 3

## REQUEST FOR PERSONNEL ACTION

| 1. Action Req  | PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)  1. Action Requested  D Appointment  2. Request Number  AO-2018-015   |                  |  |  |                            |              |  |                                |  |                        |             |             |                         |            |                        |
|--|--|------------------|--|--|----------------------------|--------------|--|--------------------------------|--|------------------------|-------------|-------------|-------------------------|------------|------------------------|
|  |  | tion Call (N     | ame and Teleph                               | one Number)                            |                            | ,            | 7  |                                |  |                        |             | 4. Pr       | oposed A                | Effecti    | ve Date                |
| Ryan T. Jacks  | For Prep   | of State         | - la   | e, and Request D                       | 3/9/1                      | 8            | E Scott A  | 2-1, S                         | how g  | dates in               | Atm         | lf.         | ur orde                 | 3          | pe Date                |
| FIRST AC   | THE RESIDENCE OF THE PARTY OF T |                  |  |  |                            |              | SECOND ACTION  |                                |  |                        |             |             |                         |            |                        |
| 5-A. Code  | 5-B. Natu  | re of Action     |  |  |                            |              | 6-A. Code 6-B. Nature of Action  |                                |  |                        |             |             |                         |            |                        |
| 5-C. Code  | 5-D. Lega  | l Authority      |  |  |                            |              | 6-C. Code  | 6-C. Code 6-D. Legal Authority |  |                        |             |             |                         |            |                        |
| 5-E. Code  | 5-F. Legal   | Authority        |  |  |                            |              | 6-E. Code  |                                | 6F. Leg  | gal Authority          | t           |             |                         |            |                        |
| 7. FROM:   | Position T   | itle and N       | umber  |  |                            |              | 15. TO:  | Posit                          | ion Tit  | le and Nu              | nber        |             |                         |            |                        |
|  |  |                  |  |  |                            |              |  |                                |  |                        |             |             |                         |            |                        |
| The state of the s | 00 Code 10.  | Grade or Level   | 11. Step or Rate                             | 12. Total Salary<br>\$109,900.0        | 0 13. Pay                  | Basis<br>PA  | 16. Pay Plan   | 17.000                         | No. of the last of | 8. Grade or Level      | 19. Step or | 100000      | Total Salary/<br>16,420 |            | 21. Pay Basis<br>PA    |
| 12A. Basic Pay   | The second secon | 2B. Locality Adj |  |  |                            |              |  |                                |  |                        | 121220      |             |                         |            |                        |
| EMPLOY<br>23. Veterans I   | EE DAT   | <b>'A</b>        | mediate Offic                                |  |                            |              | 24. Tenure   | e                              |  | strator, In            |             | ency Use    | 26.1                    | Veterans l | Preference for RIF     |
|  | - None<br>- 5-Point  |                  | 3 - 10-Point/Disabili<br>4 - 10-Point/Comper |  | int/Other<br>int/Compensal | ble/30%      | % 0 - None 2 - Conditional YES 28. Annuitant Indicator 29. Pay Rate Determine 29. Pay Rate  |                                |  |                        |             |             |                         |            |                        |
| 30. Retiremen  | nt Plan  |                  | -  | 31. Service Cor                        | np. Date (I                | Leave)       | 32. Work   | Sched                          | ule  |                        | 1115        |             | 33.                     | Part-T     | ime Hours Per          |
| DOCITION   | NDATA  |                  |  |  |                            |              |  |                                |  |                        |             | ÷           |                         |            | Biweekly<br>Pay Period |
| POSITION<br>34, Position C   |  |                  |  | 35. FLSA Cate                          | gory                       |              | 36, Appro  | priatio                        | on Code  |                        |             |             | 37.                     | Bargai     | ning Unit Status       |
|  | - Competitive S<br>- Excepted Serv   |                  | ES General<br>ES Career Reserved             | E - Exe<br>N - Not<br>39. Duty Station | nexempt                    |              | Contract On  |                                |  | 11A 000                | ME8         |             |                         |            |                        |
| 11-0011-0<br>40. AGENCY  | 01   | Late             |  | Washington                             | n, DC                      |              | sidile or Ovi  | erseas                         | Company of the Company   | wy                     |             |             |                         |            |                        |
| A CONTRACTOR OF THE PARTY OF TH |  | 41.              | REE ATTAINED                                 | 42,                                    | W                          | 43.          | NCTIONAL CL  | AUD                            | 44.  | whether the words      |             | n W         | Por Mar I               | er cres    | EBUIEABU DE L'HILE     |
| 45. EDUCATIO   |  |                  |  | 47. Academic I                         |                            |              |  | ASS                            |  | IZENSHIP<br>I-USA 8-OT |             | 50. Vietnam | Eng. Vet                | 51. SUP    | ERVISORY STATUS        |
|  | PART C - Reviews and Approvals (Not to be used by requesting 1. Office/Function   Initials/Signature   Date  |                  |  |  |                            |              | N. Company of the Com | fice/F                         | unction  |                        | Initi       | als/Signa   | ture                    |            | Date                   |
| Α.   |  |                  |  |  |                            | D. Interview |  |                                |  |                        |             |             |                         |            |                        |
| В.   |  |                  |  |  |                            |              | E.   |                                |  |                        |             |             |                         |            |                        |
| c.   |  |                  |  |  |                            | F.           |  |                                |  |                        |             |             |                         |            |                        |
| Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.  |  |                  |  |  |                            | ă.           |  |                                |  | -                      |             | **          | Approval Date           |            |                        |

### 14 POINTS MEMO: Personnel Change Approval Request

### AGENCY: EPA

### APPOINTEE INFORMATION

- NAME:
- WORK PHONE:
- WORK EMAIL: @epa.gov
- PLACE OF BIRTH:

#### Resume Attached

### **CURRENT POSITION**

- APPT TYPE (Schedule C, NC-SES, XS, AD): Schedule C 13/5
- . OFFICE: AO
- . SUBOFFICE: 10
- . POSITION TITLE:
- Is position being backfilled (Y/N/TBD): N

### PROPOSED NEW POSITION

- APPT TYPE (Schedule C, NC-SES, XS, AD): AD 15/10
- . OFFICE: AO
- SUBOFFICE: 10
- POSITION TITLE:
- JOB DESCRIPTION: PDF attached

80-2018-015



### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

WASHINGTON, D.C. 20460

OFFICE OF THE ADMINISTRATOR

| MEMORAN                       | DUM   |
|-------------------------------|---|
| SUBJECT:                      | Salary Justification for  |
| FROM:                         | Ryan Jackson. Chief of Staff  |
| TO:                           | Donna Vizian, Acting Assistant Administrator  |
|                               | Office of Administration and Resources Management   |
|                               | will serve as a salary justification for the proving the appointment of a salary equivalent to a Grade 15, Step 10 in the D.C. region.  |
| immediate, p                  | has shown to have knowledge of broad-ranging policies and leaderships skills gan, Based on the reason's listed above, I believe that will have an ositive impact on one of the agency's most important office's and that compensation to value to the agency. |
| Ryan Jackso<br>Chief of Statt |   |
| 3/09/2018                     |   |



## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, D.C. 20460

THE ADMINISTRATOR

### MEMORANDUM FOR THE RECORD

SUBJECT: Appointment of Personnel to Position Under the Authority of P.L. 95-190

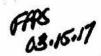
| Pursuant to the a | uthority vested in me under P.L. 95-190, I hereby author | rize the |
|-------------------|--|----------|
| appointment of    | to serve as  |          |
| will be compe     | ensated at the rate of \$164, 200 per annum.             |          |
|                   | 70101  | ) ,,     |

Internet Address (URL) • http://www.epa.gov

## Appendix B: Employee B

Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management

| 170   EXC APPT   | -B. Nature of Action  i-D. Legal Authority  -F. Legal Authority  I Number  I 8. Grade or Level 19. Step or Rate 20. Total Salary/Award 21. Pay Basis 00 00 66510 PA  20B. Locality Adj. 20C. Adj. Basic Pay 20D. Other Pay 14181 66510 0 |  |  |  |  |  |
|--|--|--|--|--|--|--|
| 5-A. Code 170 EXC APPT 5-C. Code 170 EXC APPT 5-C. Code 170 5-C. Code 5-D. Legal Authority 7. F. L. 9-5-19-19 5-E. Code 5-F. Legal Authority 7. FROM: Position Title and Number 15. TO: Position Title and Number 16. Pay Plan 17. Occ. Code 18. Pay Plan 19. Occ. Code 19. Grade or Level 11. Step or Rate 12. Total Sulary 12. And 15. Pay Plan 15. TO: Position Title and Number 15. TO: Position Title and Number 16. Pay Plan 17. Occ. Code 18. Pay Plan 19. Occ. Code 19. Grade or Level 11. Step or Rate 12. Total Sulary 12. And 15. Pay Plan 19. Occ. Code 19. Grade or Level 11. Step or Rate 12. Total Sulary 12. And 15. Pay Plan 17. Occ. Code 18. Pay Plan 19. Occ. Code 19. Grade or Level 11. Step or Rate 12. Total Sulary 12. And 15. Pay Plan 19. Occ. Code 19. Occ. Code 19. Occ. Code 19. Grade or Level 11. Step or Rate 12. Total Sulary 12. Name and Location OFFICE OF THE A  WASHINGTON,DC  WASHINGTON,DC  22. Name and Location OFFICE OF THE A  WASHINGTON,DC  WASHINGTON,DC  24. Tenure 25. Annuitant Indicator 26. No T. APPL 27. FEGAL 28. Annuitant Indicator 29. NOT APPL 28. Annuitant Indicator 29. NOT APPL 28. Annuitant Indicator 20. No T. APPL 29. NOT APPL 20. VET STAT X  40. Pay Station City - County - State or Overseas Location County - State o | -B. Nature of Action  i-D. Legal Authority  -F. Legal Authority  I Number  I 8. Grade or Level 19. Step or Rate 20. Total Salary/Award 21. Pay Basis 00 00 66510 PA  20B. Locality Adj. 20C. Adj. Basic Pay 20D. Other Pay 14181 66510 0 |  |  |  |  |  |
| 170 EXC APPT 5-C. Code ZLM P. L. 95-190 5-E. Code S-D. Legal Authority F. E. Code S-E. | F. Legal Authority  1 Number  1 18. Grade or Level 19. Step or Rate 20. Total Salary/Award 21. Pay Basis 00 00 66510 PA  20B. Locality Adj. 20C. Adj. Basic Pay 20D. Other Pay 14181 66510 0   |  |  |  |  |  |
| This position Code  T. FROM: Position Title and Number  See, Code  | TNumber  1 Number  1 Number  1 18. Grade or Level 19. Step or Rate 20. Total Salary/Award 21. Pay Basis 00 066510 PA  20B. Locality Adj. 20C. Adj. Basic Pay 20D. Other Pay 14181 66510 0  |  |  |  |  |  |
| 7. FROM: Position Title and Number  15. TO: Position Title and Number  16. Pay Plan   9. Occ. Code   10. Grade or Level   11. Step or Rate   12. Total Salary   13. Pay Basis   16. Pay Plan   17. Occ. Code   12. AD   20. Basic Pay   52329   14. Name and Location of Position's Organization  21. Annual and Location of Position's Organization  22. Sanda   1 - Name   1 - Name  | 18. Grade or Level   |  |  |  |  |  |
| Pay Plan   9. Occ. Code   10. Grade or Level   11. Step or Rate   12. Total Salary   13. Pay Basis   16. Pay Plan   17. Occ. Co   AD   20A. Basic Pay   22A. Basic Pay   22A. Basic Pay   52329   22A. Basic Pay   52A. Basic Pay    | 18. Grade or Level   19. Step or Rate   20. Total Salary/Award   21. Pay Basis   00   00   66510   PA     20B. Locality Adj.   20C. Adj. Basic Pay   20D. Other Pay   14181   66510   0  |  |  |  |  |  |
| AD 0301  2A. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay 12D. Other Pay 20A. Basic Pay 52329  14. Name and Location of Position's Organization  EMPLOYEE DATA  23. Veterans Preference 1 2-3-10-Point/Under 5-10-Point/Under 5 | 00   00   66510   PA     20B. Locality Adj.   20C. Adj. Basic Pay   20D. Other Pay   14181   66510   0   |  |  |  |  |  |
| AD 0301  24. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay 12D. Other Pay 20A. Basic Pay 52329  14. Name and Location of Position's Organization  WASHINGTON,DC  EMPLOYEE DATA  23. Veterans Preference 1 1-Name 3-18-Point/Other 6-10-Point/Ompensable/209; 21-Point 1-10-Point/Ompensable/209; 3 1-Permanent 1-Permanent 1-10-Point/Ompensable/209; 3 1-Permanent 1-Permanent 1-10-Point/Ompensable/209; 3 1-Permanent 1-Perma | 00   00   66510   PA     20B. Locality Adj.   20C. Adj. Basic Pay   20D. Other Pay   14181   66510   0   |  |  |  |  |  |
| 2A. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay 52329  14. Name and Location of Position's Organization  WASHINGTON,DC  2. Name and Location OFFICE OF THE A  23. Veterans Preference 1   | 20B. Locality Adj. 20C. Adj. Basic Pay 20D. Other Pay 14181 66510 0  Position's Organization   |  |  |  |  |  |
| 1 - Name and Location of Position's Organization  EMPLOYEE DATA  23. Veterans Preference 1   | 14181 66510 0 Position's Organization  |  |  |  |  |  |
| WASHINGTON,DC  EMPLOYEE DATA  3. Veterans Preference 1 2-5-Point 3-10-Point/Obstability 1 2-5-Point 4-10-Point/Compensable 24. Tenure 3 1-None 3 1-Permanent 25. FEGLI 28. Annualisant Indicator 9 NOT APPL 30. Retirement Plan 31. Service Comp. Date (Leave) 32. Work Schedule FERS-FRAE & FICA 93/13/2017 FULL-TIM  POSITION DATA 34. Position Occupied 2 1-Competitive Service 3-SES General 2 2-Excepted Service 4-SES Careet Reserved 35. FLSA Category N-Nonescenpt N-Nonescenpt 36. Appropriation Code 11-0010-001 99. Duty Station (City - County - State or Overseas Local WASHINGTON, DISTRICT OF COLUMBIA 10. Agency Data FENCE No. SERVICE NONE APPOINTMENT AFFIDAVIT EXECUTED 03-13-17. CREDITABLE MILITARY SERVICE: NONE PREVIOUS RETIREMENT COVERAGE: NEVER COVERED THIS POSITION IS DESIGNATED FOR DRUG TESTING 5 NATIONAL SECURIT EMPLOYEE IS AUTOMATICALLY COVERED UNDER FERS, FERS-RAE OR FERS-POSITION IS AT THE FULL PERFORMANCE LEVEL OR BAND. APPOINTMENT IS INDEFINITE. THIS POSITION IS DESIGNATED FOR DRUG TESTING  |  |  |  |  |  |  |
| 3. Veterans Preference 1   |  |  |  |  |  |  |
| 1 - None 2 - S-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/305, 3   10-None 1 - Permanent 28. Annuitant Indicator 9   NOT APPL 30. Retirement Plan 31. Service Comp. Date (Leave) 32. Work Schedule KF   FERS-FRAE & FICA   03/13/2017   F   FULL-TIM  POSITION DATA 34. Position Occupied 2   1-Compelitive Service   3-SES General   2   2-Excepted Service   4-SES General   N   N-Nonzempt   38. Duty Station Code 11-0010-001   39. Duty Station (City - County - State or Overseas Loca WASHINGTON, DISTRICT OF COLUMBIA  40. Agency Data   41.   42.   43.   44.   FUNC CLS 00   VET STAT X   EDUC LVL   SUPV STAT 8   POSITION POSITION IS DESIGNATED FOR DRUG TESTING 5 NATIONAL SECURIT EMPLOYEE IS AUTOMATICALLY COVERED UNDER FERS, FERS-RAE OR FERS-POSITION IS AT THE PULL PERFORMANCE LEVEL OR BAND. APPOINTMENT IS INDEFINITE. THIS POSITION IS DESIGNATED FOR DRUG TESTING   |  |  |  |  |  |  |
| 28. Annuitant Indicator 9 NOT APPL  30. Retirement Plan 31. Service Comp. Date (Leave) 32. Work Schedule  KF FERS-FRAE & FICA 03/13/2017 FFULL-TIM  POSITION DATA  34. Position Occupied  1 - Competitive Service 3 - SES General 2 2-Excepted Service 4 - SES Careet Reserved 38. Duty Station Code 11-0010-001 39. Duty Station (City - County - State or Overseas Loca WASHINGTON, DISTRICT OF COLUMBIA  40. Agency Data 41. 42. 43. 5UPV STAT 8 FROZEN SERVICE NONE APPOINTMENT AFFIDAVIT EXECUTED 03-13-17. CREDITABLE MILITARY SERVICE: NONE PREVIOUS RETIREMENT COVERAGE: NEVER COVERED THIS POSITION IS DESIGNATED FOR DRUG TESTING 5 NATIONAL SECURIT EMPLOYEE IS AUTOMATICALLY COVERED UNDER FERS, FERS-RAE OR FERS-POSITION IS AT THE FULL PERFORMANCE LEVEL OR BAND. APPOINTMENT IS INDEFINITE. THIS POSITION IS DESIGNATED FOR DRUG TESTING   | - Conditional   25. Agency Use   26. Veterans Preference for RIF   YES   X   NO  |  |  |  |  |  |
| 30. Retirement Plan  31. Service Comp. Date (Leave)  32. Work Schedule  KF FERS-FRAE & FICA  33. Position DATA  34. Position Occupied  35. FLSA Category  36. Appropriation Code  1 - Competitive Service  2   1 - Competitive Service  3 - SES General  2   1 - Competitive Service  3 - SES General  39. Duty Station (City - County - State or Overseas Local WASHINGTON, DISTRICT OF COLUMBIA  40. Agency Data  41.  | 29. Pay Rate Determinant   |  |  |  |  |  |
| FERS-FRAE & FICA  O3/13/2017  F FULL-TIME  POSITION DATA  34. Position Occupied  34. Position Occupied  35. FLSA Category  1-Competitive Service 3-SES General 1-Excepted Service 4-SES Careet Reserved  39. Duty Station (City - County - State or Overseas Local WASHINGTON, DISTRICT OF COLUMBIA  40. Agency Data 41.   |  |  |  |  |  |  |
| 34. Position Occupied  3   | 33. Part-Time Hours Per Biweekly   |  |  |  |  |  |
| 34. Position Occupied  2   1 - Competitive Service   3 - SES General   N   E - Exempt   N - Nonnaempt    38. Duty Station Code   39. Duty Station (City - County - State or Overseas Local WASHINGTON, DISTRICT OF COLUMBIA    40. Agency Data   41.   42.   43.   44.   44.    FUNC CLS 00   VET STAT X   EDUC LVL   SUPV STAT 8    45. Remarks   FROZEN   SERVICE   NONE   APPOINTMENT   AFFIDAVIT   EXECUTED   O3-13-17   CREDITABLE   MILITARY   SERVICE   NONE   PREVIOUS   RETIREMENT   COVERAGE   NEVER   COVERED   THIS   POSITION   IS DESIGNATED   FOR DRUG   TESTING   5   NATIONAL   SECURIT   EMPLOYEE   IS AUTOMATICALLY   COVERED   UNDER   FERS - RAE   OR   FERS - POSITION   IS AT THE   FULL   PERFORMANCE   LEVEL   OR   BAND   APPOINTMENT   IS INDEFINITE.    THIS   POSITION   IS DESIGNATED   FOR DRUG   TESTING   TESTING   TESTING   THIS   POSITION   IS DESIGNATED   FOR DRUG   TESTING    | Pay Period   |  |  |  |  |  |
| 2 2-Excepted Service 4-SES Carect Reserved N N-Nonrecent   39. Duty Station (City - County - State or Overseas Local WASHINGTON, DISTRICT OF COLUMBIA   40. Agency Data   41.  | 37. Bargaining Unit Status   |  |  |  |  |  |
| 40. Agency Data 41. 42. 43. 44. FUNC CLS 00 VET STAT X EDUC LVL SUPV STAT 8 POSITION APPOINTMENT AFFIDAVIT EXECUTED 03-13-17. CREDITABLE MILITARY SERVICE: NONE PREVIOUS RETIREMENT COVERAGE: NEVER COVERED THIS POSITION IS DESIGNATED FOR DRUG TESTING 5 NATIONAL SECURIT EMPLOYEE IS AUTOMATICALLY COVERED UNDER FERS, FERS-RAE OR FERS-POSITION IS AT THE PULL PERFORMANCE LEVEL OR BAND. APPOINTMENT IS INDEFINITE.  THIS POSITION IS DESIGNATED FOR DRUG TESTING   | 8888   |  |  |  |  |  |
| FUNC CLS 00 VET STAT X EDUC LVL SUPV STAT 8 POSITION  45. Remarks FROZEN SERVICE NONE APPOINTMENT AFFIDAVIT EXECUTED 03-13-17. CREDITABLE MILITARY SERVICE: NONE FREVIOUS RETIREMENT COVERAGE: NEVER COVERED THIS POSITION IS DESIGNATED FOR DRUG TESTING 5 NATIONAL SECURIT EMPLOYEE IS AUTOMATICALLY COVERED UNDER FERS, FERS-RAE OR FERS- POSITION IS AT THE FULL PERFORMANCE LEVEL OR BAND. APPOINTMENT IS INDEFINITE. THIS POSITION IS DESIGNATED FOR DRUG TESTING  | on)  |  |  |  |  |  |
| APPOINTMENT AFFIDAVIT EXECUTED 03-13-17.  CREDITABLE MILITARY SERVICE: NONE  PREVIOUS RETIREMENT COVERAGE: NEVER COVERED  THIS POSITION IS DESIGNATED FOR DRUG TESTING 5 NATIONAL SECURIT  EMPLOYEE IS AUTOMATICALLY COVERED UNDER FERS, FERS-RAE OR FERS- POSITION IS AT THE FULL PERFORMANCE LEVEL OR BAND.  APPOINTMENT IS INDEFINITE.  THIS POSITION IS DESIGNATED FOR DRUG TESTING  | ON SENSITIVITY MODERATE RISK   |  |  |  |  |  |
|  | RAE.   |  |  |  |  |  |
| EP - ENVIRONMENTAL PROTECTIO 170562567 / ELECT   |  |  |  |  |  |  |
| 47. Agency Code   48. Personnel Office ID   49. Approval Date   SUZANNE L. ROB   EP00   3216   03/06/2017   ACTG DIR, EXEC   | ation and Title of Approving Official RONICALLY SIGNED BY:   |  |  |  |  |  |



Not Usable After 6/30/93

SF 52 (E Forms 4.4) SRO Approval Rev. 7/91 U.S. Office of Personnel Management John E Reeder REQUEST FOR PERSONNEL ACTION FPM Supp. 298-33, Subch. 3 1. Actions Requested 2. Request Number Administratively Determined Appointment 10-2017-056 3. For Additional Information Call (Name and Telephone Number) 4. Proposed Effective Date Local Tracking No: 03/05/2017 5. Action Requested By (Type 6. Action Authorized By (Types\*\*) Cite, Signature, and Concurrence D E. Scott Pruitt / Administrator Michael Flynn Acting Deputy 1. Name 4. Effective Date 03-13-17 3. Date of Birth 2. Social Security Number 5-A. Code **Nature of Action** 6-A. Code 6-B. Nature of Action 70 C. Code 6-C. Code | 6-D. Legal Authority 95 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 9. Occ. Code 10. Grade or Leve 12 Total Selan 6. Pay Plan 21. Pay Bask \$ 66,510 AD 0301 00 00 PA 12B. Locality Adj. 12C. Adj. Basic Pay 12D. Other Pay OB. Locality Adj. 20C. Adj. Basic Psy 14. Name and Location of Position's Organization 22. Name and Location of Position's Organization A0000000 - USEPA, Office of the Administrator Immediate Office Washington, DC 20460 23. Veterans Preference
1 - None 3 - 10-Point/Disability
2 - 5-Point 4 - 10-Point/Disability 24. Tenure 26. Veterans Preference 25. Agency Use 5 - 10-Point/Other 0 - None 2 - Conditional 3 - Indefinite YES X NO RIF 27. FEGLI 28. Annultant Indicator 29. Pay Rate a 31. Service Comp. Date 32. Work Schedule 33. Part Time Hours Per (Leave) 03-13-17 36. Appropriation Code 17/18 B-11A ZZZME8 . Duty Station Code 39. Duty Station 11-0010-001 Washington, DC 20460 40. Agency Data 42. Level 46. Year Degree Attained 47. Academic Discipline 48 Functional Class 49. Citizenship 50. Veterans Status 51. Supervisory Status 1 - USA 8 - Other 1. Office/Function Initials/Signature Date Office/Function Initials/Signature Date 08.06.19 Approval: | certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements. Approval Date 03.06-17 Signature

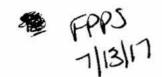
CONTINUED ON NEXT PAGE

| PART AND SUPPRIS                   | ors: Do you know of additional or  | confliction masses for the        | a secondary and a secondary an |                                   | The Variation |
|------------------------------------|--|-----------------------------------|--|-----------------------------------|---------------|
| (Note to Superviso                 | If "YES", please state these fac   |                                   |  | YES                               | NO            |
|                                    |  |                                   |  |                                   |               |
|                                    |  |                                   |  |                                   |               |
| _ OGE 45                           | 0 Not Required   |                                   |  |                                   |               |
| OGE 45                             | 0 Required   |                                   |  |                                   |               |
| Signed:                            |  | , DEO                             |  |                                   |               |
| *                                  | A. F   | 14                                |  |                                   |               |
|                                    |  | Resett Privacy Act                | Statement  | La cristata GPE Los Cales         |               |
|                                    | furnish a specific reason for your resig   | nation or retirement and a        | with regard to employment of individuals   |                                   |               |
| re-employment in the               | Your reason may be considered in any<br>Federal service and may also be used<br>ensation benefits. Your forwarding add | to determine your eligibility for | section 8506 requires agencies to furnis<br>service to the Secretary of Labor or a St<br>unemployment compensation programs  | tate agency in connection with ac |               |
| you copies of any doc<br>entitled. | cuments you should have or any pay or  | r compensation to which you are   | The furnishing of this information is volu   |                                   |               |
|                                    | quested under authority of sections 30 and 3301 authorize OPM and agencies   |                                   | your not receiving: (1) your copies of the<br>compensation due you; and (3) any une<br>may be entitled.  |                                   |               |
| 1. Reasons for Rea                 | signation/Retirement (NOTE: You  | ur reasons are used in determin   | ning possible unemployment benefits  | s. Please be specific and av      | roid          |
| generalizations.                   | . Your resignation/retirement is el  | ffective at the end of the day -  | midnight - unless you specify otherw   | rise.)                            |               |
|                                    |  |                                   |  |                                   |               |
|                                    |  |                                   |  |                                   |               |
|                                    |  |                                   |  |                                   |               |
|                                    |  | de .                              |  |                                   |               |
| #**                                |  | 4                                 |  |                                   | 147           |
|                                    |  | -                                 |  |                                   | 7.            |
|                                    | ••   |                                   | No. 2 . 5".  |                                   |               |
| 2. Effective Date                  | 3. Your Signature  | 4. Date Signed                    | 5. Forwarding Address (Number  | er, Street, City, State, ZIP Co   | ode)          |
|                                    |  |                                   | · c  |                                   | •             |
|                                    |  | The state of the state of         |  | Harry or St. Val.                 | English -     |
|                                    | -  |                                   |  |                                   |               |
|                                    | M01: Appointment Affic   | davit executed: 0318              | -17  |                                   | 3.            |
|                                    | M39: Creditable Military   | y Service: None                   | 1 interes  |                                   |               |
|                                    | MAD Previous Retireme  | ent Coverage: NAME                | COVULCU  |                                   |               |
|                                    | M45: Employee is autor   | matically covered under           | FERS.  |                                   |               |
|                                    | V18. Employee position   | is at the full periorman          | ce level.  |                                   |               |
|                                    |  |                                   |  | verted                            |               |
|                                    | 777. This appointment (  | does not confer eligibilit        | A fo pe noncomberna  | 114-136                           |               |
|                                    | to Career-Condition  | onal or Career Appointm           | ent.   |                                   |               |
|                                    | - E01: Appointment is Inc  | definite.                         |  | -                                 |               |
| F                                  | · · · · · · · · · · · · · · · · · · ·  |                                   |  |                                   |               |

1.42.134.5

Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Suon. 296–33, Subch. 4

| 1. Name (Last, Fire                                     |   |  |                             | 2. Social S                              | ecurity Numbe  | ar 3. Date of Bi                   | rth  | 4. Effective 07/09                        | ve Date<br>/2017           |  |  |
|---|---|--|-----------------------------|--|--|------------------------------------|--|---|----------------------------|--|--|
| FIRST ACT   | ION   |  |                             | SECONI                                   | ACTION   | V                                  | L  |   |                            |  |  |
| 5-A. Code   | 5-B, Nature of Action                                     |  |                             | 6-A. Code                                | 6-A. Code 6-B. Nature of Action                        |                                    |  |   |                            |  |  |
| 002   | CORRECTION  |  |                             | 570                                      | C  | ONV TO EXC A                       | PPT  |   |                            |  |  |
| 5-C. Code 5-D. Legal Authority                          |   |  |                             | 6-C. Code<br>Y7M                         | 1                | D. Legal Authority CH C, 213.33SCI |  | 22 AGE                                    |                            |  |  |
| 5-E, Code 5-F, Legal Authority                          |   |  |                             |  | CHILD 251  | F. Legal Authority                 | DESCRIPTION OF THE PROPERTY OF | L AGE                                     |                            |  |  |
|   |   |  |                             |  |  |                                    |  |   |                            |  |  |
| 7. FROM: Position                                       | Title and Number  |  |                             | 15, TO: Posi                             | tion Title and   | Number                             |  |   |                            |  |  |
| 8, Pay Plan 9, Occ, Co<br>AD 0301                       | 00 0  |  | PA                          | 16. Pay Plan<br>GS                       | 17. Occ. Code<br>0301                                  | 18. Grade or Level                 | 10   | 86460                                     | PA                         |  |  |
| 12A. Basic Pay<br>52329                                 | 12B. Locality Adj.<br>14181                               | 12C. Adj. Basic Pay<br>66510   | 12D. Other Pay              | 20A. Basic Pay<br>68025                  |  | 20B. Locality Adj.<br>18435        | 20C. Adj.<br>86460   | Basic Pay                                 | 20D. Other Pay<br>0        |  |  |
|   | TAL PROTECTION A E ADMINISTRATOR                          | The state of the s |                             |  | F THE ADM  | ROTECTION A<br>IINISTRATOR         | GENCY  |   |                            |  |  |
| EMPLOYEE  | DATA  |  |                             |  |  | 4                                  |  |   |                            |  |  |
| 1 - None  |   |  |                             | 200                                      |  | Conditional Indefinite             | gency Use  | 26. Veterans Preference for RIF  YES X NO |                            |  |  |
| 27. FEGLI   |   |  | 28. Annuitan                |  |  |                                    | 29. Pay Rate Determinant   |   |                            |  |  |
|   |   |  |                             |  | OT APPLIC.   | ABLE                               |  | 0   |                            |  |  |
| 30. Retirement Pla                                      |   |  | Comp. Date (Leave)          |  |  |                                    |  | 33. Part-                                 | Fime Hours Per<br>Biweekly |  |  |
| _ #1554_   #5765.87 Yes                                 | RAE & FICA  | 03/13/201  | 17                          | F FU                                     | ILL-TIME   |                                    |  |   | Pay Period                 |  |  |
| POSITION I<br>34. Position Occup                        |   | 35. FLSA   | Cstegory                    | 36. Appropri                             | ation Code   |                                    |  | 37 Raruai                                 | ining Unit Status          |  |  |
| 2 1 - Competitiv  |   | 6/5  | E - Exempt<br>N - Nonraemut | 8888                                     |  |                                    |  |   |                            |  |  |
| 2   2 - Excepted S<br>38. Duty Station C<br>11-0010-001 |   | 39. Duty S   | tation (City - County       |  |  | n)                                 |  |   |                            |  |  |
| 40. Agency Data   | 41.   | 42.<br>EDUC LVL  | 43.                         | TAT 2 POSITION SENSITIVITY MODERATE RISK |  |                                    |  |   |                            |  |  |
| FUNC CLS 00   | VET STAT X  | EDUCLYL  | Survs                       | IAI Z                                    | POSITIO  | N SENSITIVII                       | 1 MODER  | A J E KISI                                | N,                         |  |  |
|   | TEM NUMBER 35   | FROM N - NON   |                             |  |  |                                    |  |   |                            |  |  |
|   | artment or Agency   | TIO.   |                             |  |  | tion and Title of Ap               |  | cial                                      |                            |  |  |
| EP - ENVIRON  | 47. Agency Code 48. Personnel Office ID 49. Approval Date |  |                             |  | 180008549 / ELECTRONICALLY SIGNED BY: VICKIE H. TELLIS |                                    |  |   |                            |  |  |
| EP - ENVIRON<br>47. Agency Code                         | 48. Personnel Office II                                   |  | oval Date                   | _  |  | ONICALLY SIG                       | NED BY:  |   |                            |  |  |



NSN 7540-01-333-6239

SF 52 (E Forms 4.4) SRO Approval Rev. 7/91 U.S. Office of Personnel Management John E Reeder REQUEST FOR PERSONNEL ACTION FPM Supp. 296-33, Subch. 3 (Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.) 1. Actions Requested 2. Request Number Conversion to Schedule C. Appt. IO-2017-109 3. For Additional Information Call (Alone and Telephone Number) 4. Proposed Effective Date Local Tracking No: 5. Action Requested By (Typéd Name) 6. Action Authorized By E. Scott Pruitt / Administrato Ryan T. Jackson Chief of Staff DAKE BA ly codes in FPM Supp ment 292-1. Show all dates in month 1. Name 2. Social Security Number 07-09 SECOND ACTION 5.B. Nature of Action 6-A. Code 6-B. Nature of Action 510 on to 6-C. Code 6-D. Legal Authority 5-E. Code 6-E. Code 6-F, Legal Authority 07/05/1 7. FROM: Position Title and Number 15. TO: Position Title and Number 8. Pay Plan 9. Occ. Code 16. Pay Plan 17. Occ. Code 18. Grade or Level 19. Step or 20. Total Salary/Award 21. Pay Basis 10. Grade or Level 11. Step or 12. Total Salary 13. Pay Basis AD 0301 00 00 \$66,510.00 GS 0301 10 \$86,460.00 PA 11 20A. Basic Pay 12A. Basic Pay 12C. Adj. Basic Pay 20B. Locality Adj. 20C. Adj. Basic Pay 20D. Other Pay 12B. Locality Adj. 2D. Other Pay 14. Name and Location of Position's Organization 22. Name and Location of Position's Organization A0000000 - USEPA, Office of the Administrator A0000000 - USEPA, Office of the Administrator Immediate Office Immediate Office Washington, DC 20460 Washington, DC 20460 The second second 23. Veterans Preference 24. Tenure 26. Veterans Preference 25. Agency Use 3 - 10-Point/Disability 5 - 10-Point/Othe YES THE RIF 27. FEGLI 29. Pay Rate 28. Annuitant Indicator Determinant 30. Retirement Plan 31. Service Comp. Date 33. Part Time Hours Per 32. Work Schedule Biweekly (Leave) Pay Period **建**建设的。在 34. Position Occupied 35. FLSA Category 36. Appropriation Code 37. Bargaining Unit Status 1 - Competitive Service 3 - SES General E. 17/18 B 11A ZZZME8 8888 38. Duty Station Code 39. Duty Station 11-0010-001 Washington, DC 20460 40. Agency Data 42. 43 45. Educational Level 46. Year Degree Attained 47. Academic Discipline 48. Functional Class 49. Citizenship 50. Veterans Status 51. Supervisory Status 1 - USA 8 - Other (Not to be used by requesting office.) 1. Office/Function Initials/Signature Office/Function Initials/Signature Date Date B. C. 2. Approval: I certify that the information entered on this form is accurate and that the Signature Approval Date proposed action is in compliance with statutory and regulatory requirements. CONTINUED ON NEXT PAGE n 7/91 Are Not Usable After 6/30/93

| A STATE OF THE STA |   |
|--|---|
| (Note to Supervisors: Do you know of additional or conflicting reasons for the empirical structure of the conflicting reasons for the conflicting reasons f | ployee's resignation/retirement?  tech to SF 52.)  YES NO   |
|  |   |
| OGE 450 Not Required   | 3   |
| OGE 450 Required   |   |
| Signed: , DEO  |   |
|  |   |
| * S  |   |
|  |   |
|  | 1 Statement   |
| You are requested to furnish a specific reason for your resignation or retirement and a<br>forwarding address. Your reason may be considered in any future decision regarding your<br>re-employment in the Federal service and may also be used to determine your eligibility for<br>unemployment compensation benefits. Your forwarding address will be used primarily to mail  |   |
| you copies of any documents you should have or any pay or compensation to which you are entitled.  | The furnishing of this information is voluntary, however, failure to provide it may result in   |
| This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regulations   | your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled. |
| Reasons for Resignation/Retirement (NOTE: Your reasons are used in determine)  | ining paneible unamployment benefits. Diagon be executive and symid   |
| generalizations. Your resignation/retirement is effective at the end of the day -  |   |
|  |   |
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| 2  |   |
|  |   |
| and the second s |   |
| 2. Effective Date 3. Your Signature 4. Date Signed   | 5. Forwarding Address (Number, Street, City, State, ZIP Code)   |
|  |   |
| a co Occilli Millor Consucal A   | VM  |
| M39: Creditable Military Service: A  | 1 daward  |
| myo: Previous retirement coverage: T   | Teulously Collect   |
| miles Endouse in automatically and   | leved lundler 1993  |
| TELEVIT WINDRING IN CONCINCTION OF CAV   |   |
| myo: Previous retirement Coverage: f<br>mys: Employee is automatically Cov   |   |
| EOI: Appointment is indefinite.  | . 774 . Jah. and salitivaly   |
| EOI: Appointment is indefinite.  | ligibility to be noncompetitively   |
| EOI: Appointment is indefinite.  ZZZ: This appt does not confer el   | ligibility to be noncompetitively   |
| EOI: Appointment is indefinite.  ZZZ: This appt does not confer el  Converted to Caveer-Cond. O  | ligibility to be noncompetitively<br>or Cover Appointment   |
| EOI: Appointment is indefinite.  ZZZ: This appt does not confer el  Converted to Caveer-Cond. O  ZZZ: This position is designed  | ligibility to be noncompetitively<br>or Conser Appointment<br>fed for Drug Testing  |
| E01: Appointment is indefinite.  ZZZ: This appt does not confer el  Converted to Caveer-Cond. O  ZZZ: This position is designed  | ligibility to be noncompetitively<br>or Coneer Appointment<br>hed for Drug Testing  |

: \*

4.

\* 1 . Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296–33, Subch. 4

| 1. Name (Last, First  | t, Middle)   |   |   |                      | 2. Social S                                      | ecurity Numbe          | 3. Date of B                                   | irth   | 4. Effectiv | ve Date<br>/2018                    |                     |
|---|--|---|---|----------------------|--|------------------------|--|--|-------------|-------------------------------------|---------------------|
| FIRST ACTIO   | ON   |   |   | - 11                 | SECON  | ACTION                 | T .  |  |             | 1144                                |                     |
| 5-A. Code<br>570  | 5-B. Nature of Action  |   |   |                      | 6-A. Code  |                        | . Nature of Actio                              | n  |             |                                     |                     |
| 5-C. Code S-D. Legal Authority ZLM P.L. 95-190  |  |   |   |                      | 6-C. Code  | 6-1                    | D. Legal Authorit                              | y  |             |                                     |                     |
| 5-E, Code 5-F. Legal Authority  |  |   |   |                      | 6-E. Code  | 6-1                    | F. Legal Authorit                              | У  |             |                                     |                     |
| 7. FROM: Position   | Title and Number   |   |   |                      | 15. TO: Posi                                     | tion Title and S       | Number   |  |             |                                     |                     |
| 8. Pay Plan   9. Occ. Co.<br>GS   0301  |  | Step or Rate 12. Total  |   | 3. Pay Basis<br>PA   | 16, Pay Plan<br>AD                               | 17. Occ. Code<br>0301  | 18. Grade or Leve                              | 19.Step or Rat   | 114590      |                                     | 21. Pay Basis<br>PA |
| 12A. Basic Pay<br>68983   | 12B. Locality Adj.<br>19467  | 12C. Adj. Basic Pay<br>88450  | 12b.  | Other Pay            | 20A. Basic Pay<br>89370                          |                        | 20B. Locality Adj.<br>25220                    | 20C. Adj.  | Basic Pay   | 20D. Oth                            | er Pay              |
| ENVIRONMENT   | tion of Position's Organ FAL PROTECTION E ADMINISTRATO   | AGENCY  |   |                      | ENVIRON  | MENTAL PI              | osition's Organiz<br>ROTECTION A<br>INISTRATOR | GENCY  |             |                                     |                     |
| <b>EMPLOYEE</b>   |  |   |   |                      |  |                        | -  |  | 1           |                                     |                     |
| 1 None   3 - 10 - Point/Disability   5 - 10 - Point/Other   2 - 5 - Point   4 - 10 - Point/Compensable   6 - 10 - Point/Compensable/30% |  |   |   |                      | 24. Tenure  3                                    |                        |  |  |             |                                     | NO                  |
| 27.FEGLI  |  |   |   |                      | 9 N  | t Indicator            | ABLE   |  | 0 Pay Ra    | ate Determi                         | nant                |
| 30. Retirement Plan KF FERS-FR  | n<br>AE & FICA   |   | Service Comp.<br>13/2017                                    | Date (Leave)         |  | hedule<br>JLL-TIME     |  |  | 33. Part-1  | Fime Hours<br>Biweekly<br>Pay Perio |                     |
| POSITION D  | ATA  |   |   |                      |  |                        |  |  |             |                                     |                     |
| 2 1 - Competitive 2 - Excepted Sci  | Service 3-SES General  |   | FLSA Categor  E - Exemp N - Nonza                           |                      | 36. Appropr                                      | iation Code            |  |  | 37. Bargai  | ining Unit S                        | Status              |
| 38. Duty Station Co<br>11-0010-001  | AAA'   | 1535.74   |   |                      | y - State or Overseas Location)<br>T OF COLUMBIA |                        |  |  |             |                                     |                     |
| 40. Agency Data<br>FUNC CLS 00  | 41.<br>VET STAT X  | 42.<br>EDUC L   | VL <b>III</b>   | 43.<br>SUPV ST       | AT 8   | 44.<br>POSITIO         | N SENSITIVI                                    | TY HIGH R  | ISK         |                                     |                     |
| PREVIOUS R EMPLOYEE I THIS POSIT APPOINTMEN OPF MAINTA THIS APPOI CONVERTED   | MILITARY SER ETIREMENT COV. S AUTOMATICAL ION IS DESIGN. T IS INDEFINI INED BY US EP. NTMENT DOES N. TO A CAREER-C. EFITS COVERAG. | ERAGE: PREV<br>LY COVERED<br>ATED FOR DE<br>IE.<br>A, HRMD, MI<br>OT CONFER E<br>ONDITIONAL | UNDER FE<br>RUG TESTI<br>D-C639-02<br>ELIGIBILI<br>OR CAREE | RS, FERNORS, NG 5 NA | TIONAL S<br>NC 27711<br>E NONCOM                 | ECURITY !              | 5CFR 732.1                                     | 02   |             |                                     |                     |
| 46. Employing Depa  | artment or Agency  | TIO   |   |                      |  |                        | ion and Title of A                             | COLUMN TO STATE OF THE STATE OF | icial       |                                     |                     |
| 47. Agency Code<br>EP00   | 48. Personnel Office I<br>3216   | D 49.   | Approval Date   |                      | JEREMY   | A. TAYLOR<br>RESOURCES |  | SNEDBY:  |             |                                     |                     |

Automated Standard Form 52 U.S. Office of Personnel Management FPM Supp. 296-33, Subch. 3

## REQUEST FOR PERSONNEL ACTION

| PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36 and 39.)   |  |   |  |            |   |                        |                         |                     |                              |                             |  |
|--|--|---|--|------------|---|------------------------|-------------------------|---------------------|------------------------------|-----------------------------|--|
| 1. Action Req<br>AD Appoint  |  |   |  |            |   | uest Numbe<br>2018-014 |                         |                     |                              |                             |  |
|  |  | ion Call (Name and Teleph                                   | one Number)  | 1          | 4. Proposed Effective Date ASAP             |                        |                         |                     |                              |                             |  |
| 5. Action Req<br>Ryan T. Jacks   | uested By (T)                          | yped Name, Tyle, Signatur                                   | e, and Request Date)                                     | 8          | 6. Action Author<br>E. Scott Pruitt,        |                        | Typed Name, title fator | Sanature, and       | d foncurrer<br>A             | 319/1X                      |  |
| PART B-  | _ ^                                    | argtion of SF 50 (Use                                       | only codes in FPM  | Suppl      | ement/2921                                  | Show a                 | Il dates in man         | th-day-year         | order.)                      | 91110                       |  |
| 1. Name (Las   |  |   | ony cones in 12 in                                       | Suppl      | 2. Social Securi                            |                        |                         |                     |                              |                             |  |
| FIRST AC   |  |   |  |            | SECOND A                                    |                        |                         |                     |                              |                             |  |
| 5-A, Code  | 5-B. Nature                            | e of Action   |  |            | 6-A. Code                                   | 6-B. Na                | ature of Action         |                     |                              |                             |  |
| 5-C. Code  | 5-D. Legal                             | Authority   |  |            | 6-C. Code                                   | 6-D. Le                | egal Authority          |                     |                              |                             |  |
| 5-E. Code  | 5-F. Legal                             | Authority   |  |            | 6-E. Code                                   | 6F. Leg                | gal Authority           |                     |                              |                             |  |
| 7. FROM:   | Position Ti                            | itle and Number   |  |            | 15. TO: Posi                                | tion Tit               | le and Number           |                     |                              | -                           |  |
|  |  |   |  |            |   |                        |                         |                     |                              |                             |  |
|  |  | y   |  | -          |   |                        |                         |                     |                              | Late                        |  |
| GS 3   | 801                                    | 11 10 10 II. Step or Rate                                   | \$88,450.00  | PA         | AD 3  | c Code 1               | 8 Grade or Level 19 8   | \$11                | (a) Salary/Award<br>4,590.00 |                             |  |
| 12A. Basse Pap   | 12                                     | B. Locality Adj 12C, Adj                                    | Basic Pay 12D. Other Pay                                 |            | 20A. Basic Pay                              |                        | 20B. Locality Adj       | 20C. Adj. Basic Pay | 200.0                        | Other Pay                   |  |
| 14. Name and Location of Position's Organization A0000000 - Environmental Protection Agency  22. Name and Location of Position's Organization A0000000 - Environmental Protection Agency |  |   |  |            |   |                        |                         |                     |                              |                             |  |
| Office of th   | e Administ                             | trator, Immediate Offic                                     | oe .   |            | Office of the                               | Admini                 | istrator, Immed         | iate Office         |                              |                             |  |
|  |  |   |  |            |   |                        |                         |                     |                              |                             |  |
| EMPLOY   | TT DATE                                |   |  |            |   |                        |                         |                     |                              |                             |  |
| 23. Veterans F   |  |   |  |            | 24. Tenure                                  | _                      | 25                      | Agency Use          | 26. Veterans                 | Preference for RIF          |  |
| 2-   | None<br>5-Point                        | 3 - 10-Point/Disabilit<br>4 - 10-Point/Compen               |  | sable/3096 |   |                        |                         |                     |                              |                             |  |
| 27. FEGLI  |  |   |  |            | 28. Annuitant Indicator 29. Pay Rate Determ |                        |                         |                     |                              | ate Determinant             |  |
| 30, Retiremen  | t Plan                                 |   | 31. Service Comp. Date                                   | (Leave)    | 32. Work Schedule 33. Par                   |                        |                         |                     |                              | Firme Hours Per<br>Biweekly |  |
| POSITION   | UDATA                                  |   |  |            |   |                        |                         |                     |                              | Pay Period                  |  |
| 34. Position C   |  |   | 35. FLSA Category  |            | 36. Appropriati                             | on Code                |                         |                     | 37. Barga                    | ining Unit Status           |  |
| 1  | - Competitive Se<br>- Excepted Service |   | E - Exempt<br>N - Nonexempt                              |            |   |                        | 11A 000ME8              | 3                   |                              |                             |  |
| 38. Duty Stati<br>11-0011-00   | on Code                                |   | 39. Duty Station (City - Washington, DC                  | County -   | State or Oversea.                           | s Location             | n)                      |                     |                              |                             |  |
| 40, AGENCY   |  | 41.   | 42.  | 43.        |   | 44.                    |                         | NH B                |                              |                             |  |
| 45. EDUCATION  | NAL LEVEL                              | 46.YR DEGREE ATTAINED                                       | 47. Academic Discipline                                  | 48.FU      | NCTIONAL CLASS                              |                        | IZENSHIP                | 50 Vietnam En       | a Vet 51, SU                 | PERVISORY STATUS            |  |
|  |  |   |  |            |   |                        | -USA 8-OTHER            |                     |                              |                             |  |
| PART C -   |  | and Approvals (Not<br>Initials/Signa                        |  | ting of    | ffice.) Office/F                            | unction                | 1                       | nitials/Signatu     | re                           | Date                        |  |
| A.   | auction                                | Antial Solgin   | Marc D   | att        | D.  | unctions               |                         | inciais/ingilatu    |                              | Date                        |  |
| В,   |  |   |  |            | E.  |                        |                         |                     |                              |                             |  |
| C.   |  |   |  |            | F.  |                        |                         |                     |                              |                             |  |
| 2. Approval;<br>the propos   | I certify that                         | t the information entered or<br>n compliance with statutory | n this form is accurate and<br>y and regulatory requirem | that ents. | Signature                                   |                        |                         |                     |                              | Approval Date               |  |
|  |  |   |  |            |   |                        |                         |                     |                              |                             |  |

### 14 POINTS MEMO: Personnel Change Approval Request

#### AGENCY: EPA

| APPOINT | EE IN | FORM | MOITA |
|---------|-------|------|-------|
|---------|-------|------|-------|

NAME:

WORK PHONE:

WORK EMAIL: @epa.gov

. PLACE OF BIRTH:

### Resume Attached

### **CURRENT POSITION**

- APPT TYPE (Schedule C, NC-SES, XS, AD): SKC
- OFFICE: AO
- SUBOFFICE:
- POSITION TITLE:
- Is position being backfilled (Y/N/TBD): TBD

#### PROPOSED NEW POSITION

- APPT TYPE (Schedule C, NC-SES, XS, AD): AD GS 14-1 (\$114,590)
- . OFFICE: AO
- SUBOFFICE:
- POSITION TITLE:
- JOB DESCRIPTION: PDF Attached

A0-2018-014



MEMORANDUM

#### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

WASHINGTON, D.C. 20460

OFFICE OF THE ADMINISTRATOR

| William Colores | BOM                      |  |
|-----------------|--------------------------|--|
| SUBJECT:        | Salary Justification for |  |
|                 |                          |  |

Ryan Jackson, Chief of Staff FROM:

Donna Vizian, Acting Assistant Administrator TO:

Office of Administration and Resources Management

I'm approving the appointment of This memo will serve as a salary justification for at a salary equivalent to a Grade 14, Step I in the D.C. region and is well respected throughout the agency, shown unparalleled work-ethic and organizational skills since began, Based on the reason's listed above, I believe that will have an immediate, positive impact on one of the agency's most important office's and that compensation should reflect value to the agency.

Ryan Jackson Chief of Statt 3/09/2018



### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

WASHINGTON, D.C. 20460

THE ADMINISTRATOR

## MEMORANDUM FOR THE RECORD

SUBJECT: Appointment of Personnel to Position Under the Authority of P.L. 95-190

Pursuant to the authority vested in me under P.L. 95-190, I hereby authorize the appointment of to serve as will be compensated at the rate of \$114,590 per annum.

Internet Address (URL) . http://www.epa.gov

## Appendix C: Employee C

Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296–33 Subch 4

| FPM Supp. 296–33, Sub   | cn. 4                               |                       |                             |       |  |       |                                 |                    |            |               |                 |                         |                     |
|---|-------------------------------------|-----------------------|-----------------------------|-------|--|-------|---------------------------------|--------------------|------------|---------------|-----------------|-------------------------|---------------------|
| 1. Name (Last, First,   | Middle)                             |                       |                             |       | 2. Social Security Number 3. Date of Birth 4. Effective Date 05/07/2017  |       |                                 |                    |            |               |                 |                         |                     |
| FIRST ACTIO   | )N                                  |                       |                             |       | SECOND ACTION  |       |                                 |                    |            |               |                 |                         |                     |
| 5-A. Code<br>170  | 5-B. Nature of Action EXC APPT      |                       |                             |       | 6-A. Code 6-B. Nature of Action  |       |                                 |                    |            |               |                 |                         |                     |
| 5-C. Code<br>ZLM  | 5-D. Legal Authority<br>P.L. 95-190 |                       |                             |       | 6-C. Cod   | e     | 6-D                             | . Legal Au         | ıthority   |               |                 |                         |                     |
| 5–E. Code 5–F. Legal Authority  |                                     |                       |                             |       | 6-E. Code  | e     | 6-F                             | . Legal Au         | thority    |               |                 |                         |                     |
| 7. FROM: Position   | Fitle and Number                    |                       |                             |       | 15. TO: Position Title and Number  |       |                                 |                    |            |               |                 |                         |                     |
|   |                                     |                       |                             |       | 25. 1.5. 1 osition Title and Number  |       |                                 |                    |            |               |                 |                         |                     |
| 8. Pay Plan 9. Occ. Cod   | e 10. Grade or Level 11. Step or Ra | te 12. Total Salary   | 13. Pay Ba                  | sis   | 16. Pay Pla  |       | Occ. Code                       | 18. Grade (        | or Level 1 | 9.Step or Rat | te 20. Total Sa | lary/Award              | 21. Pay Basis<br>PA |
| 12A. Basic Pay  | 12B. Locality Adj. 12C. Ad          | . Basic Pay           | 12D. Other Pay              | y     | 20A. Basic<br>35359  | •     |                                 | 20B. Local<br>9582 | ity Adj.   | 20C. Adj.     | •               | 20D. Other              | Pay                 |
| 14. Name and Location of Position's Organization  |                                     |                       |                             |       |  | OF TI | cation of Po<br>HE ADMI<br>N,DC |                    |            | on            |                 | ı                       |                     |
| <b>EMPLOYEE</b>   |                                     |                       |                             |       |  |       |                                 |                    |            |               |                 |                         |                     |
| 23. Veterans Preference   1 - None   3 - 10-Point/Disability   5 - 10-Point/Other   2 - 5-Point   4 - 10-Point/Compensable   6 - 10-Point/Compensable/30%   |                                     |                       |                             |       | 24. Tenure  25. Agency Use  26. Veterans Preference for RIF  27. Agency Use  28. Agency Use  29. Veterans Preference for RIF  YES X NO |       |                                 |                    |            |               | NO              |                         |                     |
| 27. FEGLI   |                                     |                       |                             |       | 28. Annuitant Indicator   29. Pay Rate Determinant   9   NOT APPLICABLE   0  |       |                                 |                    |            |               | ant             |                         |                     |
| 30. Retirement Plan  KF FERS-FRA  | AE & FICA                           | 31. Service 05/07/201 | Comp. Date (Lo              | eave) | 32. Work   |       |                                 |                    |            |               |                 | ime Hours I<br>Biweekly | 'er                 |
| POSITION DA   |                                     | 03/07/201             | ,                           |       | F FULL-TIME Pay Period   |       |                                 |                    |            |               |                 |                         |                     |
| 34. Position Occupio  |                                     | 35. FLSA (            | ategory                     |       | 36. Appropriation Code 37. Bargaining Unit Status  |       |                                 |                    |            |               |                 |                         |                     |
| 1 - Competitive S<br>2 - Excepted Ser   |                                     | IF 1                  | E – Exempt<br>I – Nonexempt |       | 8888   |       |                                 |                    |            |               |                 |                         |                     |
| 38. Duty Station Cod  |                                     |                       | *                           | ounty | y – State or Overseas Location)  |       |                                 |                    |            |               |                 |                         |                     |
| 11-0010-001   |                                     | WASHIN                | GTON,DISTI                  | RICT  | OF COL   | UMBL  | A                               |                    |            |               |                 |                         |                     |
| 40. Agency Data<br>FUNC CLS 00  |                                     | 42.<br>EDUC LVL       | 43.<br>SUP                  | V ST  | TAT 8 POSITION SENSITIVITY MODERATE RISK   |       |                                 |                    |            |               |                 |                         |                     |
| 45. Rewarks FROZEN SERVICE NONE APPOINTMENT AFFIDAVIT EXECUTED 05/08/17. CREDITABLE MILITARY SERVICE: NONE PREVIOUS RETIREMENT COVERAGE: NEVER COVERED THIS POSITION IS DESIGNATED FOR DRUG TESTING 5 NATIONAL SECURITY 5CFR 732.102 EMPLOYEE IS AUTOMATICALLY COVERED UNDER FERS, FERS-RAE OR FERS-FRAE. THIS APPOINTMENT DOES NOT CONFER ELIGIBILITY TO BE NONCOMPETITVELY CONVERTED TO CAREER-CONDITIONAL OR CAREER APPOINTMENT. APPOINTMENT IS INDEFINITE. THIS POSITION IS DESIGNATED FOR DRUG TESTING |                                     |                       |                             |       |  |       |                                 |                    |            |               |                 |                         |                     |
| 46. Employing Depar   | = -                                 |                       |                             |       | _  |       |                                 |                    |            | roving Offi   | cial            |                         |                     |
|   | MENTAL PROTECTIO                    | 1.5                   |                             |       | 4  |       | LECTRO                          |                    | Y SIGN     | ED BY:        |                 |                         |                     |
| 47. Agency Code   | 48. Personnel Office ID             | 49. Appro             |                             |       | BENJAMIN H. PEABODY  |       |                                 |                    |            |               |                 |                         |                     |

Ecz:

FPPS 5/8/17

NSN 7540-01-333-6239

SF 52 (E Forms 4.4) SRO Approval Ray, 7/91 U.S. Office of Personnel Management FPM Supp. 296-33, Suboh. 3 John E Reeder REQUEST FOR PERSONNEL ACTION 1. Actions Requested 2. Request Number Administratively Determined Appointment IO-2017-088 3. For Additional Information Call (Name and Telephone Number) 4. Proposed Effective Date Local Tracking No: 05/08/2017 (Typed Negre, Title, Signature, and Concurrence D 5. Action Requested By (Typied Name) 6. Action Authorized By E. Scott Pruitt, Administrator Ryan T. Jackson, Chief of Staff 1. Name 3. Date of Birth Social Security Number 6-A. Code 6-B. Nature of Action 6-C. Code 6-D. Legal Authority 6-E. Code 6-F. Legal Authority 5-F. Legal Authority 7. FROM: Position Title and Number 15. TO: Position Title and Number 8. Pay Plan 9. Occ. Code 10. Grade or Level 11. Step or 12. Total Salary 18. Grade or Level 19. Step or 13. Pey Besis 16. Pay Plan 17. Occ. Code \$44,941.00 AD 0301 00 PA 00 12A. Basic Pay 2B. Locality Adj. 2D. Other Pay 14. Name and Location of Position's Organization 22. Name and Location of Position's Organization A0000000 - U.S. Environmental Protection Agency, Office of the Administrator, Immediate Office 23. Veterans Preference 1 - None 2 - 5.Dnine 24. Tenure 25. Agency Use 26. Veterans Preference 3 - 10-Point/Disability 5 - 10-Point/Other 2 - Conditional YES X NO RIF 27. FEGLI 28. Annuitant Indicator 29. Pay Rate Determinant 30. Retirement Plan 31. Service Comp. Date 32. Work Schedule 33. Part Time Hours Per KF (Leave) OO Blweekly 4. Position Occupied
1 - Competitive Service 37. Bargaining Unit Status 35. FLSA Category 36. Appropriation Code 1718 B 11A ZZZME8 8888 Station Code 39. Duty Station 11-0010-00 Washington, DC 40. Agency Data 44. 46. Year Degree Attained 47. Academic Discipline 45. Educational Level 48. Functional Class 49. Citizenship 50. Veterans Status 51. Supervisory Status 1 - USA 8 - Other 1. Office/Function Office/Function Initials/Signature Initials/Signature Date C. 2. Approval: I certify that the information entered on this form is accurate and that the Signature er o lea proposed action is in compliance with statutory and regulatory requirements. CONTINUED ON NEXT PAGE

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| E01  | : Appointment  | Indefinite  |   |  |  |                        | ;<br>;<br>;  |
| K18  |  | ll performance le   | evel  | , ,  |  |                        |  |
| M0<br>M3   | LL   | affidavit execut  | ted on O  | 5/08/2017  |  |                        |  |
| M3   | · · · · · · · · · · · · · · · · · · ·  | litary service: N   | one   | ·  |  |                        |  |
| M4   | 5. Employee is a   | rement Coverage   | e: None   | CEDO   |  |                        |  |
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1/20/16

SF 52 (E"Forms 4.4) Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296-33, Subch. 3

SRO Approval

|                              | <br>          |
|------------------------------|---------------|
| REQUEST FOR PERSONNEL ACTION | John E Reeder |
|                              |               |

| 1. Actions Requested   | Conversion to S  | chedule C Appt                                |                |                            | 10               |                                    |                   | 2. R                       | equest N<br>IO-20          | lumber<br>)17-113                          |
|--|--|---|----------------|----------------------------|------------------|------------------------------------|-------------------|----------------------------|----------------------------|--|
| 3. For Additional Informati  | on Call (Name and Telep  | hone Number)<br>(HR-                          |                |                            | Local Tra        | cking No:                          | $\overline{}$     | 4. P                       | roposed                    | Effective Date                             |
| 5. Action Requested By (   | Typed Name, Title, Signatur                                    | and Request Date                              | ,              | 6. Action A                | wthorized I      | By (T)ped Na                       | ing, Title, Signs | daye, aglo                 |                            |  |
| Ryan T. Jackson, Chief   | of Staff   | She   |                | E. Scott l                 | Pruitt, Adı      | ministrator                        | منما              | Uni                        |                            | 9.0  |
| 1. Name  | U  |   |                | 2. Social S                | ecurity Nur      | mber 3. Da                         | ite of Birth      | 4. E                       | ffeetive D                 | Pate 17                                    |
| 570 Sign Neture of   | Action Excepted A  | oot   |                | 6-A. Code                  | 6-B. Natu        | ire of Action                      |                   |                            |                            |  |
| Frm Schil  | thorty 13,3324   | Agency  | 1-lines        | 6-C. Code                  | 6-D. Lega        | al Authority                       |                   |                            | 2.                         | 11 311 00                                  |
| 5-E. Code 5-E. Legisl Au<br>5-Legisl Au  | ile C Author   | ity das                                       | ed o           | 1-E. Code<br>1-3-17        | 6-F. Lega        | al Authority                       | V                 |                            |                            |  |
| 7. FROM: Position Title at   | nd Number  |   | A 57.5         | 15. TO: Po                 | osition Title    | and Number                         |                   |                            | P                          |  |
| 8. Pay Plan 9. Occ. Code 10. G   |  | 2. Total Salery                               | 13. Pay Basi   |                            |                  | 18. Grade or Lev                   | P-1-              | Action of the state of the | Selery/Awa                 |  |
| AD 0301  |  | 444 941                                       |                | GS                         | 0301             | -07                                | Rate 01           |                            | 4,941.00                   | 3 1 4 4                                    |
| 12A. Basic Pay 12B. Lo   | cellty Adj. 12C. Adj. Ber                                      | sic Pay 12D. Oth                              | er Pay         | 20A. Basic Pay             | ' F              | 0B. Locality Adj.                  | 20C. Adj.         | Basic Pay                  | 200.                       | Other Pay                                  |
| 23. Veterans Preference 1 - None 3 - 104 7 - R.Brains A - 104 27. FEGLI              | Point/Disability 5 - 10-Po                                     | int/Other<br>int/Communicable/2014            | · · · · ·      | 24. Tenure<br>28. Annuitan |                  | 2 - Conditional<br>3 - Installella | 25. Ager          | cy Use                     | 26. Veta<br>YES<br>29. Pay | Rate                                       |
|  |  |   |                |                            | 07/2040/05/05/05 |                                    |                   |                            |                            | Determinant                                |
| 30. Retirement Plan  | 5)   | 31. Service C<br>(Leave)                      | omp. Date      | 32. Work Sc                | hedule           | 100 00000 00000                    |                   | 3                          | 33. Part                   | Time Hours Per<br>Blweekly<br>Pay Period   |
| 34. Position Occupied  | 1,000  | 35. FLSA Cet                                  | enon/          | 36. Appropri               | etion Code       |                                    |                   | 0                          | 37 Remu                    | sining Unit Status                         |
| 1 - Competitive Serv   |  | N   | espory.        | OU. Appropri               |                  | B 11A ZZZ                          | ME8               |                            |                            | 3888                                       |
| 38. Duty Station Code  |  | 39. Duty Stat<br>Washin                       | on<br>gton, DC |                            |                  |                                    |                   |                            | N5                         |  |
| 40. Agency Deta 41.  | 42.  |   | 43.            |                            | 44.              |                                    |                   |                            |                            |  |
| 45. Educational Level 46.  | Year Degree Attained 47. A                                     | cedemic Discipline                            | 48. Function   | nal Class                  | 49. Citizen      | ship<br>SA 8-Other                 | 50, Veterans S    | tatus                      |                            | visory Status                              |
| 1. Office/Function   | Initials/Signatur  | 0   | Date           | Office/f                   | unction          |                                    | nittala/Signat    | ture                       |                            | Date                                       |
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| <ol><li>Approval: I certify that the in-<br/>proposed action is in compile</li></ol> | formation entered on this for<br>snce with statutory and regul | m is accurate and the<br>latory requirements. | at the         | Signature                  |                  | Ann 8                              | Backe             | in                         | - 1                        | Approval Date 07-19-17                     |
| CONTINUED ON NEXT PA   | AGE  |   |                |                            | 970              | ,                                  | Editions          | Prio to 7                  | /91 Are Not<br>NS          | Usable After 6/30/93<br>N 7540-01-333-6239 |

| PART D - Rei<br>Note to Superviso  | If "YES", please state the   |  | arata chant and att  | ach to QE EQ.\   |   | I I YE                                   |   |
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| warding address. '<br>employment in the<br>employment compo<br>a copies of any doc | furnish a specific reason for your<br>Your reason may be considered<br>Federal service and may also be<br>ensation benefits. Your forwards<br>turnents you should have or any  | in any future decisio<br>e used to determine<br>ng address will be ut  | on regarding your ( )<br>your etigibility for<br>sed primarily to mail (             | section 8508 requires<br>service to the Secretal<br>unemployment compe   | agencies to furnish<br>ry of Labor or a Stat<br>neation programs. | the specific feaso<br>te agency in conne | ice and their records, in for termination of Ferencial with administration with a |
|  | quested under authority of section   |  | S508 of title 5 LLS  | your not receiving: (1)  | your copies of thos   | e documents you s                        | re to provide it may reshould have; (2) pay or  |
|  | and 3301 authorize OPM and ag  | . •  | ilations   | compensation due you may be entitled.  |   |  |   |
| Reasons for Res<br>generalizations.  | and 3301 authonze OPM and ag<br>signation/Retirement (NOTE<br>. Your resignation/retiremen   | : Your reasons ar  | rlations<br>re used in determin  | may be entitled.  ing possible unempk  | oyment benefits.  | Please be spec                           |   |
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| Reasons for Regeneralizations.   | 3. Your Signature  3. Your Signature  3. Your Signature  4. Sp. 50  M39: Creditable Mil M40: Previous Retir M45: Employee is at K18: Employee positions of the control of t | litary Service: ement Covera utomatically c tion is at the fi  | 4. Date Signed  A Date Signed  Overed under full performance                         | ing possible unemple individual ing possible unemple individual in | oyment benefits.  specify otherwise  ddress (Number               | Please be specie.)                       | cific and avoid   |
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Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296–33 Subch 4

| FPM Supp.   | 296–33, Subo                       | h. 4   |                        |  |                                |                |  |   |              |                     |               |                |                |                 |               |
|---|------------------------------------|--|------------------------|--|--------------------------------|----------------|--|---|--------------|---------------------|---------------|----------------|----------------|-----------------|---------------|
| 1. Name (Last, First, Middle)   |                                    |  |                        | 2. Social Security Number 3. Date of Birth 4. Effective Date 02/18/2018                            |                                |                |  |   |              |                     |               |                |                |                 |               |
| FIRST ACTION  |                                    |  |                        | SECOND ACTION  |                                |                |  |   |              |                     |               |                |                |                 |               |
| 5-A. Code 5-B. Nature of Action CONV TO EXC APPT  |                                    |  |                        | 6-A. Code 6-B. Nature of Action  |                                |                |  |   |              |                     |               |                |                |                 |               |
| 5-C. Code 5-D. Legal Authority ZLM P.L. 95-190  |                                    |  |                        | 6-C. Coo   | 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: 1  | Positio                        | n Title and N  | umber  |   |              |                     |               |                |                |                 |               |
|   |                                    |  |                        |  |                                |                |  |   |              |                     |               |                |                |                 |               |
| 8. Pay Plan   | 9. Occ. Code                       | e 10. Grade or Level 1                           | 1. Step or Rate        | 2. Total Salary  |                                | 13. Pay Basis  | 16. Pay Pla  | an 17   | 7. Occ. Code | 18. Grade           | or Level 1    | 9.Step or Rate | e 20. Total Sa | lary/Award      | 21. Pay Basis |
| GS  | 0301                               | 07   | 01                     | 45972  |                                | PA             | AD   |   | 0301         | 00                  |               | 00             | 56233          |                 | PA            |
| 12A. Basic I<br>35854   | Pay                                | 12B. Locality Adj.<br>10118                      | 12C. Adj. Bas<br>45972 | sic Pay  | 12D.<br>0                      | Other Pay      | 20A. Basic<br>43857  | •   |              | 20B. Local<br>12376 | ity Adj.      | 20C. Adj. 1    |                | 20D. Other<br>0 | Pay           |
| 14. Name and Location of Position's Organization ENVIRONMENTAL PROTECTION AGENCY OFFICE OF THE ADMINISTRATOR  |                                    |  |                        |  | ENVIR                          | ONM            | ocation of Po<br>ENTAL PR<br>FHE ADM                           | OTECT   | ION AG       |                     |               |                |                |                 |               |
| WASHI   | NGTON,I                            | OC   |                        |  |                                |                | WASHI  | NGT   | ON,DC        |                     |               |                |                |                 |               |
|   | OYEE I                             |  |                        |  |                                |                |  |   |              |                     | 1             |                |                |                 |               |
| 1   | 1 – None<br>2 – 5–Point            | 3 – 10–Point/Disability<br>4 – 10–Point/Compensa |                        | 0–Point/Other<br>0–Point/Compensab   | le/30%                         |                | 24. Tenu<br>3  | 24. Tenure  25. Agency Use 26. Veterans Preference for RIF  The permanent of the permanent |              |                     |               |                |                |                 |               |
| 27. FEGL  | I                                  |  |                        |  |                                |                | 28. Annuitant Indicator 29. Pay Rate Determinant 0             |   |              |                     |               |                | ant            |                 |               |
|   | ement Plan<br>ERS-FR A             | E & FICA   |                        | 31. Service (05/07/2017  | _                              | . Date (Leave) | 32. Work Schedule  33. Part-Time Hours Per Biweekly Pay Paried |   |              |                     |               |                | Per            |                 |               |
|   | TION DA                            |  |                        |  |                                |                | _  |   |              |                     |               |                |                | Pay Period      |               |
|   | ion Occupie                        |  |                        | 35. FLSA C   | atego                          | ry             | 36. Appr   | opriati   | on Code      |                     |               |                | 37. Bargain    | ning Unit St    | atus          |
| 1 2 1   | – Competitive S<br>– Excepted Serv |  | erved                  |  | - Exem                         |                | 8888   |   |              |                     |               |                |                |                 |               |
| 38. Duty  | Station Cod                        |  |                        |  |                                | City – County  |  |   |              | 1                   |               |                |                |                 |               |
| 40. Agend   |                                    | 41.  | 42.                    | WASHING  | 101                            | N,DISTRICT 43. | OF COL   | JUMB  | 44.          |                     |               |                |                |                 |               |
| FUNC (  |                                    | VET STAT X                                       |                        | UC LVL   |                                | SUPV ST        | AT 8   |   | POSITIO      | N SENSI             | <b>FIVITY</b> | HIGH RI        | SK             |                 |               |
| **CREDITABLE MILITARY SERVICE: NONE PREVIOUS RETIREMENT COVERAGE: PREVIOUSLY COVERED EMPLOYEE IS AUTOMATICALLY COVERED UNDER FERS, FERS-RAE OR FERS-FRAE. THIS POSITION IS DESIGNATED FOR DRUG TESTING 5 NATIONAL SECURITY 5CFR 732.102 APPOINTMENT IS INDEFINITE. OPF MAINTAINED BY U.S. EPA, HRMD, MD C639-02, RTP, NC 27711 THIS APPOINTMENT DOES NOT CONFER ELIGIBILITY TO BE NONCOMPETITIVELY CONVERTED TO CAREER-CONDITIONAL OR CAREER APPOINTMENT. |                                    |  |                        |  |                                |                |  |   |              |                     |               |                |                |                 |               |
| 46. Employing Department or Agency EP - ENVIRONMENTAL PROTECTIO   |                                    |  |                        | 50. Signature/Authentication and Title of Approving Official 180483764 / ELECTRONICALLY SIGNED BY: |                                |                |  |   |              |                     |               |                |                |                 |               |
| 47. Agency Code 48. Personnel Office ID 49. Approval Date   |                                    |  |                        | JEREN  | MY A.                          | TAYLOR         |  |   |              |                     |               |                |                |                 |               |
| EP00 3216 02/18/2018  |                                    |  |                        | HIMA   | NDE                            | SOURCES        | OFFICI   | 7 <b>D</b>  |              |                     |               |                |                |                 |               |

Agreemented Standard Form 52
U.S. Office of Petnomel Managarhant
#PM Supp. 296-33. Subch. 3

52-118

# REQUEST FOR PERSONNEL ACTION

| Action Requested Conversion - AD Appt.  |  |  |   | Request Number<br>0-2018-035   |
|---|--|--|---|--|
| 3. For Additional Information Call (Name and Tele   | ephone Number)   | N.   |   | Proposed Effective Date  |
| 5. Action Requested By (Typed Name, TitlefSignal Ryan T. Jackson, Onief of Staff  | nture, and Request Date)   | 6. Action Authorized By A<br>E. Scott Pruitt, Administra             | yped Name, title, signature<br>for                              | Rub 1 1111   |
| Name (Last First Madle)   | 3  | 2 Social Security Number   | 3. Date of Birth 4. Eff   | Fective Date - 2018  |
| SA Code S.B. Nature of Action 570 Conv. to Exc  | Apot.  | 6-A. Code 6-B. Natu  | re of Action  |  |
| S-E. Code 5-F. Legal Authority 5-E. Code 5-F. Legal Authority   | 90   | AV.  | Authority   |  |
|   |  |  |   |  |
| 7. FROM: Position Title and Number  | *  | 15. TO: Position Title   | and Number  | s <sup>8</sup> g <sub>1</sub>  |
| 8. Pey Plan 9. Our Cude 18. Grade or Level 11. Step or Rate 05 0301 07 01 12C.  | 12. Total Salary 13. Pay Smith St. 14.5, 97.2 PA  Adj. Beac Pay 12D. Other Pay | 16. Pay Plan 17. Ose Code 18. C<br>AD 0301  20A. Beele Pay           | 사람이 많은 아이들이 아니는 사람들이 되었다. 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 | 0. Total Salary/Award 21. Pay Bada<br>B 56, 233 PA<br>200. Other Pay |
| US, EPA - OFFICE OF THE ADMINISTR   | ATOR   | 22. Name and Location of I<br>US, EPA - OFFICE O<br>IMMEDIATE OFFICE |   | OR .   |
| 23. Veterans Preference  1 - None 2 - 5-Point 4 - 10-Point/Dissel   |  |  | 25. Agency Use  | 26. Veterages Professore for RIF  YES NO                             |
| 27 FEGLI  | 19-1   | 28. Annuitant Indicator  | 2   | 29. Pay Rate Determinant   |
| 30. Returement Plan   | 31. Service Comp. Date (Leave<br>05/07/2017                                    | 32. Work Schedule  |   | 33. Part-Time Hours Per Biweldy Pay Period                           |
| 34. Position Occupied   | 35. FLSA Category  | 36. Appropriation Code   |   | 37. Bargaining Unit Status   |
| 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserve 38. Duty Station Code               | B - Exempt N - Nonescoupt  39. Duty Station (City - County                     |  | 11A 000ME8  | 8888   |
| 11-00 10 - 001<br>40. AGENCY DATA 41.   | WASHINGTON, DC   | - A  |   |  |
| 45. EDUCATIONAL LEVEL 46.YR.DEGREE ATTAINED   |  | UNCTIONAL CLASS 49. CITIZE   | NSHIP 50. Vietnam   | Em Vet 51. SUPERVISORY STATUS  |
|   |  |  |   |  |
| 1. Office/Function Initials/Sig. A.   | nature Date  | Office/Function D.   | Initials/Sign   | ature Date   |
| В.  |  | E.   |   |  |
| C.  |  | P.   |   |  |
| Approval: I certify that the information entered the proposed action is in compliance with statute CONTINUED ON REVEDSE | ory and regulatory requirements.   | Signature  | or moor   | 2 8/15/20  |

| (Note to Supply)                          | E / Company of the property of | YES NO   |
|---|--|--|
|   |  |  |
|   | SO Not Required:<br>SI Required  |  |
| Signet                                    |  |  |
| 4.8%                                      |  |  |
| Correction substitutes in                 | Prince Act applicanent  Timbe a substitution of resignation or retirement and a with figure to employment of individuals in the Feder  Solve of the substitution of th | al service and their records, while<br>reason for termination of Federal |
|   | es angle Unit Adgres VIII les uses promite donnell. «spendisment compensation programs.  The Compensation of the Internation is well to the second of the Internation is well and the Internation is   | s falling to movide it may result in                                     |
| The informations of<br>Gode. Sections per | your national state of any unemployment of the state of t | s you should have; (2) pay or other<br>impensation benefits to which you |
| 1. Retasolis to su<br>generalizações      | er suitor in differment DECTR: Your reasons are insigned addressed as possible premotoyment benefits. Please be<br>the language of the insigned at the affective at the serie of the case 4 mileting it confess you specify otherwise.)  | specific and avoid   |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| 2. Effective Unit                         | 3. Your Signature 14. Date Signed 15. Forwarding Address (Number, Street, C  | ity, State, ZIP Code)  |
|   | M39: Creditability military service: none  |  |
|   | M45: Employee is automatically covered under FERS, FERS-RAE or FERS-FRAE   |  |
| Language                                  | M40: Previous Retirement Coverage: previously covered  |  |
|   | K18: Position is at the full performance level   |  |
|   | M38: Frozen service: 0000  |  |
|   | E01: Appointment is Indefinite   |  |
|   | ZZZ: This appointment does not confer eligibility to be noncompetitively   |  |
|   | Converted to career-conditional or career appointment.   |  |
|   |  |  |



### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

WASHINGTON, D.C. 20460

February 6, 2018

ALMOULTHAT N ALMOUSTRATEN ALMOSSRAPHI VANAGEMENT



Congratulations! You have been selected for an appointment with the U.S. Environmental Protection Agency (EPA). This is to officially inform you of your position as Office of the Administrator. This position is in the Immediate Office of the Administrator; Washington, DC.

This position is an Excepted Service Administratively Determined (AD) position. Pursuant to the authority vested in the Administrator under Public Law 95-190, your compensation for this position has been set at \$56,233 per annum. Your acceptance of this position means that: (1) your position is not in the competitive service: (2) you will serve at the pleasure of the Administrator; and (3) termination of your appointment may occur at anytime upon notice thereof. During a change in Administration, each position is generally reviewed on a case-by-case basis to determine if they meet the needs of the new Administration's goals and objectives for the Agency.

#### Information About Your Position

▶ Your annual salary will increase to the amount of \$56,233:

➤ Your immediate supervisor will be

Office of the Administrator, your second level supervisor will be Ryan

Jackson, Chief of Staff to the Administrator; and

▶ You will continue to work a full-time schedule.

#### Benefits



We are pleased that you have chosen to continue your Federal career at the U.S. Environmental Protection Agency. We hope that you will find your new assignment both challenging and rewarding. If you have questions or concerns, please feel free to call me on

Sincerely

Executive Resources Staff Office of Human Resources



### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

WASHINGTON, D.C. 20460

OFFICE OF THE ADMINISTRATOR

### MEMORANDUM FOR THE RECORD

SUBJECT: Appointment of Personnel to Position Under the Authority of P.L. 95-190

Pursuant to the authority vested in me under P.L. 95-190, I hereby authorize the Appointment of in the Office of Administrator.

Administrator

will be compensated at the rate of \$61,926.00 per annum.

## Appendix D: Employee D

| FPM Supp. 296–33, Subc   | n. 4  |  |  |                 |  |                       |                                 |                      |         |              |               |               |                     |
|--|---|--|--|-----------------|--|-----------------------|---------------------------------|----------------------|---------|--------------|---------------|---------------|---------------------|
| 1. Name (Last, First,  | Middle)   |  |  |                 | 2. Soci  | al Securi             | ity Number                      | 3. Date o            | f Birth |              | 4. Effective  |               |                     |
|  |   |  |  |                 |  |                       |                                 |                      |         |              | 03/26/        | 2017          |                     |
| FIRST ACTIO  | <mark>)N</mark>   |  |  |                 | SECO   | ND A                  | CTION                           |                      |         |              |               |               |                     |
| 5-A. Code<br>170   | 5-B. Nature of Action<br>EXC APPT   |  |  |                 | 6-A. Coc   | le                    | 6-B. I                          | Nature of Ac         | ction   |              |               |               |                     |
| 5-C. Code  | 5-D. Legal Authority  |  |  |                 | 6-C. Cod   | ło.                   | 6 D                             | Legal Autho          | aults.  |              |               |               |                     |
| ZLM  | P. L. 95-190  |  |  |                 | 0-0.00   | ie                    | 0-D.                            | Legai Autio          | orny    |              |               |               |                     |
| 5-E. Code  | 5-F. Legal Authority  |  |  |                 | 6-E. Cod   | le                    | 6-F.                            | Legal Autho          | ority   |              |               |               |                     |
| 7. FROM: Position T  | itle and Number   |  |  |                 | 1  |                       |                                 |                      |         |              | Ī             |               |                     |
|  |   |  |  |                 |  |                       |                                 |                      |         |              |               |               |                     |
| 8. Pay Plan 9. Occ. Code   | e 10. Grade or Level 11. Step or  | Rate 12. T   | Total Salary                                     | 13. Pay Basis   | 16. Pay Pla                                      |                       | Occ. Code 1                     | 18. Grade or L       |         | Step or Rate | 20. Total Sal | lary/Award    | 21. Pay Basis<br>PA |
| 12A. Basic Pay   | 12B. Locality Adj. 12C. A   | dj. Basic  | Pay 121  | D. Other Pay    | 20A. Basic                                       | Pay                   | 2                               | 20B. Locality        | Adj.    | 20C. Adj. I  |               | 20D. Other    |                     |
|  |   |  |  |                 | 10282  | 26                    |                                 | 27866                |         | 130692       | 2             | 0             |                     |
| 14. Name and Location of Position's Organization   |   |  |  |                 | OFFICI   | E OF TI<br>E OF PU    | cation of Pos HE ADMIN UBLIC AF | NISTRATO             |         | n            |               |               |                     |
| EMPLOYEE I   | DATA  |  |  |                 |  |                       |                                 |                      |         |              |               |               |                     |
| 23. Veterans Preferen  |   |  |  |                 | 24. Tenu   |                       |                                 |                      | . Agen  | cy Use       | 26. Veteran   | ns Preference | ce for RIF          |
| 1 - None<br>2 - 5-Point  | 3 – 10–Point/Disability<br>4 – 10–Point/Compensable   |  | Point/Other<br>Point/Compensable/30 <sup>e</sup> | P/o             | 3  | 0 – None<br>1 – Perma |                                 | nditional<br>efinite |         |              | YES           | X             | NO                  |
| 27. FEGLI  |   |  |  |                 | 28. Annuitant Indicator 29. Pay Rate Determinant |                       |                                 |                      |         |              | ant           |               |                     |
|  |   |  |  |                 | 9 NOT APPLICABLE 0                               |                       |                                 |                      |         |              |               |               |                     |
| 30. Retirement Plan  |   | :  | 31. Service Com                                  | p. Date (Leave) | 32. Work   | Schedul               | le                              |                      |         |              | 33. Part-Ti   |               | Per                 |
| KF FERS-FRA  | E & FICA  |  | 03/26/2017                                       |                 | F FULL-TIME Biweekly Pay Period                  |                       |                                 |                      |         |              |               |               |                     |
| POSITION DA  | ATA _   |  |  |                 |  |                       |                                 |                      |         |              |               |               |                     |
| 34. Position Occupie   |   |  | 35. FLSA Categ                                   | ory             | 36. Appr   | opriation             | n Code                          |                      |         |              | 37. Bargain   | ning Unit St  | atus                |
| 2 1 - Competitive S<br>2 - Excepted Serv   |   |  | E E - Exe  |                 |  |                       |                                 |                      |         |              | 8888          |               |                     |
| 38. Duty Station Cod<br>11-0010-001  | le  |  | 39. Duty Station WASHINGTO                       |                 |  |                       |                                 |                      |         |              |               |               |                     |
| 40. Agency Data  | 41.   | 42.  | ~  | 43.             |  |                       | 4.                              | and taken            |         |              | mr provi      |               |                     |
| FUNC CLS 00  | VET STAT X  | EDUC   | C LVL  | SUPV ST         | TAT 8  | F                     | POSITION                        | SENSITI              | VITY    | MODERA       | ATE RISK      |               |                     |
| CREDITABLE PREVIOUS RE THIS POSITI EMPLOYEE IS APPOINTMENT POSITION IS THIS POSITI THIS APPOIN | TICE NONE AFFIDAVIT EXECU MILITARY SERVICE TIREMENT COVERAG ON IS DESIGNATED AUTOMATICALLY CO IS INDEFINITE. AT THE FULL PER ON IS DESIGNATED TIMENT DOES NOT CO O CAREER-CONDITION | FING 5 NAFERS, FERS<br>COR BAND<br>FING<br>LITY TO B | S-RAE<br>E NONC                                  | OR FE           | ERS-FRAI   | Ξ.                    | .102                            | :                    |         |              |               |               |                     |
|  | 46. Employing Department or Agency  |  |  |                 |  |                       | uthentication                   |                      |         | _            | ial           |               |                     |
|  | MENTAL PROTECTIO  | -  | 40.4   |                 | _  |                       | LECTRON                         |                      | 51GN    | FD RX:       |               |               |                     |
| 47. Agency Code<br>EP00  | 48. Personnel Office ID 3216  |  | 49. Approval Day 03/27/2017                      | ate             |  |                       | ROBERTS                         |                      | DIV, C  | OHR          |               |               |                     |

SF 52 (E"Forms 4.4) Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 290-33, Subch. 3

REQUEST FOR PERSONNEL ACTION

SRO Approval John E Reeder

| Actions Requested Administratively D   | etermined Appt.                                     | 7   |                        | 2. R                | equest Number<br>IO-2017-078  |
|--|---|---|------------------------|---------------------|---|
| 3. For Additional Information Call) (Name and Telephone  | e Number)<br>(HR-                                   | LocalTra  | acking No:             | 4. P                | roposed Effective Date<br>03/27/2017  |
| 5. Action Requested By (Typed Name, title, Signature, at<br>Ryan T. Jackson Chief of Stant   | nd Request Date)                                    | 6. Action Adhorized<br>E. Scott and ty. As                                    |                        | - Oke-1             | Concurrence Days)   |
| 1. Name  |   | 2. Social Security Na   | mbel Date o            | (Birth_ 4. E        | ffective Date<br>3 - 26 - 17  |
| 5-A. Code 5-B. Nature of Action 135+   |   | 3 <sup>2</sup>  | ure of Action          |                     |   |
| ZLM P. h. 95-190   | 3   |   | al Authority           |                     |   |
| 5-E. Code   5-F. Legal Authority   | •   | 6-E. Code 6-F. Leg  | al Authority           |                     | 352   |
| 7. FROM: Position Title and Number   | 0   | 15. TO: Position Title  | e and Number           |                     | U   |
| 8. Pay Plan 9. Occ. Code 10. Grade or Level 11. Step or Rate   | tel Seiery 13. Pay Basis                            | 16. Pay Pian 17. Occ. Code<br>AD 0301   | 18. Grade or Level 19. |                     | Salary/Award 21. Pay Basis  |
| 12A. Besic Pey 12B. Locality Adj. 12C. Adj. Basic P  | ay 12D. Other Pay                                   | 20A. Besic Pay  | 20B. Locality Adj.     | 20C. Adj. Basic Pay | 20D. Other Pay  |
| 23. Vetorans Preference 1 - None 3 - 10-Point/Disability 5 - 10-Point/Connerseble 8 - 10-Point/ConnerseBle 9 - 10-Point/C | 31. Service Comp. Date.                             | 24. Tenure 3 0 - None 1 - Darmeno 28. Annuitant Indicator 9 32. Work Schedule | 2 - Conditional        | 25. Agency Use      | 26. Veterans Preference YES TO RIF 29. Pay Rete Determinant 33. Part Time Hours Per |
|  |   |   |                        |                     | DO Pay Period   |
| 34. Position Occupated  1 - Competitive Service 3 - BES General 4 - SEE Competitive Service 38. Duty Station Code 1 - DD10 - DD1   | 35. FLSA Category  39. Duty Station  Washington, DC | <u> </u>  | B 11H ZZZME            | 8                   | 37. Bergeining Unit Status  |
| 40. Agency Data 41. 42.  | 43.   | 44.   |                        | -                   |   |
| 45. Educational Level 46, Year Degree Attained 47. Acad  | emic Discipline 48. Functio                         |   | nship 50. V            | •                   | 51. Supervisory Status  |
| Office/Function Initials/Signature   | Date  | Office/Function   | Initia                 | ils/Signature       | Date  |
| A Dea  | 21, 1.0   | D. Staff  | a.40                   | aily                | 3/24/17   |
| " 100 Am & Co  | 3/14/17   | F.  |                        |                     | 36  |
| Approval: I certify that the information entered on this form is proposed action is in compliance with statutory and regulator   |   | Signature Cece  | lin Fa                 | WAS TO              | Approval Date   |
| CONTINUED ON NEXT PAGE   |   |   |                        | Editions Prior to 7 | /91 Are Not Usable After 6/30/93<br>NSN 7540-01-333-6239                            |

| ote to Supervisors: Do you know of addition<br>if "YES", please state the  | ese facts on a separate sheet and at  |  | YES NO   |
|--|---|--|--|
|  |   |  |  |
| e de la companya de  |   | ·  |  |
| OGE 450 Not Required   |   |  | •  |
| OGE 450 Required   |   |  |  |
| Signed:  | . DEO   |  |  |
|  |   |  | •  |
|  |   |  |  |
|  |   | t Statement                                  |  |
| are requested to furnish a specific reason for your<br>carding address. Your reason may be considere<br>employment in the Federal service and may also<br>imployment compensation benefits. Your forwart<br>copies of any documents you should have or an  | d in any future decision regarding your<br>be used to determine your eligibility for<br>ding address will be used primarily to mail | section 8508 requires agencies to furnish    | n the Federal service and their records, while<br>the specific reason for termination of Federal<br>to agency in connection with administration of |
| tied.  s information is requested under authority of sections 301 and 3301 authorize OPM and sections 301 authorize OPM an | tions 301, 3301, and 8508 of title 5, U.S.  | your not receiving: (1) your copies of those | ary; however, fallure to provide it may result in<br>a documents you should have; (2) pay or other<br>ployment compensation benefits to which you  |
| Ressons for Resignation/Retirement (NOT generalizations. Your resignation/retirement   |   |  |  |
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|  |   |  |  |
| firective Date 3. Your Signature   | 4. Date Signed  | 5. Forwarding Address (Number                | Street, City, State, ZiP Code)   |
|  | ,   |  |  |
|  |   |  | 777  |
|  |   |  |  |
| MU1: App   | ointment Affidavit executed:  | •  |  |
| MAG: Draw  | litable Military Service: No  | ne   |  |
| M45: Emp   | ious Retirement Coverage:   | we could                                     | •  |
| K18: Empl  | loyee is automatically covere   | d under FERS.                                |  |
| 777: This n  | oyee position is at the full per  | formance level.                              |  |
| 777: This a  | osition is designated for Drug  | Testing.                                     | •  |
|  | Showing in goes not couted to   | eligibility to be noncompetitive             | ly converted   |
| to Car   | eer-Conditional   |  | ay converted   |
| 10 Cui   | eer-Conditional or Career Ap<br>ntment is Indefinite.   | pointment.                                   | ny converted   |

| FPM Sup   | o. 296–33, Subo         | :n. 4  |               |                                  |          |                     |  |   |                     |        |             |            |               |                       |              |                     |
|---|-------------------------|--|---------------|----------------------------------|----------|---------------------|--|---|---------------------|--------|-------------|------------|---------------|-----------------------|--------------|---------------------|
| 1. Name   | (Last, First,           | Middle)  |               |                                  |          |                     | 2. Soci  | al Sec  | urity Nu            | mber   | 3. Dat      | e of Birtl | h             | 4. Effectiv<br>05/14/ |              |                     |
| FIRS'   | Г АСТІО                 | DN   |               |                                  |          |                     | SECO   | ND  | ACTI                | ON     |             |            |               |                       |              |                     |
| 5-A. C  | ode                     | 5-B. Nature of Actio                             |               |                                  |          |                     | 6-A. Coo   |   |                     |        | Nature of   | Action     |               |                       |              |                     |
| 5-C. C  |                         | 5-D. Legal Authority<br>SCH C, 213.33SC          |               | 13 AGE                           |          |                     | 6-C. Coo   | de  |                     | 6-D.   | Legal Au    | thority    |               |                       |              |                     |
| 5-E. C  |                         | 5-F. Legal Authority                             |               |                                  |          |                     | 6-E. Coc   | le  |                     | 6-F.   | Legal Au    | thority    |               |                       |              |                     |
| 7 FRO   | M: Position T           | itle and Number                                  |               |                                  |          |                     | 15 TO-   | Positio   | on Title a          | nd Nu  | mher        |            |               |                       |              |                     |
|   |                         |  |               |                                  |          |                     |  |   |                     |        |             |            |               |                       |              |                     |
| 8. Pay Pla  | 9. Occ. Cod             | e 10. Grade or Level 11                          | _             | . Total Salary                   |          | 13. Pay Basis<br>PA | 16. Pay Pl<br>GS   | an 1  | 17. Occ. Co<br>0301 | ode 1  | 18. Grade o | or Level 1 | 9.Step or Rat | e 20. Total Sa        | llary/Award  | 21. Pay Basis<br>PA |
| 12A. Basic  | Pay                     | 12B. Locality Adj.                               | 12C. Adj. Bas | ic Pay                           | 120      | O. Other Pay        | 20A. Basic   | Pay   |                     |        | 20B. Locali | ity Adj.   | 20C. Adj.     | Basic Pay             | 20D. Other   | · Pay               |
| 10282   | 6                       | 27866  | 130692        |                                  | 0        |                     | 10282  | 26  |                     |        | 27866       |            | 13069         | 2                     | 0            |                     |
| 14. Name and Location of Position's Organization OFFICE OF THE ADMINISTRATOR OFFICE OF PUBLIC AFFAIRS  WASHINGTON,DC  |                         |  |               |                                  |          | OFFIC               | E OF<br>E OF   |   | DMIN<br>C AF        | NISTRA |             | on         |               |                       |              |                     |
| EMP   | LOYEE                   | DATA   |               |                                  |          |                     |  |   |                     |        |             |            |               |                       |              |                     |
|   | rans Prefere            |  |               |                                  |          |                     | 24. Tenu   | re  |                     |        |             | 25. Ager   | ncy Use       | 26. Vetera            | ns Preferen  | ce for RIF          |
| 1   | 1 – None<br>2 – 5–Point | 3 – 10–Point/Disability<br>4 – 10–Point/Compensa |               | 9–Point/Other<br>9–Point/Compens | ible/30% | 6                   | 3 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite YES X NO |   |                     |        |             |            |               | NO                    |              |                     |
| 27. FEG   | LI                      |  |               |                                  |          |                     | 28. Annu<br>9  | 28. Annuitant Indicator  9 NOT APPLICABLE  29. Pay Rate Determinant 0 |                     |        |             |            |               |                       | ant          |                     |
|   | rement Plan             | E a FIGA   |               |                                  |          | p. Date (Leave)     | 32. Work   | ]   |                     | ·      |             |            |               | 33. Part-T            | ime Hours I  | Per                 |
|   |                         | AE & FICA  |               | 03/26/201                        | 7        |                     | F FULL-TIME Pay Period   |   |                     |        |             |            |               |                       |              |                     |
|   | TION DA<br>tion Occupie |  |               | 25 FI SA 4                       | 7.4      |                     | 36. Appropriation Code 37. Bargaining Unit Status                |   |                     |        |             |            |               |                       |              |                     |
|   | 1 – Competitive S       | ervice 3 – SES General                           |               |                                  | – Exen   | npt                 | 30. Appr   | оргіа   | uon Code            | е      |             |            |               | 8888                  | ming Umit St | atus                |
|   | 2 – Excepted Serv       |  | erved         | 1                                | l – None | (City – County      | _ State or   | Over  | conc I oca          | otion) |             |            |               | 0000                  |              |                     |
| 38. Duty  | y Station Cod<br>0-001  | ie   |               |                                  |          | N,DISTRICT          |  |   |                     | ttion) |             |            |               |                       |              |                     |
|   | ncy Data<br>CLS 00      | 41.<br>VET STAT X                                | 42.<br>EDU    | JC LVL                           |          | 43.<br>SUPV ST      | AT 2   |   | 44.<br>POSI         | TION   | SENSI       | FIVITY     | HIGH RI       | SK                    |              |                     |
| 45 Remarks FROZEN SERVICE NONE CREDITABLE MILITARY SERVICE: NONE EMPLOYEE IS AUTOMATICALLY COVERED UNDER FERS, FERS-RAE OR FERS-FRAE. PREVIOUS RETIREMENT COVERAGE: NEVER COVERED THIS POSITION IS DESIGNATED FOR DRUG TESTING 5 NATIONAL SECURITY 5CFR 732.102 POSITION IS AT THE FULL PERFORMANCE LEVEL OR BAND. THIS POSITION IS DESIGNATED FOR DRUG TESTING THIS APPOINTMENT DOES NOT CONFER ELIGIBILITY TO BE NONCOIMPETITIVELY CONVERTED TO CAREER-CONDITIONAL OR CAREER APPOINTMENT APPOINTMENT IS INDEFINITE. |                         |  |               |                                  |          |                     |  |   |                     |        |             |            |               |                       |              |                     |
| _   |                         | tment or Agency<br>MENTAL PROTE(                 | TIO           |                                  |          |                     | _  |   |                     |        |             |            | roving Offic  | cial                  |              |                     |
|   | cy Code                 | 48. Personnel Office                             |               | 40 4                             | vol D    | nto.                | _  |   | H. PE               |        |             | 1 31GN     | ED BY:        |                       |              |                     |
| FD00  | icy code                | 48. Personnel Office                             | ш             | 49. Appro                        |          | iic                 |  |   | EVEC                |        |             | CDIV       | OHD           |                       |              |                     |



Not Usable After 6/30/93 NSN 7540-01-333-6239

SF 52 (E Forms 4.4) SRO Approval Rev. 7/91 U.S. Office of Personnel Management John E Reeder REQUEST FOR PERSONNEL ACTION FPM Supp. 296-33, Subch. 3 1. Actions Requested 2. Request Number Schedule C Appointment Conversion 10 OPA-2017-010 3. For Additional Information Call Name and Telephone Number) 4. Proposed Effective Date Local Tracking No: 5. Action Requested By (Type) No. 6. Action Authorized By E. Scott Pruitt, Administrator, Ryan T. Jackson Chief of Staff 1. Name 3. Date of Birt Social Security Number 6-B. Nature of Action 6-A. Code 6-C. Code 6-D. Legal Authority iency-limique 6-E. Code 6-F. Legal Authority 7. FROM: Position Title and Number 15. TO: Position Title and Number 13. Pay Basis 10. Grade or Level 11. Step or 20. Total Salary/Award 12. Total Salary 18. Grade or Level 19. Step or 21. Pay Basis 16. Psy Plan 17. Occ. Code \*130,692 B GS 0301 14 PA 00 12C. Adj. Basic Pay 12D. Other Pay OA. Besic Pay 20B. Locality Adj. 14. Name and Location of Position's Organization 22. Name and Location of Position's Organization A0G00000 - US EPA, Office of the Administrator, Office of Public Affairs Song -23. Veterans Preference 24. Timure 25. Agency Use 26. Veterans Preference 5 - 10-Point/Other 3 - 10-Point/Disability 2 - Conditional YES NO RIF 27. FEGLI 28/Annuitent Indicator 29. Pay Rate Determinant 30. Retirement Plan 31. Service Comp. Date 32. Work Schedule 33. Part Time Hours Per (Leave) Biweekly 34. Position Occupied
1 - Competitive Service
2 - Evented Service 35. FLSA Category 36. Appropriation Code 37. Bargaining Unit Status 17/18 B 11H ZZZME8 8888 38. Duty Station Code 39. Duty Station 11.0010 -00 Washington, DC 20460 40. Agency Data 42. 45. Educational Level 46. Year Degree Attained 47. Academic Discipline 48. Functional Class 50. Veterans Status 51. Supervisory Status 49. Citizenship 1-USA 8-Other 1. Office/Function Initials/Signature Date Office/Function Initials/Signature Date 5.15. 2. Approval: I certify that the information entered on this form is accurate and that the Signature Approval Date proposed action is in compliance with statutory and regulatory requirements. 3.1217

CONTINUED ON NEXT PAGE

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|  |  |  |   |  |  |   |   |
| to Superviso   | rs: Do you know of   | additional or conflicti  | ing reasons for the em  | oloyee's resignation/retir   | ement?   | 1 F                                     |   |
| ·  | if "YES", please st  | ate these facts on a   | separate sheet and att  | ech to SF 52.)   | L  | YES [                                   | NO  |
|  |  |  | •   |  |  | -                                       | s   |
|  |  |  | . •   |  |  |   | •   |
| OGE 450  | 0 Not Required   |  |   |  |  |   |   |
| OGE 450  | 0 Required   |  |   |  | . *  |   |   |
| Signed:  |  | DEO  |   | •  | *  |   |   |
| 7  |  |  | •   |  |  |   |   |
|  |  |  |   |  |  |   |   |
|  |  |  | Privacy Act   | Stetement :  |  |   |   |
| e requested to 1   | furnish a specific reaso   | n for your resignation or  | retirement and a  | with regard to employmen   | t of individuals in the Fede                             | ral service and t                       | geir-records, while                           |
| oloyment in the  | Federal service and mi   | sy also be used to deten   | mine your eligibility for   | section 6008 repulses age<br>service to the Secretary o                                | 4   abau as a Chain a anna 1                             |   |   |
| pies of any doc  | ensation benefits. Your<br>uments you should hav   | forwarding address will<br>se or any pay or compen:  | be used primarily to mail sation to which you are   | unemployment compensa  | fion programs:   | brouds                                  | <b>%</b> ,                                    |
| 1  |  |  |   | your not receiving: (1) you  | mation is voluntary; howev<br>ir copies of those documen | er, failure to prov<br>ts you should ha | vide it may result in<br>ve; (2) pay or other |
| formation is rec   | waatad wadar authorik  | of sections 301 3301 is  | and 8508 of title 5, U.S.   | - AAMAAAAAAAAAA dun unur ni  | nd (3) any unemployment c                                | ompensation be                          | nefits to which you                           |
|  |  | M and agencies to issue  |   | may be entitled.   |  |   |   |
| Sections 301 a   | and 3301 authorize OPI<br>algnation/Retirement   | M and agencies to issue  (NOTE: Your reason  | regulations<br>ns are used in determin  |  |  | e specific and                          | avoid   |
| Sections 301 a   | and 3301 authorize OPI<br>algnation/Retirement   | M and agencies to issue  (NOTE: Your reason  | regulations<br>ns are used in determin  | may be emitted.<br>ning possible unemployn   |  | e specific and                          | avoid   |
| Sections 301 a   | and 3301 authorize OPI<br>algnation/Retirement   | M and agencies to issue  (NOTE: Your reason  | regulations<br>ns are used in determin  | may be emitted.<br>ning possible unemployn   |  | e specific and                          | avoid   |
| Sections 301 a   | and 3301 authorize OPI<br>algnation/Retirement   | M and agencies to issue  (NOTE: Your reason  | regulations<br>ns are used in determin  | may be emitted.<br>ning possible unemployn   |  | e specific and                          | avoid   |
| Sections 301 a   | and 3301 authorize OPI<br>algnation/Retirement   | M and agencies to issue  (NOTE: Your reason  | regulations<br>ns are used in determin  | may be emitted.<br>ning possible unemployn   |  | e specific and                          | avoid   |
| Sections 301 a   | and 3301 authorize OPI<br>algnation/Retirement   | M and agencies to issue  (NOTE: Your reason  | regulations<br>ns are used in determin  | may be emitted.<br>ning possible unemployn   |  | e specific and                          | avoid   |
| Sections 301 a   | and 3301 authorize OPI<br>algnation/Retirement   | M and agencies to issue  (NOTE: Your reason  | regulations<br>ns are used in determin  | may be emitted.<br>ning possible unemployn   |  | e specific and                          | avoid   |
| Sections 301 a   | ind 3301 authorize OPi   | M and agencies to issue (NOTE: Your reason   | regulations  ns are used in determin  at the end of the day -   | may be emitted.<br>ning possible unemployn<br>midnight - unless you sp                 | ecify otherwise.)  |   |   |
| Sections 301 assessment of Responsitions.  | and 3301 authorize OPI<br>algnation/Retirement   | M and agencies to issue (NOTE: Your reason   | regulations<br>ns are used in determin  | may be emitted.<br>ning possible unemployn<br>midnight - unless you sp                 |  |   |   |
| Sections 301 asserts for Respective Date   | ind 3301 authorize OPi   | M and agencies to issue (NOTE: Your reason   | regulations  ns are used in determin  at the end of the day -   | may be emitted.<br>ning possible unemployn<br>midnight - unless you sp                 | ecify otherwise.)  |   |   |
| Sections 301 asserts for Respective Date   | and 3301 authorize OPi   | M and agencies to issue (NOTE: Your reason tirement is effective   | as are used in determine at the end of the day -  | may be emitted.<br>ning possible unemployn<br>midnight - unless you sp                 | ecify otherwise.)  |   |   |
| Sections 301 assessment and sections for Responsible for Respo | and 3301 authorize OPi   | Mand agencies to issue  (NOTE: Your reason  threment is effective  | as are used in determinat the end of the day -  | may be entitled.  ning possible unemployn midnight - unless you sp                     | ecify otherwise.)  |   |   |
| Sections 301 asserts for Respective Date  M39: Cr M40: Pr  | 33. Your Signature  3. Your Signature  reditable Military  | Nand spencies to issue (NOTE: Your reason threment is effective  | 4. Date Signed  | may be entitled.  ning possible unemployn midnight - unless you sp                     | ecify otherwise.)  |   |   |
| ective Date  M39: Cr M40: Pr M45: Er   | 3. Your Signature  3. Your Signature  editable Military revious Retirement   | Wand agencies to issue  (NOTE: Your reason threment is effective entropy  Service: Nore entropy  Annual Service in Coverage: Particular antically covered  | 4. Date Signed under FERS.  | may be entitled.  ning possible unemployn midnight - unless you sp                     | ecify otherwise.)  |   |   |
| ective Date  M39: Cr M40: Pr M45: Er K18: Em   | 3. Your Signature  3. Your Signature  reditable Military revious Retirement aployee is autor aployee position s position is des  | y Service: Normal Service of the full performant of the full perform | 4. Date Signed                | may be entitled.  ning possible unemployn midnight - unless you sp  5. Forwarding Addr | ress (Number, Street, C                                  |   |   |
| M39: Cr<br>M40: Pr<br>M45: Er<br>K18: Em<br>ZZZ: Thi   | 3. Your Signature  3. Your Signature  reditable Military revious Retirement reployee is autor aployee position s position is desis s appointment of                                  | Note: Your reason threment is effective and spencies to issue (NOTE: Your reason threment is effective and the second sec | 4. Date Signed  4. Date Signed  4. Date Signed  4. Date Signed  Tunder FERS.  formance level.  Testing.  Ligibility to be nor | may be entitled.  ning possible unemployn midnight - unless you sp  5. Forwarding Addr | ress (Number, Street, C                                  |   |   |
| ective Date  M39: Cr M40: Pr M45: Er K18: Em ZZZ: Thi ZZZ: Thi   | 3. Your Signature  3. Your Signature  reditable Military revious Retirement revious Retirement reployee is autor aployee position s position is des s appointment of Career-Conditio | y Service: Normal Service of the Market Serv | 4. Date Signed  4. Date Signed  4. Date Signed  4. Date Signed  Tunder FERS.  formance level.  Testing.  Ligibility to be nor | may be entitled.  ning possible unemployn midnight - unless you sp                     | ress (Number, Street, C                                  |   |   |
| ective Date  M39: Cr M40: Pr M45: Er K18: Em ZZZ: Thi ZZZ: Thi   | 3. Your Signature  3. Your Signature  reditable Military revious Retirement reployee is autor aployee position s position is desis s appointment of                                  | y Service: Normal Service of the Market Serv | 4. Date Signed  4. Date Signed  4. Date Signed  4. Date Signed  Tunder FERS.  formance level.  Testing.  Ligibility to be nor | may be entitled.  ning possible unemployn midnight - unless you sp  5. Forwarding Addr | ress (Number, Street, C                                  |   |   |
| ective Date  M39: Cr M40: Pr M45: Er K18: Em ZZZ: Thi ZZZ: Thi   | 3. Your Signature  3. Your Signature  reditable Military revious Retirement revious Retirement reployee is autor aployee position s position is des s appointment of Career-Conditio | y Service: Normal Service of the Market Serv | 4. Date Signed  4. Date Signed  4. Date Signed  4. Date Signed  Tunder FERS.  formance level.  Testing.  Ligibility to be nor | may be entitled.  ning possible unemployn midnight - unless you sp  5. Forwarding Addr | ress (Number, Street, C                                  |   |   |

| FPM Supp. 296–33, Sub   | ch. 4   |              |                                  |                              |        |   |  |                   |           |            |                |                      |               |                     |
|---|---|--------------|----------------------------------|------------------------------|--------|---|--|-------------------|-----------|------------|----------------|----------------------|---------------|---------------------|
| 1. Name (Last, First,   | Middle)   |              |                                  |                              |        | 2. Socia  | al Securi                                | ty Number         | 3. Date   | e of Birth |                | 4. Effective 08/13/2 |               |                     |
| FIRST ACTIO   | )N  |              |                                  |                              |        | SECO  | ND A                                     | CTION             |           |            |                |                      |               |                     |
| 5-A. Code<br>546  | 5-B. Nature of Action CONV TO SES NON               | CAREEL       | г аррт                           |                              |        | 6-A. Cod  |  |                   | ature of  | Action     |                |                      |               |                     |
| 5-C. Code<br>V4L  | 5-D. Legal Authority<br>5 U.S.C. 3394(A) NOI        |              |                                  |                              |        | 6-C. Cod  | le                                       | 6-D. I            | ægal Au   | thority    |                |                      |               |                     |
| 5-E. Code<br>AWM  | 5-F. Legal Authority NON CAREER OPM                 |              |                                  |                              |        | 6-E. Cod  | le                                       | 6-F. I            | egal Au   | thority    |                |                      |               |                     |
| 7. FROM: Position   |   |              | .002 00>1.                       |                              |        | 15. TO: Position Title and Number   |  |                   |           |            |                |                      |               |                     |
|   |   |              |                                  |                              |        |   |  |                   |           |            |                |                      |               |                     |
| 8. Pay Plan   9. Occ. Cod<br>GS   0301  | e   10. Grade or Level   11. Step                   |              | Total Salary                     | 13. Pay Bas                  | sis    | 16. Pay Pla   |  | Occ. Code 18      | . Grade o |            | O.Step or Rate | e 20. Total Sal      | lary/Award    | 21. Pay Basis<br>PA |
| 12A. Basic Pay  |   | C. Adj. Basi |                                  | 12D. Other Pay               | ,      | 20A. Basic  |  |                   | B. Locali |            | 20C. Adj.      |                      | 20D. Other    |                     |
| 102826  |   | 130692       |                                  | 0                            |        | 16190   | -  |                   | 0         |            | 16190          |                      | 0             | •                   |
| 102826 27866 130692 0  14. Name and Location of Position's Organization OFFICE OF THE ADMINISTRATOR OFFICE OF PUBLIC AFFAIRS  |   |              |                                  |                              | OFFICE | E OF TI   | cation of Posit<br>HE ADMIN<br>UBLIC AFF | ISTRA             |           | on         |                |                      |               |                     |
| WASHINGTON,I  |   |              |                                  |                              |        | WASHI   | NGTO                                     | N,DC              |           |            |                |                      |               |                     |
| EMPLOYEE 1  |   |              |                                  |                              |        |   |  |                   |           | l          |                |                      |               |                     |
| 23. Veterans Prefere  1 - None 2 - 5-Point  | 3 – 10–Point/Disability<br>4 – 10–Point/Compensable |              | -Point/Other<br>-Point/Compensab | ole/30%                      |        | 24. Tenure    0 - None   2 - Conditional   1 - Permanent   3 - Indefinite   25. Agency Use   26. Veterans Preference for RIF   YES   X   NO |  |                   |           |            |                |                      |               |                     |
| 27 FEGLI  |   |              |                                  |                              |        | 28. Annuitant Indicator  9 NOT APPLICABLE  29. Pay Rate Determinant 0   |  |                   |           |            |                |                      | ant           |                     |
| 30. Retirement Plan   |   |              | 31. Service (                    | Comp. Date (Le               | eave)  | 32. Work Schedule 33. Part-Time Hours Per   |  |                   |           |            |                |                      | er            |                     |
| KF FERS-FRA   | AE & FICA   |              | 03/26/2017                       | •                            |        | F FULL-TIME Biweekly Pay Period   |  |                   |           |            |                |                      |               |                     |
| POSITION DA   | ATA   |              |                                  |                              |        | ]   |  |                   |           |            |                |                      |               |                     |
| 34. Position Occupio  |   |              | 35. FLSA C                       |                              |        | 36. Appr  | opriation                                | 1 Code            |           |            |                | 37. Bargain          | ning Unit Sta | itus                |
| 3 1 - Competitive S<br>2 - Excepted Ser   |   |              |                                  | – Exempt<br>– Nonexempt      |        |   |  |                   |           |            |                | 8888                 |               |                     |
| 38. Duty Station Cod<br>11-0010-001   | le  |              |                                  | tion (City – Co<br>TON,DISTR |        |   |  |                   |           |            |                |                      |               |                     |
| 40. Agency Data<br>FUNC CLS 00  | 41.<br>VET STAT X                                   | 42.<br>EDU   | C LVL                            | 43.<br>SUP                   | V ST   | AT 2  |  | 4.<br>POSITION S  | SENSIT    | TIVITY     | HIGH RI        | SK                   |               |                     |
| 4   | 1   |              |                                  | -                            |        |   |  |                   |           |            |                |                      |               |                     |
| CREDITABLE MILITARY SERVICE: NONE  EMPLOYEE IS AUTOMATICALLY COVERED UNDER FERS, FERS-RAE OR FERS-FRAE.  TENURE AS USED FOR 5 U.S.C. 3502 IS NOT APPLICABLE TO THE SENIOR EXECUTIVE SERVICE.  PREVIOUS RETIREMENT COVERAGE: PREVIOUSLY COVERED  THIS POSITION IS DESIGNATED FOR DRUG TESTING 5 NATIONAL SECURITY 5CFR 732.102  THIS POSITION IS DESIGNATED FOR DRUG TESTING  THIS APPOINTMENT DOES NOT CONFER ELIGIBILITY TO BE NON-COMPETIVITELY  46. Employing Department or Agency  50. Signature/Authentication and Title of Approving Official |   |              |                                  |                              |        |   |  |                   |           |            |                |                      |               |                     |
|   | MENTAL PROTECTION                                   | )            |                                  |                              |        | _   |  | LECTRON           |           |            | _              | L-141                |               |                     |
| 47. Agency Code<br>EP00   | 48. Personnel Office ID 3216                        |              | 49. Approv                       |                              |        |   | E H. TI                                  | ELLIS<br>XEC RESO |           | a ====     |                |                      |               |                     |
|   |   |              |                                  |                              |        |   |  |                   |           |            |                |                      |               |                     |

| SF 52 (ETForms 4.4)<br>Rev. 7/91<br>U.S. Office of Personnel Man | Boement   | DECLIES                                      |                      | -5001             |              |                       | pproval                                 | ohn E Reed              | er                                  |
|--|---|--|----------------------|-------------------|--------------|-----------------------|---|-------------------------|-------------------------------------|
| FPM Supp. 298-33, Subch. 3                                       |   | REQUEST                                      | FOR PE               | RSONN             | IEL AC       | ION                   | N 9 5022                                |                         |                                     |
| 1. Actions Requested   | Conversion to   | Non Career SE                                | S Appt.              | 31                |              |                       | 2. R                                    | equest Numb<br>OPA-2017 |                                     |
| 3 For Additional infor   | motion Call (Nameland Tel   | ephone Number)<br>(HR-                       | × <sub>S</sub> e     | 16<br>16<br>18    | Local Trac   | king Na.              | <b>1.P</b>                              | roposed Effe            |                                     |
| 5. Action Requested  | y (Typed Name Title, Signal   | use, and Finquest De                         | ite)                 | 6. Action A       | uthorized B  | y (Typod Name,        | Title, Signature, and                   | Concurrence             | <b>PROVI</b>                        |
| Ryan T. Jackson Ch   | ief of Stati  | Mor  | 1                    | E. Scott I        | ruitt, Adn   | ninistrator, TP       | xingh                                   | 41                      | 1.1                                 |
| 1. Name  | <b>- 1</b> 7 /  | J  | (A)                  | 2. Social S       | ecurity Num  | ber 3. Date           |   | fective Date<br>US-J3   |                                     |
|  | ine of Action   | 0  | 4 =                  | 6-A. Code         | 6-B. Natua   | re of Action          | A 1887 A 1887 A                         | e.                      |                                     |
| 5-C Code 5-D Leg   | the SGS Non<br>S.C. 3394  |  | ASISA                | 6-C. Code         | 6-D. Lega    | Authority             | <u>'</u>                                | 12                      | €.4                                 |
| 5-E Code 5-F. Legs   | al Authority  | u opm  | En 1653              | 6-E. Code         | 6-F. Legal   | Authority             | ¥                                       |                         |                                     |
| 7. FROM: Position Ti   |   | M CATITION                                   | <u> </u>             | 15. TO: Po        | sition Title | and Number            |   |                         |                                     |
|  |   |  |                      |                   |              |                       |   |                         |                                     |
| 8. Pay Plan 9. Occ. Code   | 10. Grade or Level 11. Step or  | 12. Total Salary                             | 13. Pay Basis        |                   | L            | 18. Grade or Level 19 |   | Salary/Award            | 21. Pay Basis                       |
| GS 0301  | 2B. Locality Adj. 12C. Adj.   | #130,692                                     | Other Pay            | ES 20A. Basic Pay | 0340         | B. Locality Adi.      | 20C. Adj. Basic Psy                     | 1,900.00<br>200. Othe   | PA                                  |
| .2.2.00.0101   | io. cocamy ray.   | 120.0  |                      | LOVE DOSIC 1 by   |              | D. Cotomy Aug.        | , | LUD. GAR                | .,,,                                |
| 23. Veteraris Preference   |   | Point/Other                                  | . 63                 | 24. Tenure        | 0 - None     | 2 - Conditional       | Administrator, Office                   | 26. Veterans            |                                     |
| 27. FEGLI  | - 10.Doint/Companiohle R - 10.  | Point#Companeshia#90f                        |                      | 28. Annuitan      | t Indicator  | 3 - Indefinite        |   | 29. Pay Rate            |                                     |
| 30. Retirement Plan  | N. St.  | 31. Service<br>(Leave) 3                     | Comp. Date<br>-26-17 | 32. Work Scr      | nedule       | (8 ) 18 (19)          | \(\frac{1}{2}\)                         | 33 Part Time<br>Biw     | makhr                               |
| 34. Position Occupied 1 - Competitive                            | Bervice 3 - SES General   | 35. FLSA 0                                   | Category             | 36. Appropris     |              | 3 11H <b>ZZZ</b> ME   | E8                                      | 37. Bargainin           | g Unit Status                       |
| 38. Duty Station Code  | 0 - 001   | 39. Duty St                                  | ation<br>ngton, DC   | 20460             | ŭ.           | #<br>                 | n 2 2                                   | MA DE S                 | ***                                 |
| 40. Agency Data  | 41.   |  | 43.                  | 8                 | 44.          |                       |   |                         | 290                                 |
| 45. Educational Level  | 46. Year Degree Attained 47   | . Academic Disciplin                         | e 48. Function       | nel Class         | 49. Chizens  | hip 50.<br>A B-Other  | Veterans Status                         | 51, Supervisor          | y Status                            |
| 1. Office/Function   | Initials/Signat   | ure  | Date                 | Official          | unction      | Initi                 | als/Signature                           | <i>7</i> ·              | Date                                |
| Α.   |   |  |                      | D.                | 1            |                       |   |                         | 7                                   |
| В.   |   |  |                      | E.                | - J. V.      |                       | ji e                                    |                         |                                     |
| C.   |   | 2 2  | • 11 11 11           | F.                |              |                       |   |                         | 83                                  |
| Approval: I certify that :<br>proposed action is in co           | the information entered on this to<br>compliance with statutory and re- | form is accurate and<br>gulatory requirement | that the<br>S.       | Signature         | lttr         | w Mu                  | rl -                                    | - 30                    | HOVAL Pale                          |
| CONTINUED ON NEX   | T PAGE  | * *  |                      |                   |              | -0.0c                 | Editions Prior to 7                     |                         | ole After 6/30/93<br>40-01-333-6239 |

| Note to Supervisors: Do you know of additional or conflicting reasons for the emp<br>if "YES", please state these facts on a separate sheet and atta   | loyee's resignation/retirement?<br>ach to SF 52.)  | YES  | NO  |
|--|--|--|---|
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| OGE 450 Not Required   |  | •  |   |
| 그는 전하는 사람이는 요즘 점점 보고 하는 것이 없는 것이다.   |  |  |   |
| OGE 450 Required   |  |  |   |
| Signed:, DEO   |  |  |   |
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|  |  |  |   |
| Privacy Act  | Statement  |  |   |
| ou are requested to furnish a specific reason for your resignation or retirement and a private requested to furnish a specific reason for your resignation or retirement and a private region of the Federal service and may also be used to determine your eligibility for nemployment compensation benefits. Your forwarding address will be used primarily to mail ou copies of any documents you should have or any pay or compensation to which the private retired.  This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. code. Sections 301 and 3301 authorize OPM and agencies to issue regulations.   | with regard to employment of individuals section 8508 requires agencies to furnis service to the Secretary of Labor or a St unemployment compensation programs. The furnishing of this information is voluyour not receiving: (1) your copies of the compensation due you; and (3) any unemay be entitled. | h the specific reason for to<br>ate agency in connection<br>many; however, failure to p<br>se documents you should | ermination of Federal<br>with administration of<br>provide it may result in<br>have; (2) pay or other |
| Reasons for Resignation/Retirement (NOTE: Your reasons are used in determin generalizations. Your resignation/retirement is effective at the end of the day - resignation o |  |  | nd avoid  |
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|  | ta de la companya de   |  |   |
| Effective Date 3. Your Signature 4. Date Signed  | 5. Forwarding Address (Number  | er, Street, City, State, 2   | ZIP Code)   |
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| 139-Creditable Militers Schrift<br>140-Plevious petikonat Call<br>149-Employee is automatica   | riel i Previous<br>Ily Covered   | ly cover<br>under F  | ed<br>=======<br>muceleug   |
| 118-Employee POSHIONIS   | worked for   | Druk   | 7.48/12   |
| 222 - I was position to des  | not Confer e   | lis, bilik   | 40 pc 0   |
| 18- Employee POSTIONIS<br>222-This postition is des<br>222-This appointment does<br>100 competiting converted to   | Career-Con   | dational   | or  |
| appointment is Indefinites   |  | · · · · · · · · · · · · · · · · · · ·  |   |
|  |  |  |   |

| United States Environmental Protection Agency   |   | 1. DUTY LOCAT  |  | 2 POSITION NUMBER  |   |                                  |  |  |  |
|---|---|--|--|--|---|----------------------------------|--|--|--|
| POSITION DESCRIPTION COVERSHEE  3. CLASSIFICATION ACTION: a, Reference of Series and Date of  |   | Washing<br>Classify this Position  | iton, DC   |  |   |                                  |  |  |  |
|   |   |  |  |  |   |                                  |  |  |  |
| b. Ti   | itle  |  | c. Pay Plan  | d. Series  | e. Grade  | f. CLC                           |  |  |  |
| Official<br>Allocation  |   |  | ES   | 0340   | 00  |                                  |  |  |  |
| 4. Supervisor's<br>Recommendation   |   |  | ES   | 0301   | 00  |                                  |  |  |  |
| 5. ORGANIZATIONAL TITLE OF POSITION (if any)  |   | 6. NAME OF EMP   |  | SE 5.51 17   |   |                                  |  |  |  |
| 7. ORGANIZATION (Give complete organizational breakdo   | own)  | c.   |  |  |   |                                  |  |  |  |
| a. U.S. ENVIRONMENTAL PROTECTION AGENCY   |   | f  |  |  |   |                                  |  |  |  |
| b. Office of the Administrator  |   | <u>g</u> -   |  |  |   |                                  |  |  |  |
| c. Office of Public Affairs   |   | h. Employing Office Location Washington, DC  |  |  |   |                                  |  |  |  |
| d.  |   | i. Organization Co   | ode  |  |   |                                  |  |  |  |
| 8. SUPERVISORY STATUS   |   |  |  |  |   |                                  |  |  |  |
| position classification standards.    4   Supervisor. Position meets the definition of Supervisor GSSG.   5   Management Official. Position meets the definition of Supervisor/Manager or the definition of Supervisor in Supervisor/Manager or the definition of Supervisor in Grade Evaluation leads a team performing one-grade interferate Grade Evaluation Guide (WLGEG) or is under a wage directives of the applicable pay system. | of Management Of<br>5.U.S.C. 7103(a)(<br>rval work and meets<br>system and meets<br>grade interval wor<br>e above definitions<br>an accurate statemental functions for wh | ficial in 5.U.S.C. 71(10).  Its the minimum requisimilar minimum re k and meets the minimum.  This is a non-supert of the major duties an ich I am responsible. The  | 03(a)(11), but do-<br>uirements for appequirements as sp<br>imum requirements<br>ervisor/non-mana<br>d responsibilities of<br>the certification is t | es not meet the<br>dication of Par<br>ecified by thos<br>ats for applicat<br>gerial position<br>I this position ar<br>made with the kr | e GSSG definit t I of the Work te job standards tion of Part II o | ion of  Leader s or other  f the |  |  |  |
| statutes or their implementing regulations.   | n and payment or pe   | and an arrangement of the second of the seco |  |  |   | is in inch                       |  |  |  |
| a. Typed Name and Title of Immediate Supervisor   |   | d. Typed Name a  |  | nd-Level Sup   | ervisor   |                                  |  |  |  |
| Ryan T. Jackson, Chief of Staff   |   | E. Scott Pruitt,   | Administrator  | -  | Ale e   |                                  |  |  |  |
| K-x ph  | 3/10/17   | e. Signature   | be   | for for  | f. Dat  | 10/17                            |  |  |  |
| 10. OFFICIAL CLASSIFICATION CERTIFICATION: I a standards published by the U.S. office of Personnel Management or, i   | certify that this posit<br>if no published stand  | ion has been classified  | graded as required   | by Title 5, U.S.<br>nost applicable i  | Code, in confort<br>published standa                              | mance with<br>rds.               |  |  |  |
| a Promotion Potential  This position has no promotion potential  —If position   | n develops as plan  | ned and employee pr  | 1  |  |   |                                  |  |  |  |
| b. PSB Risk Designation  1 Low 2 Moderate 3 High Security Clearance Required: Yes   No  | Allocation This  may be IA e may not be I.  | dditional" (IA)<br>s position<br>I   | e. FLSA Deter  NONEXEM  check exempl Administrat  Professional   | IPT 🔯 EXEMI<br>tion category)<br>ive 🐧   | PT* Class<br>Code   | ectional<br>ification            |  |  |  |
| g. Bargaining Unit Code  Medical Monitoring Required Extramural Resources Management Duti This position is subject to random drug to  | i. Classifier's   | Signature<br>FUL   |  | j. Da  | 13/17   |                                  |  |  |  |
| Typ Sacar   |   |  |  |  |   |                                  |  |  |  |

# Request for Senior Executive Service Appointing Authority

| Agency Name: ENVIRONMENTAL PROTECTION AGENCY   | Print Date: 07/26/2017                         |
|--|--|
| POC: Phone:  | Fax: (202) 564-9612                            |
| Request No: Request Type: APPOINTMENT  | -<br>-   |
| Appointment Authority: NONCAREER   |  |
| Extension: No Duration: ES Pay Level   | :\$161,900 Temporary Allocation: No            |
| Candidate:   |  |
| Position No: Title:  | N (a   |
| Organization Name: OFFICE OF PUBLIC AFFAIRS  | \$ (W)   |
| Recruited From: SAME BÜREAU, SAME AGENCY GE  | O Location: WASHINGTON                         |
| Current Title:   |  |
| Proposed Title:  |  |
| SES Endorseme  | ent Statement                                  |
| I endorse the above request made to the Office of Pers<br>General position and certify that the candidate meets<br>managerial qualifications for the position. |  |
| Agency/Dept. Head of E. Scott Pruitt, Signature:   | Administrator  Date Signed: "7/27/17           |
| Agency White I   | House Liaison                                  |
| Name: Charles Munoz  | Phone: 202.564.3097                            |
| 11 /   | 123 MUNOX Date Signed: 7/27/17                 |
| Check the appro  | priate Box(es)                                 |
| Your request for a new noncareer appointment authority, reassigns pay level change is:   | Approved Approved Approved with Modification * |
| Your request for a limited term emergency appointment authority for duration of  |  |
| Your request for temporary space allocation  |  |
| Number of non-career allocations:  | Percent of SES space allocation:%              |
| OPM Approving Official:  | Date Signed: 8/9/17                            |
| EMAIL: SERS@opm.gov  | ATTENTION: Senior Executive Resource Services  |
| Source: Office of Personnel Management   | Report 1652, Version November 2008             |



#### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

WASHINGTON, D.C. 20460

OFFICE OF ADMINISTRATION AND RESOURCES MANAGEMENT

AUG 1 0 2017



Congratulations! You have been selected for an appointment with the U.S. Environmental Protection Agency (EPA). This is to officially inform you of your position as This position is located in the Office of the Administrator, Office of Public Affairs, Immediate Office; Washington, DC. Your appointment to this position will be made effective August 13, 2017.

This position is a Non-Career Senior Executive Service (SES) position. Your acceptance of this position means that: (1) your position is not in the competitive service; (2) you will serve at the pleasure of the Administrator; and (3) termination of your appointment may occur at anytime upon notice thereof. During a change in Administration, each position is generally reviewed on a case-by-case basis to determine if they meet the needs of the new Administration's goals and objectives for the Agency.

### Information About Your Position

- ➤ Your annual salary will increase to the level of \$161,900:
- ➤ Your immediate supervisor will be Ryan Jackson, Chief of Staff to the Administrator; your second level supervisor will be E. Scott Pruitt, Administrator
- ► You will continue to work a full-time schedule:
- ➤ You will earn 8 hours of annual leave per pay period and 4 hours of sick leave per pay period. A maximum of 720 hours of annual leave can be carried forward into next leave year; and there is no cap on accrued sick leave:
- You may be required to update your SF-278 Financial Disclosure form. Please contact to obtain additional information:
- ➤ Your position has been designated by our Personnel Security Office as a High Risk position. This designation will require your position to be subject to random drug testing procedures.

#### Benefits

We are pleased that you have chosen to continue your Federal career at the U.S. Environmental Protection Agency. We hope that you will find your new assignment both challenging and rewarding. If you have questions or concerns, please feel free to call me on

Sincerely yours.

Office of Human Resources

# Appendix E: Employee E

| FPM Supp. 296–33, Sub  | cn. 4   |   |                           |                |  |                             |                                 |                        |            |               |                     |                         |                     |
|--|---|---|---------------------------|----------------|--|-----------------------------|---------------------------------|------------------------|------------|---------------|---------------------|-------------------------|---------------------|
| 1. Name (Last, First,  | Middle)   |   |                           |                | 2. Socia   | al Securi                   | ity Number                      | 3. Dat                 | e of Birtl | n             | 4. Effective 04/23/ |                         |                     |
| FIRST ACTIO  | ON  |   |                           |                | SECO   | ND A                        | CTION                           |                        |            |               |                     |                         |                     |
| 5–A. Code<br>170   | 5-B. Nature of Action EXC APPT                        |   |                           |                | 6-A. Cod   |                             |                                 | Nature of              | Action     |               |                     |                         |                     |
| 5-C. Code<br>ZLM   | 5-D. Legal Authority<br>P.L. 95-190                   |   |                           |                | 6-C. Cod   | e                           | 6-D                             | . Legal Au             | thority    |               |                     |                         |                     |
| 5-E. Code  | 5-F. Legal Authority                                  |   |                           |                | 6-E. Cod   | e                           | 6-F                             | . Legal Au             | thority    |               |                     |                         |                     |
| 7. FROM: Position  | Fitle and Number                                      |   |                           |                | 15 TO: I   | Position                    | Title and N                     | umbor                  |            |               |                     |                         |                     |
| 7.1 KOM. 1 OSHION  | The and Pulliser                                      |   |                           |                | 15. 10. 1  | osition                     | Title and IV                    | ambei                  |            |               |                     |                         |                     |
| 8. Pay Plan 9. Occ. Cod  | le 10. Grade or Level 11. Step or Ri                  | nte 12. Total Salary                      | 13.                       | . Pay Basis    | 16. Pay Pla  |                             | Occ. Code                       | 18. Grade o            | or Level 1 | 9.Step or Rat | e 20. Total Sa      | lary/Award              | 21. Pay Basis<br>PA |
| 12A. Basic Pay   | 12B. Locality Adj. 12C. Ad                            | i. Basic Pay                              | 12D. O                    | other Pay      | 20A. Basic Pay     20B. Locality Adj.     20C. Adj. Basic Pay       91074     24681     115755 |                             |                                 |                        |            |               | 20D. Other          | Pay                     |                     |
| 14. Name and Location of Position's Organization                                       |   |   |                           |                |  |                             | cation of Po<br>HE ADMI<br>N,DC |                        |            | on            |                     |                         |                     |
| <b>EMPLOYEE</b>  | <b>DATA</b>   |   |                           |                |  |                             |                                 |                        |            |               |                     |                         |                     |
| 23. Veterans Prefere  1 - None 2 - 5-Point   | ance 3 – 10–Point/Disability 4 – 10–Point/Compensable | 5 – 10–Point/Other<br>6 – 10–Point/Comper | sable/30%                 |                | 24. Tenur  | re<br>0 – None<br>1 – Perma |                                 | onditional<br>definite | 25. Ager   | ncy Use       | YES                 | 7.                      | NO                  |
| 27. FEGLI  |   |   |                           |                | 28. Annui  |                             | licator<br>APPLICA              | BLE                    |            |               | 29. Pay Rat<br>0    | te Determin             | ant                 |
| 30. Retirement Plan  |   |   | _                         | Date (Leave)   | 32. Work   |                             |                                 |                        |            |               |                     | ime Hours l<br>Biweekly | Per                 |
|  | AE & FICA   | 04/23/20                                  | 17                        |                | F FULL-TIME Pay Period   |                             |                                 |                        |            |               |                     |                         |                     |
| POSITION DA  34. Position Occupio  |   | 25 FX GA                                  | G 4                       |                |  |                             |                                 |                        |            |               |                     |                         |                     |
| 1 – Competitive S  | Service 3 – SES General                               | 35. FLSA<br>E                             | E – Exempt<br>N – Nonexen |                | 36. Appro  | opriatioi                   | n Code                          |                        |            |               | 37. Bargan          | ning Unit St            | atus                |
| 2 - Excepted Ser  38. Duty Station Cod   |   |   |                           | ity – County   | – State or   | Oversea                     | s Location)                     |                        |            |               | 1                   |                         |                     |
| 11-0010-001  |   | WASHIN                                    | IGTON,                    | DISTRICT       | OF COL   | UMBL                        | A                               |                        |            |               |                     |                         |                     |
| 40. Agency Data<br>FUNC CLS 00   | 41.<br>VET STAT X                                     | 42.<br>EDUC LVL                           |                           | 43.<br>SUPV ST | AT 8   |                             | <sup>14.</sup><br>POSITION      | N SENSI                | FIVITY     | HIGH RI       | SK                  |                         |                     |
| FUNC CLS 00 VET STAT X EDUC LVL SUPV STAT 8 POSITION SENSITIVITY HIGH RISK  45 Remarks |   |   |                           |                |  |                             |                                 |                        |            |               |                     |                         |                     |
| 46. Employing Depar  | = -   |   | <u></u>                   |                | 50. Signature/Authentication and Title of Approving Official                                   |                             |                                 |                        |            |               |                     |                         |                     |
|  | MENTAL PROTECTIO                                      |   |                           |                | _  |                             | LECTRO:                         |                        | Y SIGN     | ED BY:        |                     |                         |                     |
| 47. Agency Code  | 48. Personnel Office ID                               | 49. Appr                                  | oval Date                 |                |  |                             | ROBERT                          |                        | C DIV      | OHD           |                     |                         |                     |

ECT:

FPPS 4/24/17

SF 52 (E"Forms 4.4)
Rev. 7/91
U.S. Office of Personnel Management

SRO Approval

### REQUEST FOR PERSONNEL ACTION

John E Reeder

| 1. Actions Requeste  | d ADA   | ppointment                       | _ :                                     | 2                   |   |   | 20 2                              |                           | 2. R        | equest Num<br>IO-2017        |  |
|--|---|----------------------------------|---|---------------------|---|---|-----------------------------------|---------------------------|-------------|------------------------------|--|
| 3. For Additional Inf  | formation Call                                    | nte and Telephone                | Number)                                 |                     |   | Local Trac  | cking No:                         | <del>)</del> –            | 4. P        | OU. 13                       | rtive Date   |
| 5. Action Requested<br>Ryan T. Jackson,  | Λ   | 11.1                             | d Request Date                          | 3/21/17             | Politica Activities Colored                 |   | ninistrator                       | me, Tale, Signa           | are, efe    |                              |  |
| 1. Name  | 0.000   |                                  |   | W                   | 2. Social S                                 | ecurity Nur                                       | nber 3. Da                        | ns ot/Elifth /            |             | ffective Date<br>) 4・23      |  |
| 170 0  | ature of Action                                   | Appti                            |   |                     | 6-A. Code                                   |   | re of Action                      |                           | ,           |                              |  |
| ZIMI P.  | L 95-/  | 90                               |   |                     | 6-C. Code                                   | o-D. Lega   | al Authority                      |                           | 270.0       |                              |  |
| 5-E. Code 5-F. Le  | gal Authority                                     |                                  |   |                     | 6-E. Code                                   | 6-F. Lega   | l Authority                       |                           |             |                              |  |
| 7. FROM: Position  | Title and Number                                  |                                  | 7000 an - 5                             | 95                  | 15. TO: Po                                  | sition Title                                      | and Number                        |                           |             |                              |  |
| 8. Pay Plan 9. Occ. Code   | 10. Grade or Level 11<br>Re                       |                                  | el Salary                               | 13. Pay Basis<br>PA | 16. Pay Plan 1<br>AD                        | 7. Occ. Code<br>0301                              | 18. Grade or Lew<br>00            | el 19. Step or<br>Rate 00 | 6 2000000   | Selery/Award<br>5,755.00     | 21. Pay Basis<br>PA                                  |
| 12A. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay 12D. Other Pay   |   |                                  |   |                     | 20A. Besic Pay                              |   | DB. Locality Adj.                 | 20C. Adj. 1               |             | 7                            |  |
| 23. Veterans Profession 1- None - R. Palain 27. FEGLI 30. Represent Plant  | 3 - 10-Point/Disability<br>4 - 10-Point/Companies | 5 - 10-Point/0<br>8 - 10-Point/0 | 31 Service (                            | omp. Date           | 24. Tenure<br>28. Annuitant<br>32. Work Sch |   | 2 - Conditional<br>3 , Indefinite | 25. Agen                  | cy Use      | 29. Pay Rate De 33. Part Tim | e Hours Per  |
| RP-  |   |                                  | (Leave)                                 | -19-17              | P   | ner server en |                                   | Transport in              |             |                              | weekly<br>v Period                                   |
| 34. Position Occupied 1 - Competition 2 - Eventual 2 - Ev |   | sneral<br>enser Reserved         | 35. FLSA Car<br>39. Duty Stat<br>Washin |                     | 36. Approprie                               |   | B 11A ZZZ                         | ME8                       | 10          | 37. Bergelnir                | y Unit Status  |
| 40. Agency Data  | 41.   | 42.                              |   | 43.                 |   | 44.   |                                   |                           |             | NO. NO. TENER                | 63   |
| 45. Educational Level  | 46. Year Degree A                                 | Hainad 47, Acade                 | amic Discipling                         | 48. Function        | nal Class                                   | 49. Citizens                                      | ship<br>SA 8-Other                | 50. Veterans S            |             | 51. Superviso                | ry Status  |
| 1. Office/Function   | n Initie  | ils/Signature                    |   | Date                | Office/F                                    | unction   | ]1                                | nitials/Signat            | ure         |                              | Date   |
| A. PSB   | R   | R                                | 41                                      | المام               | D. 576<br>E.                                | aff   | Q if                              | e soul                    | 4           | -4                           | 19/17  |
| c.   |   | 2                                |   |                     | F.  | A.  |                                   | ^                         |             |                              | 7 LF 12 COLUMN 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|  | compliance with statu                             |                                  |   | at the              | Signature                                   | Cee   | Dea .                             | Leas                      | Oes         | 4                            | preval Date  |
| CONTINUED ON N   | EXT PAGE  |                                  |   |                     | M.  | V C7AC SCAL                                       |                                   | \ Editions                | Prior to 7. |                              | ble Aftaf 6/36/93<br>40-01-333-6239                  |

| R. # 7 * * * * * * * * * * * * * * * * * *   |  |   |  | •  |
|--|--|---|--|--|
|  |  |   |  |  |
| <i>*</i>   |  | •   |  |  |
| ote to Supervisors: Do you if "YES", p   | know of additional or conflict<br>lease state these facts on a   | ing reasons for the emp<br>separate sheet and attr  | loyee's resignation/retirement?<br>ach to SF 52.)  | YES NO   |
|  |  |   |  |  |
|  | 1  |   |  |  |
|  |  | ÷.  |  |  |
| The street   | the Mag  |   |  |  |
|  |  |   |  |  |
| warding address. Your reason memployment in the Federal service  | affic reason for your resignation or<br>any be considered in any future de<br>se and may also be used to deter<br>fits. Your forwarding address will   | ecision regarding your<br>mine your eligibility for   | with regard to employment of individu<br>section 8506 requires agencies to fur   | uals in the Federal service and their records, while<br>mish the specific reason for termination of Federa<br>I State agency in connection with administration of<br>ms.                           |
|  |  |   | ,  |  |
| tted. s information is requested under de. Sections 301 and 3301 auth Reasons for Resignation/Re   |  | and 8508 of title 5, U.S.<br>e regulations<br>ons are used in determin  | your not receiving: (1) your copies of compensation due you; and (3) any u may be entitled.  | roluntary; however, failure to provide it may result those documents you should have; (2) pay or oth unemployment compensation benefits to which you effits. Please be specific and avoid erwise.) |
| itied.<br>s information is requested under<br>de. Sections 301 and 3301 auth<br>Reasons for Resignation/Re   | authority of sections 301, 3301, a orize OPM and agencies to issue thement (NOTE: Your reason  | and 8508 of title 5, U.S.<br>e regulations<br>ons are used in determin  | your not receiving: (1) your copies of a compensation due you; and (3) any u may be entitled.  ling possible unemployment bene   | those documents you should have; (2) pay or oth<br>unemployment compensation benefits to which you<br>fits. Please be specific and avoid   |
| itied.<br>s information is requested under<br>te. Sections 301 and 3301 auth<br>Reasons for Resignation/Re   | authority of sections 301, 3301, a orize OPM and agencies to issue thement (NOTE: Your reason  | and 8508 of title 5, U.S.<br>e regulations<br>ons are used in determin<br>at the end of the day - a   | your not receiving: (1) your copies of a compensation due you; and (3) any u may be entitled.  ling possible unemployment bene   | those documents you should have; (2) pay or oth<br>unemployment compensation benefits to which you<br>fits. Please be specific and avoid   |
| s information is requested under de. Sections 301 and 3301 auth Reasons for Resignation/Regeneralizations. Your resign   | authority of sections 301, 3301, orize OPM and agencies to issue threment (NOTE: Your reasonation/retirement is effective  | and 8506 of title 5, U.S.<br>e regulations<br>ons are used in determin<br>at the end of the day - r   | your not receiving: (1) your copies of compensation due you; and (3) any u may be entitled.  ling possible unemployment benemidnight - unless you specify other  | those documents you should have; (2) pay or oth inemployment compensation benefits to which you fits. Please be specific and avoid enwise.)  |
| s information is requested under te. Sections 301 and 3301 auth Reasons for Resignation/Regeneralizations. Your resign   | authority of sections 301, 3301, orize OPM and agencies to issue threment (NOTE: Your reasonation/retirement is effective  | and 8508 of title 5, U.S.<br>e regulations<br>ons are used in determin<br>at the end of the day - a   | your not receiving: (1) your copies of compensation due you; and (3) any u may be entitled.  ling possible unemployment benemidnight - unless you specify other  | those documents you should have; (2) pay or oth<br>unemployment compensation benefits to which you<br>fits. Please be specific and avoid   |
| s information is requested under de. Sections 301 and 3301 auth Reasons for Resignation/Regeneralizations. Your resign   | authority of sections 301, 3301, a orize OPM and agencies to issue attrement (NOTE: Your reasonation/retirement is effective   | and 8506 of title 5, U.S. e regulations ons are used in determinat the end of the day - a   | your not receiving: (1) your copies of compensation due you; and (3) any u may be entitled.  ling possible unemployment benefinidnight - unless you specify other of the second s | those documents you should have; (2) pay or oth inemployment compensation benefits to which you fits. Please be specific and avoid enwise.)  |
| s information is requested under de. Sections 301 and 3301 auth Reasons for Resignation/Regeneralizations. Your resignations. Your resignations are set of the section of t | eauthority of sections 301, 3301, 301, 310 | and 8506 of title 5, U.S. e regulations  ans are used in determin at the end of the day - 1  4. Date Sighed  age: November 1  | your not receiving: (1) your copies of compensation due you; and (3) any u may be entitled.  ling possible unemployment benemidnight - unless you specify other individuals.  5. Forwarding Address (Number of Section 1)  | those documents you should have; (2) pay or oth inemployment compensation benefits to which you fits. Please be specific and avoid enwise.)  |
| information is requested under de. Sections 301 and 3301 authorized.  Reasons for Resignation/Regeneralizations. Your resignations. Your resignations. Your resignations.  M01: Appondage: Cred M40: Prev. M45: Emp. K18: Emple  | ignature  citable Military Service: ious Retirement Coverious Retirement Coverious Retirement Coverious Retirement is attempted to the country of the countr | and 8506 of title 5, U.S. e regulations  Ins are used in determinat the end of the day - 1  4. Date Sighed  Cuted OH 24  Age: New Covered under FER full performance le | your not receiving: (1) your copies of compensation due you; and (3) any u may be entitled.  ling possible unemployment benefinidnight - unless you specify other midnight - unless you specify other specifically of the covered for the cove | those documents you should have; (2) pay or oth inemployment compensation benefits to which you offits. Please be specific and avoid arwise.)  |

| FPM Supp. 296-33, Subc                 | n. 4   |             |                  |                             |       |                                |                          |                           |               |          |                |                              |                        |                     |  |
|--|--|-------------|------------------|-----------------------------|-------|--------------------------------|--------------------------|---------------------------|---------------|----------|----------------|------------------------------|------------------------|---------------------|--|
| 1. Name (Last, First,                  | Middle)  |             |                  |                             |       | 2. Soci                        | al Securit               | y Number                  | 3. Date       | of Birth |                | 4. Effective Date 05/14/2017 |                        |                     |  |
| FIRST ACTIO                            | N N  |             |                  |                             |       | SECO                           | ND A                     | CTION                     |               |          |                | 00/11/                       | 2017                   |                     |  |
| 5-A. Code                              | 5–B. Nature of Action                          |             |                  |                             |       | 6-A. Cod                       |                          |                           | Nature of A   | ction    |                |                              |                        |                     |  |
| 570                                    | CONV TO EXC APPT                               |             |                  |                             |       |                                |                          |                           |               |          |                |                              |                        |                     |  |
| 5-C. Code<br>Y7M                       | 5-D. Legal Authority<br>SCH C, 213.33SCH C 33  | 17          |                  |                             |       | 6-C. Cod                       | le                       | 6-D. ]                    | Legal Auth    | nority   |                |                              |                        |                     |  |
| 5-E. Code                              | 5-F. Legal Authority                           |             |                  |                             |       | 6-E. Code 6-F. Legal Authority |                          |                           |               |          |                |                              |                        |                     |  |
| 7 FROM: Position T                     | itle and Number                                |             |                  |                             |       | 15. TO: 1                      | Position T               | itle and Nu               | mber          |          |                |                              |                        |                     |  |
|  |  |             |                  |                             |       |                                |                          |                           |               |          |                |                              |                        |                     |  |
| 8. Pay Plan   9. Occ. Code   AD   0301 | 10. Grade or Level 11. Step or 00 00           |             | Fotal Salary     | 13. Pay Ba                  | ısis  | 16. Pay Pl                     |                          | Occ. Code 18              | 8. Grade or 1 |          | O.Step or Rate | e 20. Total Sa               | lary/Award             | 21. Pay Basis<br>PA |  |
| 12A. Basic Pay                         | 12B. Locality Adj. 12C. A                      | dj. Basic   | Pay              | 12D. Other Pag              | y     | 20A. Basic                     | Pay                      | 2                         | 0B. Locality  | Adj.     | 20C. Adj. 1    | Basic Pay                    | 20D. Other             | Pay                 |  |
| 91074                                  | 24681 115                                      | 755         |                  | 0                           |       | 91074                          | l .                      |                           | 24681         |          | 11575          | 5                            | 0                      |                     |  |
|  | on of Position's Organization<br>ADMINISTRATOR |             |                  |                             |       |                                |                          | ation of Posi<br>IE ADMIN |               |          | n              |                              |                        |                     |  |
|  |  |             |                  |                             |       |                                |                          |                           |               |          |                |                              |                        |                     |  |
|  |  |             |                  |                             |       |                                |                          |                           |               |          |                |                              |                        |                     |  |
| WASHINGTON,D                           | C  |             |                  |                             |       | WASHI                          | NGTON                    | I,DC                      |               |          |                |                              |                        |                     |  |
| EMPLOYEE I                             | <b>DATA</b>                                    |             |                  |                             |       |                                |                          |                           |               |          |                |                              |                        |                     |  |
| 23. Veterans Preferen                  | ace<br>3 – 10–Point/Disability                 | 5 – 10–P    | Point/Other      |                             |       | 24. Tenu                       | re<br>0 – None           | 2 – Cone                  | ditional      | 5. Agen  | cy Use         |                              | ns Preferenc           |                     |  |
| 1 2 – 5 – Point  27 FEGLI              | 4 – 10–Point/Compensable                       | 6 – 10–P    | Point/Compensabl | e/30%                       |       | 3<br>28 Appu                   | 1 – Perman<br>itant Indi |                           | finite        |          |                | YES                          | E X N<br>te Determin   | NO<br>ant           |  |
| Z FRATA                                |  |             |                  |                             |       | 9                              | ì                        | PPLICAB                   | LE            |          |                | 0 0                          | te Determin            | anı                 |  |
| 30. Retirement Plan                    |  | 3           | 31. Service C    | omp. Date (L                | eave) | 32. Work                       | Schedule                 | e                         |               |          |                |                              | ime Hours I            | Per                 |  |
| KF FERS-FRA                            | E & FICA                                       |             | 04/23/2017       |                             |       | F                              | FULL-                    | TIME                      |               |          |                |                              | Biweekly<br>Pay Period |                     |  |
| POSITION DA                            |  |             |                  |                             |       |                                |                          |                           |               |          |                |                              |                        |                     |  |
| 34. Position Occupie                   |  | [3          | 35. FLSA Ca      | Exempt                      |       | 36. Appr                       | opriation                | Code                      |               |          |                | 37. Bargaiı                  | ning Unit St           | atus                |  |
| 2 2 - Excepted Serv                    | ice 4 – SES Career Reserved                    |             | E N-             | Nonexempt                   |       |                                |                          |                           |               |          |                | 8888                         |                        |                     |  |
| 38. Duty Station Cod<br>11-0010-001    | e  |             |                  | ion (City – Co<br>TON,DISTI |       |                                |                          |                           |               |          |                |                              |                        |                     |  |
| 40. Agency Data<br>FUNC CLS 00         | 41.<br>VET STAT X                              | 42.<br>EDUC | CLVL             | 43.<br>SUP                  | V ST  | AT 2                           | 44<br>P                  | OSITION                   | SENSITI       | VITY     | HIGH RI        | SK                           |                        |                     |  |
| 45 Remarks<br>FROZEN SERV              |  |             |                  | I                           |       |                                | l                        |                           |               |          |                |                              |                        |                     |  |
|  | MILITARY SERVICE<br>AUTOMATICALLY CO           |             |                  | R FERS,                     | FERS  | S-RAE                          | OR FE                    | RS-FRAE                   | 1.            |          |                |                              |                        |                     |  |
|  | TIREMENT COVERAGE ON IS DESIGNATED             |             |                  |                             | NTAF  | T'T ONTA T                     | CECII                    | DITV EC                   | יכר סקי       | 2 102    | )              |                              |                        |                     |  |
| THIS POSITI                            | ON IS DESIGNATED                               | FUR         | DRUG II          | PSIING 2                    | NA.   | IIONAL                         | SECU.                    | KIII 5C                   | .FR /32       | 2.102    | i              |                              |                        |                     |  |
|  |  |             |                  |                             |       |                                |                          |                           |               |          |                |                              |                        |                     |  |
|  |  |             |                  |                             |       |                                |                          |                           |               |          |                |                              |                        |                     |  |
|  |  |             |                  |                             |       |                                |                          |                           |               |          |                |                              |                        |                     |  |
|  |  |             |                  |                             |       |                                |                          |                           |               |          |                |                              |                        |                     |  |
|  |  |             |                  |                             |       |                                |                          |                           |               |          |                |                              |                        |                     |  |
|  |  |             |                  |                             |       |                                |                          |                           |               |          |                |                              |                        |                     |  |
|  |  |             |                  |                             |       |                                |                          |                           |               |          |                |                              |                        |                     |  |
| 46. Employing Depar                    | tment or Agency                                |             |                  |                             |       | 50. Sign                       | nature/Au                | thentication              | and Title     | of Appr  | oving Offic    | cial                         |                        |                     |  |
| EP - ENVIRONMENTAL PROTECTIO           |  |             |                  |                             |       | _                              |                          | ECTRON                    |               |          | _              |                              |                        |                     |  |
| 47. Agency Code                        | 48. Personnel Office ID                        |             | 49. Approva      | l Date                      |       | BENJA                          | AMIN H                   | . PEABOD                  | PΥ            |          |                |                              |                        |                     |  |
| EP00                                   | 3216   |             | 05/18/201        | 7                           |       | ACTG                           | DIR. EX                  | XEC RESC                  | OURCES        | DIV.     | OHR            |                              |                        |                     |  |

FP755/18/17

SF 52 (E\*Forms 4.4)
Rev. 7/91
U.S. Office of Personnel Management
ESM Summ. 208 22 Subab. 2

SRO Approval

### REQUEST FOR PERSONNEL ACTION

John E Reeder

| Covernosin to   | pt.   | 9 4              | 3                       |                          | 2. Request<br>IO-                       | Number<br>2017-094   |
|---|---|------------------|-------------------------|--------------------------|---|--|
| 3. For Additional Information Call (Name and Telep  | nhone Number)   |                  | Local Tracking          | No:                      | 4. Propose                              | d Effective Date   |
| 5. Action Requested By (Typed Name, Title, Signature  | e, and Request Date)  | 6. Action A      | uthorized By            | Typed Name, Title, Sign  | eture, and apricu                       | mange paper  |
| Ryan T. Jackson, Chief of Staff   |   | E. Scott F       | Pruitt, Adminis         | trator/                  | 14                                      | U.S.   |
| 1. Name   | A Net   | 2. Social S      | ecurity Number          | 3. Date of Plints        | 4. Effective                            | Date W   |
|   |   |                  |                         |                          | US                                      |  |
| 5-A Code 5-B Nature of Action Exc A:  | 34  | 6-A. Code        | 6-B. Nature of          | Action                   | 72                                      |  |
| V7W Sch C 33M   | 35  | 6-C. Code        | 6-D. Legal Auti         | hority                   | # * * * * * * * * * * * * * * * * * * * |  |
| 5-E Code 5-F. Legal Authority   | 1 1200  | 6-E. Code        | 6-F. Legal Auth         | ority                    |   |  |
| 7. FROM: Position Title and Number  |   | 15. TO: Po       | sition Title and I      | Number                   |   |  |
| Some  |   |                  |                         |                          |   |  |
|   | 2. Total Salary 13. Pey Basis   | s 16. Pay Pten 1 | 7. Occ. Code   18. Gr   | ade or Level 19. Step or | 20. Total Seleny/A                      | ward 21. Pay Bas   |
| עם פוס ומצט פע  | PA  | GS               | 0301                    | 14 Rate 02               | \$115,755                               | .00 PA   |
| 12A. Basic Pay 12B. Locality Adj. 12C. Adj. Be  | sic Pay 120. Other Pay  | 20A. Basic Pay   | 20B. Loca               | ality Adj. 20C. Adj.     | Basic Pay 20                            | D. Other Pay   |
| 14. Name and Location of Position's Organization  | N   | 22 Name and      | d Location of Position  | no's Omenization         | <del> </del>                            |  |
|   | pint/Other  | 24. Tenure       | 0 - None 2 - Co         | onditional               |   | eterans Preference   |
| 77.FEGLI  |   | 28. Annuitant    |                         |                          |   | Page Page Page Page Page Page Page Page                                    |
| 30. Retirement Plan   | 31. Service/Compl. Date   | 32. Work Sch     | nedule                  |                          | 122 22                                  |  |
|   | 그 그림을 맛이 되었습니다. 이 어머니가 모든 얼마나 되었다면 하는 모든 사이를 하게 되었다.                                      | 2 11011 00       |                         |                          |   | art Time Hours Per   |
| MR  | (Leave)4/23/17  | F                |                         |                          |   | Biweekly<br>Pay Period   |
|   | 그 그림을 맛이 되었습니다. 이 어머니가 모든 얼마나 되었다면 하는 모든 사이를 하게 되었다.                                      | F 36. Approprie  | etion Code              | A ZZZME8                 | 00                                      | Biweekly<br>Pay Period<br>rgaining Unit Status                             |
| 34. Position Occupied 1 - Competitive Service 3 - SES General 2 - Evronted Santra 4 - SES Centeral  | (Leave)4/33/17<br>35. FLSA Category   | F                | etion Code              | A ZZZME8                 | 00                                      | Biweskly<br>Pay Period   |
| 34. Position Occupied  2 1 - Competitive Service 3 - SES General 2 - Evanuari Service 4 - SES General 38. Duty Station Code  11-0010-001  | 35. FLSA Category 39. Duty Station  | F                | etion Code              | A ZZZME8                 | 00                                      | Biweekly<br>Pay Period<br>rgaining Unit Status                             |
| 34. Position Occupied 2 1-Competitive Service 3 - SES General 35. Duty Station Code 11-0010-001 10. Agency Deta 41. 42.   | 35. FLSA Category 39. Duty Station Washington, DC   | F 36. Approprie  | ation Code<br>1718 B 11 | 50. Veterans             | 37. Ba                                  | Biweekly<br>Pay Period<br>rgaining Unit Status                             |
| 34. Position Occupied  1 - Competitive Service 2 - Every Service 3 - SES General 38. Duty Station Code  11-0010-001  10. Agency Data 41.  42.  45. Educational Level 46. Year Degree Attained 47. A   | 35. FLSA Category  39. Duty Station Washington, DC  43.  Academic Discipline 48. Function | F 36. Approprie  | 44.<br>49. Citizenship  | 50. Veterans :           | 37. Ba                                  | Biveskly Pay Period  rgeining Unit Status  SSSS                            |
| 34. Position Occupied 2 1-Competitive Service 3 - SES General 35. Duty Station Code 11-0010-001 10. Agency Data 41. 42. 15. Educational Least 46. Year Degree Attained 47. A  | 35. FLSA Category 39. Duty Station Washington, DC 43.  Academic Discipline 48. Function   | 36. Approprie    | ation Code 1718 B 11    | 50. Veterans             | 37. Ba                                  | Biweskly Pay Period  rgaining Unit Status  \$ \$ 6 \$                      |
| 34. Position Occupied  2 1 - Competitive Service 3 - SES General 2 - Eventual Review 4 - SES Ceneral 35. Duty Station Code  11-0010-001  42.  45. Educational Level 46. Year Degree Attained 47. A  | 35. FLSA Category  39. Duty Station Washington, DC  43.  Academic Discipline 48. Function | 36. Approprie    | ation Code 1718 B 11    | 50. Veterans :           | 37. Ba                                  | Biweekly Pay Period  rgeining Unit Status  \$ 5 5 5  ervisory Status  Date |
| 4. Position Occupied 2 1 - Competitive Service 3 - SES General 2 - Every land Service 3 - SES General 4 - SES | 35. FLSA Category  39. Duty Station Washington, DC  43.  Academic Discipline 48. Function | 36. Approprie    | ation Code 1718 B 11    | 50. Veterans :           | 37. Ba                                  | Biweekly Pay Period  rgeining Unit Status  \$ 5 5 5  ervisory Status  Date |

|   | narks by Requesting Office<br>rs: Do you know of additional or conflict<br>If "YES", please state these facts on a   |  |   | ment? YES   | NO   |
|---|--|--|---|---|--|
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| OGE 450   | Not Required   |  | <i>\$</i>   |   |  |
| OGE 450   | Required   |  | ŧ   |   |  |
| Signed:   | , DEO  |  |   |   |  |
|   |  |  |   |   |  |
|   |  | •  |   |   |  |
| PART E - Emp  | loyee Resignation/Retirement   | D  | 04-44   |   |  |
| V   |  | Privacy Act  |   | of individuals in the Endowless and a   |  |
| forwarding address. Y<br>re-employment in the I<br>unemployment compe | umish a specific reason for your resignation or<br>bur nesson may be considered in any future de<br>Federal service and may also be used to deter<br>nestion benefits. Your forwarding address will<br>uments you should have or any pay or compen | ecision regarding your<br>mine your eligibility for<br>be used primarily to mail | section 8506 requires agenc<br>service to the Secretary of L<br>unemployment compensation |   | termination of Federal<br>with administration of |
| entitled.  This information is req                                    | uested under authority of sections 301, 3301, and 3301 authorize OPM and agencies to issue   | and 8506 of title 5, U.S.  | your not receiving: (1) your (  | ation is voluntary; however, failure to<br>copies of those documents you shoul<br>(3) any unemployment compensation | d have; (2) pay or other                         |
| Reasons for Res. generalizations.                                     | ignation/RetIrement (NOTE: Your reason<br>Your resignation/retirement is effective   | ns are used in determinate the end of the day -                                  | ning possible unemployme<br>midnight - unless you spe                                     | ent benefits. Please be specific acify otherwise.)  | and avoid  |
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|   |  |  |   |   |  |
| 2. Effective Date   | 3. Your Signature  | 4. Date Signed   | 5. Forwarding Addres  | ss (Number, Street, City, State,  | ZIP Code)  |
| PART F - Rem  |  |  | J   |   |  |
| FARIF-ROD   |  |  |   |   |  |
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| ·   |  |  |   |   |  |

| 1. Name (Last, First,                    |  | 2. Social Security Number 3. Date of Birth |                    |                                    |  | rth   | 4. Effective Date 07/16/2017          |  |                |                 |            |               |
|--|--|--|--------------------|------------------------------------|--|---|---------------------------------------|--|----------------|-----------------|------------|---------------|
| FIRST ACTIO                              | N .  |  |                    |                                    | SECO   | ND ACT  | ION                                   |  |                | 07/10/          | 2017       |               |
| 5-A. Code                                | 5-B. Nature of Action                                    |  |                    |                                    | 6-A. Cod   |   |                                       | ature of Action                          | 1              |                 |            |               |
| 002                                      | CORRECTION   |  |                    |                                    | 546  | _   |                                       | V TO SES NO                              |                | R APPT          |            |               |
| 5-C. Code                                | 5-D. Legal Authority                                     |  |                    |                                    | 6-C. Cod<br>V4L  | 6-C. Code 6-D. Legal Authority V4L 5 U.S.C. 3394(A) NONCAREER |                                       |  |                |                 |            |               |
| 5-E. Code                                | 5-F. Legal Authority                                     |  |                    |                                    | 6-E. Code<br>AWM   | 6-E. Code 6-F. Legal Authority AWM 07-13-17                   |                                       |  |                |                 |            |               |
| 7 FROM: Position T                       | itle and Number  |  |                    |                                    | 15. TO: P  | osition Title   | and Nun                               | nber                                     |                |                 |            |               |
|  |  |  |                    |                                    |  |   |                                       |  |                |                 |            |               |
| 8. Pay Plan 9. Occ. Code                 | 10. Grade or Level 11. Ste                               | ep or Rate 12.                             | . Total Salary     | 13. Pay Basis                      | 16. Pay Pla  | n 17. Occ.  | Code 18                               | 3. Grade or Level                        | 19.Step or Rat | e 20. Total Sal | ary/Award  | 21. Pay Basis |
| GS 0301                                  | 14 02  | 1  | 15755              | PA                                 | ES   | 0340  |                                       | 00                                       | 00             | 140000          |            | PA            |
| 12A. Basic Pay                           | 12B. Locality Adj. 1                                     | 2C. Adj. Basi                              | ic Pay             | 12D. Other Pay                     | 20A. Basic   | •   | 20                                    | B. Locality Adj.                         | 20C. Adj.      | Basic Pay       | 20D. Othe  | r Pay         |
| 91074                                    | 24681  | 115755                                     |                    | 0                                  | 14000  | 0   |                                       | 0  | 14000          | 00              | 0          |               |
| ENVIRONMENT<br>OFFICE OF THE             | on of Position's Organiza AL PROTECTION AC ADMINISTRATOR |  |                    |                                    | ENVIRO<br>OFFICE   | ONMENTA<br>OF THE   | AL PRO<br>ADMIN                       | tion's Organiza<br>TECTION A<br>ISTRATOR |                |                 |            |               |
| WASHINGTON,I                             | C  |  |                    |                                    | WASHII   | NGTON,D   | C                                     |  |                |                 |            |               |
| <b>EMPLOYEE</b> 1                        | <b>DATA</b>  |  |                    |                                    | •  |   |                                       |  |                |                 |            |               |
| 23. Veterans Preferent                   |  | 5 – 10                                     | -Point/Other       |                                    | 24. Tenur  | e<br>0 – None   | 2 – Cond                              | 25. Ag                                   | gency Use      | 26. Veteran     | s Preferen | ce for RIF    |
| 1 2 - None<br>2 - 5-Point                | 3 – 10–Point/Disability<br>4 – 10–Point/Compensable      |  | -Point/Compensable | 2/30%                              | 0  | 1 – Permanent   | 3 – Indef                             |  |                | YES             | X          | NO            |
| 27. FEGLI                                |  |  |                    |                                    |  | tant Indicate   |                                       |  |                | 29. Pay Rat     | e Determi  | nant          |
|  |  |  |                    |                                    | 9 NOT APPLICABLE 0   |   |                                       |  |                |                 |            |               |
| 30. Retirement Plan                      |  |  | 31. Service Co     | omp. Date (Leave)                  | Riweekly   |   |                                       |  |                |                 |            | Per           |
| KF FERS-FRA                              | E & FICA   |  | 04/23/2017         |                                    | F  | FULL-TIN  | ИE                                    |  |                |                 | Pay Period | l             |
| POSITION DA                              | ATA  |  |                    |                                    |  |   |                                       |  |                |                 |            |               |
| 34. Position Occupie                     | d  |  | 35. FLSA Car       | tegory                             | 36. Appro  | priation Co   | de                                    |  |                | 37. Bargain     | ing Unit S | tatus         |
| 3 1 - Competitive S<br>2 - Excepted Serv |  | l  |                    | Exempt<br>Nonexempt                |  |   |                                       |  |                | 8888            |            |               |
| 38. Duty Station Cod<br>11-0010-001      |  |  | *                  | ion (City – County<br>ΓΟΝ,DISTRICT |  |   | cation)                               |  |                |                 |            |               |
| 40. Agency Data                          | 41.  | 42.  |                    | 43.                                |  | 44.   |                                       |  |                |                 |            |               |
| FUNC CLS 00                              | VET STAT X   |  | C LVL              | SUPV ST                            | AT 2   |   | ITION S                               | SENSITIVIT                               | Y HIGH RI      | SK              |            |               |
| 45 Remarks                               |  |  |                    | ·                                  |  | ·   |                                       |  |                |                 |            |               |
| CORRECTS IT                              | EM NUMBER 15   | FROM                                       |                    |                                    |  |   |                                       |  |                |                 |            |               |
|  |  |  |                    |                                    |  |   |                                       |  |                |                 |            |               |
|  |  |  |                    |                                    |  |   |                                       |  |                |                 |            |               |
|  |  |  |                    |                                    |  |   |                                       |  |                |                 |            |               |
|  |  |  |                    |                                    |  |   |                                       |  |                |                 |            |               |
|  |  |  |                    |                                    |  |   |                                       |  |                |                 |            |               |
|  |  |  |                    |                                    |  |   |                                       |  |                |                 |            |               |
|  |  |  |                    |                                    |  |   |                                       |  |                |                 |            |               |
|  |  |  |                    |                                    |  |   |                                       |  |                |                 |            |               |
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|  |  |  |                    |                                    |  |   |                                       |  |                |                 |            |               |
|  |  |  |                    |                                    |  |   |                                       |  |                |                 |            |               |
|  |  |  |                    |                                    |  |   |                                       |  |                |                 |            |               |
| 46. Employing Department or Agency       |  |  |                    |                                    | 50. Signature/Authentication and Title of Approving Official |   |                                       |  |                |                 |            |               |
|  | EP - ENVIRONMENTAL PROTECTIO                             |  |                    |                                    |  |   | 180317519 / ELECTRONICALLY SIGNED BY: |  |                |                 |            |               |
| 47. Agency Code                          | 48. Personnel Office ID                                  |  | 49. Approva        |                                    | VICKI  | E H. TELL   | IS                                    |  |                |                 |            |               |
| EP00                                     | 3216   |  | 01/18/2018         |                                    | 1 4 0000   | DID DEED  | a DEGO                                | URCES DIV                                | OIID           |                 |            |               |

FARS 1/20/17

SF 52 (E\*Forms 4.4) Rev. 7/91 U.S. Office of Personnel Management EDM States 298-93 Subsch 3 SRO Approval \_\_\_\_

| U.S. Office of Personnel Mer<br>FPM Supp. 296-33, Subch. 3 |   | R                                      | QUEST                    | FOR PE              | RSON                                     | NEL AC                    | TION               | 25  | John E Ree           | der                                     |
|--|---|--|--------------------------|---------------------|--|---------------------------|--------------------|---|----------------------|---|
| 1. Actions Requested                                       | "Converse                                       | 10 <i>t</i>                            | 1L Ses                   | 12001               | X 4                                      |                           |                    | 2.1                                       | Request Nu<br>IO-201 |   |
| 3. For Additional Info                                     | mation Carl (Name                               | and Telephone                          | Number)                  |                     | *  | Local Trac                | cking No:          | ) - 4                                     |                      | ffective Date                           |
| 5. Action Requested I                                      | By (Typed Name Title                            | , Signeture, a                         | d Agguest Dete           | )                   | 6. Action A                              | Authorized E              | (Typod Nym         | e, tito, Square a                         | d Conglinen          | 200                                     |
| Ryan T. Jackson, C   | hief of Staff                                   | ~ u                                    | lu                       |                     | E. Scott                                 | Pruitt, Adı               | ministrator L      | M Blow                                    | Je.                  | 1 2/1                                   |
| 1. Name  |   |  | /                        |                     | 2. Social S                              | Security Nur              | nber 3. Det        | 4.  | O1-16                | 16<br>1-17                              |
| 546 CONV   | To SES N  | on-Ca                                  | wer Ac                   | ot,                 | 6-A. Code                                | 6-B. Natu                 | ire of Action      | 19 10 10 10 10 10 10 10 10 10 10 10 10 10 |                      |   |
|  | al Authority                                    | 4(9)                                   | Non-Cai                  | leon                | 6-C. Code                                | 6-D. Lega                 | al Authority       |   | 8                    |   |
| AWM CO   | al Authority                                    | rm 165                                 |                          | sted 0              | 6-E. Code<br>7-13-                       | 6-F. Lega                 | al Authority       |   |                      | <u> </u>                                |
| 7. FROM: Position T  |   | 110. 10.                               |                          |                     |  | osition Title             | and Number         |   |                      |   |
|  |   |  |                          |                     |  |                           |                    | *   | 14,000               | =                                       |
| 8. Pay Plan 9. Occ. Code<br>GS 0301                        | 10. Grade or Level 11. St<br>14 Rate            | ************************************** | tel Selary<br>115,755.00 | 13. Psy Besis<br>PA | 16. Pay Plan                             | 17.00c. Code              | 18. Grade or Level | 19. Step or 20. Tot                       | Seleny/Award         |   |
|  |   | 12C. Adj. Basic P                      | 500000                   | 100000              | 20A. Basic Pa                            |                           | OB. Locality Adj.  | 20C. Adj. Basic Pa                        | The second second    | Other Pay                               |
|  | 3 - 10-Point/Disability                         | 6 - 10 Point/0                         | Other                    |                     | 24. Tenure                               | 0 - None                  | 2 - Conditional    | 25. Agency Use                            | 26. Vetera           | ans Preference                          |
| 27. FEGLI  |   |  |                          |                     | 28. Annuitar                             | The company of the second |                    |   | 29. Pay R            |   |
| 30. Retirement Plan  |   |  | 31. Service C<br>(Leave) | omp. Date           | 32. Work Sc                              | chedule                   |                    | -   |                      | ime Hours Per<br>Biweekly<br>Pay Period |
| 34. Position Occupied 1 - Competitiv                       | re Service 3 - SES Gene<br>Renuine 4 - SES Para | ore/<br>or Passonari                   | 35. FLSA Ca              |                     | 36. Арргорг                              |                           | B 11A ZZZN         | 1E8                                       | 1 2                  | ning Unit Status                        |
|  | 11-0010-001                                     | 122                                    | 39. Duty Stat<br>Washin  | gton, DC            |  | -                         | 5.5 (6.1)          | "   | 8m25m.               |   |
| 40. Agency Data  | <b>41.</b>                                      | 42.                                    |                          | 43.                 | X  | 44.                       |                    | (4)                                       |                      |   |
| 45. Educational Level                                      | 46. Year Degree Atta                            | ined 47. Acad                          | lemic Discipline         | 48. Function        | nai Class                                | 49. Citizen               | ship<br>SA 8-Other | 50. Veterans Status                       | 51. Supervi          | sory Status                             |
| 1. Office/Function   | Initials  | /Signature                             |                          | Date                | Office/                                  | Function                  | _ In               | itials/Signature                          |                      | Date                                    |
| Α.   |   |  |                          |                     | D. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | alk                       | Show               | Tackle                                    | u c                  | 07.19-                                  |
| В.   | 2 (d  |  |                          |                     | E. /                                     | 00                        |                    | THE RESERVE                               |                      |   |
| C.   |   |  |                          |                     | F.                                       |                           |                    | 8 Q                                       |                      | <del> </del>                            |
| 2. Approval: I cartify that<br>proposed action is in o     | the information entered                         |  |                          | et the              | Signature                                | -c                        | from t             | naklow                                    | 2                    | pproval Date                            |
| CONTINUED ON NE  | XT PAGE   |  |                          | -                   |  |                           | ,,,,,              |   | 7/91 Are Not U       | sable After 6/30/93                     |

| Note to Supervisions: Do you know of additional or conflicting reasons for the employee's resignation/retirement?  If "CES", please state these facts on a separate sheet and attach to SF 52.)  Phytocy Add Steaminst*    OGE 459 Not Required  |   |                           |  | A second |
|--|---|---------------------------|--|---|
| OGE 450 Not Required   |   |                           |  |   |
| OGE 450 Not Required   |   |                           |  |   |
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| Signed:  | Note to Supervisors: Do you know of additional or conflicting reasons for<br>If "YES", please state these facts on a separate shee  | r the empl<br>et and atta | loyee's resignation/retirement?<br>och to SF 52.)  | YES NO  |
| Privacy Act Statement Signed:  |   |                           |  |   |
| Signed:  |   |                           |  |   |
| Privacy Act Statement:  With regard to employment of individuals in the Eederal service and their records, while something address. Your reason may be considered in any future decision regarding your employment in the Federal service and may also be used to determine your eligibility for a complete service and may also be used to determine your eligibility for an explosion and their records, while section 800 for requires agencies to Juniais the specific reason for reministration of Federal service and may also be used to determine your eligibility for an explosion of any documents you should have or any pay or compensation pergarding.  The furnishing of this information is requested under authority of sections 301, 301, and 8500 of title 5, U.S. and 8500 and 301 authorized OPM and agencies to issue regulations  Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day – midnight – unless you specify otherwise.)  M39: Creditable Military Service: Note:    A. Date Signed   5. Forwarding Address (Number, Street, City, State, ZiP Code)   | OGE 450 Not Required  | -                         |  |   |
| Privacy Act Statement:  with regard to employment of individuals in the Eederal service and their records, while source deposits for requires agencies to Juniah a specific reason for your resignation or retirement and section 800 for requires agencies to Juniah the specific resion for legislation of Eederal service and may also be used to determine your ediginity for a caption for requires service and may also be used to determine your ediginity for a caption for requires service and may also be used to determine your ediginity for a source of the service of the section 801 is a section 800 for requires agencies to Juniah the epocific resion for legislation of Eederal service of a State segret in the Sections 901, 301, and 800 or the service of the sections of the section | OGE 450 Required  |                           |  |   |
| Privacy Act Statement:   |   |                           | •  |   |
| with requested to furnish a specific reason for your resignation or retirement and a powerding address. Your resignation may be considered in any future decision regarding your semployment in the Faderal service and may also be used to determine your eligibility for mail and the properties of the properties. Your forested in any future decision regarding your semployment compensation benefits. Your forestedlist. Your forestedli | Signed:, DEO  | -                         |  | •   |
| with reguested to furnish a specific reason for your resignation or retirement and a moverating address. Your resignation may be considered in any future decision regarding your employment in the Faderial service and may also be used to determine your eligibility for mail our copies of any documents you should have or any pay or compensation benefits. Your forwarding address will be used primarily to mail our copies of any documents you should have or any pay or compensation to which you are ritted.  This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. code. Sections 301 and 3301 authorize OFM and agencies to issue regulations  Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment compensation benefits to which you may be entitled.  A. Date Signed  6. Forwarding Address (Number, Street, City, State, ZIP Code)  M39: Creditable Military Service: NoNE  M40: Previous Retirement Coverage: Pulsous by CNULD  M45: Employee is automatically covered under FERS.  M38: **House Signed for U.S. C. is not applicable to the Senior Executive Service.   |   |                           |  |   |
| with reguested to furnish a specific reason for your resignation or retirement and a moverating address. Your resignation may be considered in any future decision regarding your e-employment on the Faderal service and may also be used to determine your eligibility for mail ou copies of any documents you should have or any pay or compensation benefits. Your forwarding address will be used primarily to mail ou copies of any documents you should have or any pay or compensation to the sections 301, 3301, and 8506 of title 5, U.S. cocks. Sections 301 and 3301 authorize OFM and agencies to issue regulations  Neasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment compensation benefits to which you may be entitled.  A. Date Signed  S. Forwarding Address (Number, Street, City, State, ZIP Code)  M39: Creditable Military Service: NoNe  M40: Previous Retirement Coverage: Pulsous by CNULA  M45: Employee is automatically covered under FERS.  M38: Trozen Sevice: 00 - 00  T55: Tenure as used for U.S. C. is not applicable to the Senior Executive Service.  |   |                           |  | ··  |
| with requested to furnish a specific reason for your resignation or retirement and a powerding address. Your resignation may be considered in any future decision regarding your semployment in the Faderal service and may also be used to determine your eligibility for mail and the properties of the properties. Your forested in any future decision regarding your semployment compensation benefits. Your forestedlist. Your forestedli | Dek   | MCV AM                    | Statement  |   |
| The furnishing of this information is voluntary, however, failure to provide it may result in your not receiving; (1) your copies of those documents you should have, (2) pay or other your not receiving; (1) your copies of those documents you should have, (2) pay or other your not receiving; (1) your copies of those documents you should have, (2) pay or other your not receiving; (1) your copies of those documents you should have, (2) pay or other your not receiving; (1) your copies of those documents you should have, (2) pay or other your not receiving; (1) your copies of those documents you should have, (2) pay or other your not receiving; (1) your copies of those documents you should have, (2) pay or other your not receiving; (1) your copies of those documents you should have, (2) pay or other which you may be entitled.  Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)  Effective Date 3. Your Signature 4. Date Signed 5. Forwarding Address (Number, Street, City, State, ZIP Code)  M39: Creditable Military Service: Your Signature 4. Date Signed 5. Forwarding Address (Number, Street, City, State, ZIP Code)  M39: Creditable Military Service: Your Signature 4. Date Signed 5. Forwarding Address (Number, Street, City, State, ZIP Code)  M39: Creditable Military Service: Your Signature 4. Date Signed 5. Forwarding Address (Number, Street, City, State, ZIP Code)  M39: Creditable Military Service: Your Signature 4. Date Signed 5. Forwarding Address (Number, Street, City, State, ZIP Code)  M39: Creditable Military Service: Your Signature 4. Date Signature 5. Forwarding Address (Number, Street, City, State, ZIP Code)   | ou are requested to furnish a specific reason for your resignation or retirement and a<br>privarding address. Your reason may be considered in any future decision regarding<br>a-employment in the Federal service and may also be used to determine your eligibility. | a<br>J your<br>Hity for   | with regard to employment of individu<br>section 8506 requires agencies to ful<br>service to the Secretary of Labor or a | uals in the Federal service and their records, while mish the specific reason for termination of Federal a State agency in connection with administration of  |
| Date Signed  A. Date Signed  A | ou copies of any documents you should have or any pay or compensation to which y  | NOT SLE                   | The turnishing of this information is v  | coluntary; however, failure to provide it may result in   |
| ### Date Signed   5. Forwarding Address (Number, Street, City, State, ZIP Code)  ### M39: Creditable Military Service: None  M40: Previous Retirement Coverage: Pulpuk ly CNWLd  M45: Employee is automatically covered under FERS.  M38: Trozen Service: 00 - 00  T55: Tenure as used for U. S. C. is not applicable to the Senior Executive Service.   | This information is requested under authority of sections 301, 3301, and 8506 of title code. Sections 301 and 3301 authorize OPM and agencies to issue regulations  | 5, U.S.                   | compensation due you; and (3) any t  | unemployment compensation benefits to which you   |
| M39: Creditable Military Service: None  M40: Previous Retirement Coverage: Plusous by Chwed  M45: Employee is automatically covered under FERS.  M38: Frozen Service: 00-00  T55: Tenure as used for U. S. C. is not applicable to the Senior Executive Service.   |   |                           |  | ,   |
| M39: Creditable Military Service: None  M40: Previous Retirement Coverage: Prunch by Columbia  M45: Employee is automatically covered under FERS.  M38: Prozen Service: 00-00  T55: Tenure as used for U. S. C. is not applicable to the Senior Executive Service.   |   |                           |  |   |
| M39: Creditable Military Service: None  M40: Previous Retirement Coverage: Purous by Columb  M45: Employee is automatically covered under FERS.  M38: Frozen Service: 00-00  T55: Tenure as used for U. S. C. is not applicable to the Senior Executive Service.   |   |                           |  |   |
| M39: Creditable Military Service: None  M40: Previous Retirement Coverage: Purous by Columb  M45: Employee is automatically covered under FERS.  M38: Frozen Service: 00-00  T55: Tenure as used for U. S. C. is not applicable to the Senior Executive Service.   |   |                           |  |   |
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| M40: Previous Retirement Coverage: <u>Previous by Colored</u> .  M45: Employee is automatically covered under FERS.  M38: Frozen Service: 00-00  T55: Tenure as used for U. S. C. is not applicable to the Senior Executive Service.   | Effective Date 3. Your Signature 4. Date  | Signed                    | 5. Forwarding Address (Nur   | mber, Street, City, State, ZIP Code)  |
| M40: Previous Retirement Coverage: Awous by Chwed  M45: Employee is automatically covered under FERS.  M38: Frozen Service: 00-00  T55: Tenure as used for U. S. C. is not applicable to the Senior Executive Service.   |   |                           | · .  |   |
| M40: Previous Retirement Coverage: Awous by Chwed  M45: Employee is automatically covered under FERS.  M38: Frozen Service: 00-00  T55: Tenure as used for U. S. C. is not applicable to the Senior Executive Service.   |   | <u> </u>                  |  |   |
| M40: Previous Retirement Coverage: <u>Prunous by Colored</u> .  M45: Employee is automatically covered under FERS.  M38: Frozen Service: 00-00  T55: Tenure as used for U. S. C. is not applicable to the Senior Executive Service.  |   |                           |  |   |
| M45: Employee is automatically covered under FERS.  M38: Frozen Service: 00-00  T55: Tenure as used for U. S. C. is not applicable to the Senior Executive Service.  |   | <u></u>                   |  |   |
| M38: Frozen Service: 00-00 T55: Tenure as used for U. S. C. is not applicable to the Senior Executive Service.   | M40: Previous Retirement Coverage: Previous by  | CNWL                      | <u>d</u> .   |   |
| T55: Tenure as used for U. S. C. is not applicable to the Senior Executive Service.  | M45: Employee is automatically covered under FER  | iS.                       |  |   |
| ZZZ: This position is designated for Drug Testing.   | 1138: Hozen Service: 00-00  |                           |  |   |
|  | ZZZ: This position is designated for Drug Testing.  | the Sen                   | ior Executive Service.   |   |
|  |   |                           |  |   |
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Automated Standard Form 52 U.S. Office of Personnel Management FPM Supp. 296-33, Subch. 3

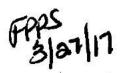
### REQUEST FOR PERSONNEL ACTION

|                              |                                      | ng Office (Also comp                              | lete Part B, Items 1, 7  | -22, 32, 3                              | 33, 36 and                    | 39.)                                |                       | 5 D                            |                            |
|------------------------------|--------------------------------------|---|--|---|-------------------------------|-------------------------------------|-----------------------|--------------------------------|----------------------------|
| Action Req     Resignation   |                                      |   |  |   |                               |                                     |                       | 2 Request Number               | Ţ                          |
| 7. For Addition              | nal Informat                         | ion Call (Name and Teleph                         | one Number)  | _                                       | _                             |                                     |                       | 4. Proposed Effect             |                            |
| 5 Action Req<br>Ryan Jackson | Chief of S                           | yped Name, Title, Signatur                        | And Request Date)  | 70 \$                                   | Action Authoropets            | orized By (Typed N<br>Administrator | ame, title, signut    | ure, and Concurre              |                            |
| PART B -<br>1. Name /Las     | First, Aid                           | aration of SF 50 (Usa                             | e only codes in FPM S  | Suppleme<br>2.                          | ent 292-1, .<br>Social Securi | Show all dates<br>ty Number 3.1     |                       | -year order.<br>Effective Date |                            |
| FIRST AC                     |                                      | e of Action                                       |  | 2 | A. Code                       | ACTION<br>6-B, Nature of A          | ction                 |                                |                            |
| J-A. COAC                    | J-13. [1015]                         | e of Action                                       |  |   |                               |                                     |                       |                                |                            |
| 5-C. Code                    | 5-D. Legal                           | Authority   |  | 6-1                                     | C. Code                       | 6-D. Legal Auth                     | ority                 |                                |                            |
| 5-E. Code                    | 5-F. Legal                           | Authority   |  | 6-                                      | E. Code                       | 6F. Legal Autho                     | rity                  |                                |                            |
| 7. FROM:                     | Position T                           | itle and Number                                   |  | 15                                      | 5, TO: Posi                   | tion Title and N                    | umber                 |                                |                            |
| 8 Pay Plan 9. Co             | c Code   10 (                        | irade or Level   11, Step or Rate                 | 12 Total Salacy 13. Pay 3  | Stania IN                               | Pay Plan   17, Oc             | oc Coole   18. Grade or Le          | vel   19 Step or Rate | 20. Total Salary/Award         | 2) Pay Basis               |
|                              | 340                                  | 00 00   | A CONTRACTOR OF THE PARTY OF TH | A                                       | C Basic Pay                   |                                     |                       |                                | Other Pay                  |
| 14 Name and                  | Location of                          | Position's Organization<br>nental Protection Ager |  | 22                                      | Name and I                    | ocation of Positio                  | n's Organization      |                                |                            |
| Office of the                | e Adminis                            | trator, Immediate Offic                           |  |   |                               |                                     |                       |                                |                            |
| EMPLOY<br>23. Veterans P     | The second of the second             | No.   |  | 24                                      | Tenure                        |                                     | 25. Agency            | Use 26. Veseran                | Preference for RIF         |
| 2 -                          | None<br>5-Point                      | 3 - 10-Point/Disabili<br>4 - 10-Point/Comper      |  | The second second                       | 0 - Nor<br>1 - Pern           | nament 3 - Indefinite               |                       | ☐ YI                           | Marin Land Control         |
| 27. FEGLI                    |                                      |   |  | 28                                      | . Annuitant li                | ndicator                            |                       | 29. Pay 1                      | tate Determinant           |
| 30. Retiremen                | t Plan                               |   | 31. Service Comp. Date (L  | eave) 32                                | Work Schee                    | dale<br>1                           |                       | 33. Part-                      | Time Hours Per<br>Biweekly |
| POSITION                     | DATA                                 | -   |  |   |                               | <b>k</b>                            | -                     |                                | Pay Period                 |
| 12                           | - Competitive Se<br>- Excepted Servi |   | 35. FLSA Category  E - Exempt N - Nonexempt  |   |                               | 8/19 B 11A 0                        | 00ME8                 | 37. Barg                       | tining Unit Status         |
| 38. Duty Stati               | on Code                              |   | 39. Duty Station (City - Co  | ounty – Stat                            | e or Oversea                  | s Location)                         |                       |                                |                            |
| 40. AGENCY                   | DATA                                 | 41.   | 42.  | 43.                                     |                               | 44.                                 |                       |                                |                            |
| 45 EDUCATION                 | HAL LEVEL                            | 46 YR DEGREE ATTAINED                             | 47, Academic Discipline  | 48 FUNCTI                               | DNAL CLASS                    | 49. CITIZENSHI<br>1-USA 8-          |                       | etnam Era Vet 51. SU           | PERVISORY STATUS           |
| PART C -<br>1. Office/I      |                                      | and Approvals (Not<br>Initials/Signs              | to be used by requesti   |   | Office/F                      | unction                             | Initials/S            | Signature                      | Date                       |
| B.                           | ,                                    |   |  | E.                                      |                               |                                     |                       |                                |                            |
| C.                           |                                      |   |  | F.                                      |                               |                                     |                       |                                |                            |
|                              |                                      |   | n this form is accurate and the same of th |   | gnature                       |                                     |                       |                                | Approval Date              |

| PART D - Remarks by Requesting Office  | Contract Con |
|--|--|
| (Note to Supervisors: Do you know of additional or conflicting reasons for the employee If "YES", please state these facts on a separate sheet and attach to   |  |
|  |  |
|  |  |
|  |  |
|  |  |
| PART E - Employee Resignation/Retirement   |  |
| Dalman Ang   | Statement  |
| You are requested to furnish a specific reason for your resignation or retirement and a forwarding address. Your reason may be considered in any future decision regarding your re-employment in the Federal service and may also be used to determine your eligibility for unemployment compensation benefits. Your forwarding address will be used primarily to mail you copies of any documents you should have or any pay or compensation to which you are entitled. | tions with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to flurnish the specific reason for termination of Federal Service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.  The furnishing of this information is valuntary, however, failure to provide it may   |
| This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM and agencies to issue regula-   | The furnishing of this information is voluntary, however, failure to provide it may result in your not receiving. (1) your copies of those documents you should have; (2) pay or other compensation due you, and (3) any unemployment compensation   |
| 1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining po   |  |
| Your resignation/retirement is effective at the end of the day - midnight - unless you sp  | ecify otherwise.)  |
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|  |  |
| 2 Effective Date 3 Date  | Plopard of Espansifier Address Alexander Course City Course 710 Code   |
|  | Signed 4. Forwarding Address (Number, Street, City, State, ZIP Code)   |
| 3/17/19  | 17/8   |
| PART F - Remarks for Sr So   |  |
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# Appendix F: Employee F

| FPM Supp. 296–33, Sub  | cn. 4   |                                       |  |   |  |         |              |                                  |             |        |                        |                     |                        |           |
|--|---|---------------------------------------|--|---|--|---------|--------------|----------------------------------|-------------|--------|------------------------|---------------------|------------------------|-----------|
| 1. Name (Last, First,  | Middle)   |                                       |  |   | 2. Soci  | al Sec  | urity Nun    | iber 3.                          | Date of B   | Birth  |                        | 4. Effective 03/26/ |                        |           |
| FIRST ACTIO  | <u> </u>  |                                       |  |   | SECO   | ND      | ACTI(        | ON                               |             |        |                        |                     |                        |           |
| 5–A. Code<br>170   | 5-B. Nature of Action EXC APPT  |                                       |  |   | 6-A. Coo   |         |              | 5–B. Natur                       | e of Actio  | on     |                        |                     |                        |           |
| 5-C. Code<br>ZLM   | 5-D. Legal Authority<br>P. L. 95-190  |                                       |  |   | 6-C. Code 6-D. Legal Authority   |         |              |                                  |             |        |                        |                     |                        |           |
| 5-E. Code  | 5-F. Legal Authority  |                                       |  |   | 6-E. Code 6-F. Legal Authority   |         |              |                                  |             |        |                        |                     |                        |           |
| 7. FROM: Position  | Fitle and Number  |                                       |  |   | 15. TO: 1  | Positio | on Title an  | d Number                         |             |        |                        |                     |                        |           |
|  |   |                                       |  |   |  |         |              |                                  |             |        |                        |                     |                        |           |
| 8. Pay Plan 9. Occ. Cod  | e 10. Grade or Level 11. Step or Ra   | ate 12. Tota                          | al Salary  | 13. Pay Basis   | 16. Pay Plan   |         |              |                                  |             |        | 20. Total Sa<br>149337 | lary/Award          | 21. Pay Basis<br>PA    |           |
| 12A. Basic Pay   | 12B. Locality Adj. 12C. Ad  | j. Basic Pay                          | y 12   | 2D. Other Pay   | 20A. Basic   | •       |              | 20B. I.<br>318                   | ocality Adj | j.     | 20C. Adj. I<br>14933   |                     | 20D. Other             | Pay       |
| 14. Name and Locat   | ion of Position's Organization  |                                       |  |   | 22. Name   | and I   | Location o   | of Position'                     | s Organiz   | zation | 1                      |                     |                        |           |
|  |   |                                       |  |   |  |         |              |                                  |             |        |                        |                     |                        |           |
|  |   |                                       |  |   |  |         |              |                                  |             |        |                        |                     |                        |           |
|  |   |                                       |  |   |  |         |              |                                  |             |        |                        |                     |                        |           |
|  |   |                                       |  |   | WASHI  | INGT    | ON,DC        |                                  |             |        |                        |                     |                        |           |
|  | D + D +   |                                       |  |   |  |         |              |                                  |             |        |                        |                     |                        |           |
| <b>EMPLOYEE</b> 23. Veterans Prefere   |   |                                       |  |   | 24. Tenu   | re      |              |                                  | 25 A        | genc   | y Use                  | 26 Veterar          | ıs Preferenc           | e for RIF |
| 1 - None<br>2 - 5-Point  | 3 – 10–Point/Disability<br>4 – 10–Point/Compensable   | 5 – 10–Point<br>6 – 10–Point          | nt/Other<br>nt/Compensable/3                                 | 0%  | 3  | 0 – No  |              | 2 – Conditiona<br>3 – Indefinite |             | gene   |                        | YES                 | S X                    | NO        |
| 27. FEGLI  |   |                                       |  |   | 28. Annuitant Indicator  9 NOT APPLICABLE  29. Pay Rate Determinant  0 |         |              |                                  |             |        |                        | ant                 |                        |           |
| 30. Retirement Plan  |   | 31.                                   | Service Con  | np. Date (Leave)                                      |  |         |              |                                  |             |        |                        |                     |                        |           |
| KF FERS-FRA  | AE & FICA   | 03/                                   | /26/2017   |   | F  | FUI     | LL-TIMI      | E                                |             |        |                        |                     | Biweekly<br>Pay Period |           |
| POSITION D   | ATA   |                                       |  |   |  |         |              |                                  |             |        |                        |                     |                        |           |
| 34. Position Occupio   |   | 35.                                   | FLSA Cate  | gory  | 36. Appr   | opriat  | tion Code    |                                  |             |        |                        | 37. Bargair         | ning Unit St           | atus      |
| 2 1 - Competitive S<br>2 - Excepted Ser  |   | F                                     | E E Ex   | empt<br>onexempt                                      |  |         |              |                                  |             |        |                        | 8888                |                        |           |
| 38. Duty Station Co  | de  |                                       | •  | n (City – County                                      |  |         |              | ion)                             |             |        |                        |                     |                        |           |
| 11-0010-001  |   |                                       | ASHINGTO   | ON,DISTRICT   | OF COL   | LUMI    |              |                                  |             |        |                        |                     |                        |           |
| 40. Agency Data<br>FUNC CLS 00   | VET STAT X  | 42.<br>EDUC L                         | LVL  | 43.<br>SUPV ST  | CAT 8  |         | 44.<br>POSIT | ION SEN                          | SITIVI      | TY I   | HIGH RI                | SK                  |                        |           |
| CREDITABLE PREVIOUS RI THIS POSITI EMPLOYEE IS APPOINTMENT POSITION IS THIS POSITI THIS APPOIN | T AFFIDAVIT EXECUT MILITARY SERVICE: ETIREMENT COVERAGE ION IS DESIGNATED S AUTOMATICALLY CO T IS INDEFINITE. S AT THE FULL PERFION IS DESIGNATED THENT DIES BIT CI TO CAREER-CONDITION | NONE PREV FOR DI ORMANO FOR DI BFER I | VIOUSLY<br>RUG TES<br>UNDER<br>CE LEVE<br>RUG TES<br>ELIGIBI | COVERED TING 5 NA FERS, FERS L OR BAND TING LITY TO B | S-RAE  E NONC MENT   | OR :    | FERS-I       | FRAE.                            |             |        | oving Offic            | ial                 |                        |           |
| EP - ENVIRONI  |   | _                                     |  |   | RONICA   |         |              | _                                |             |        |                        |                     |                        |           |
| 47. Agency Code  | 48. Personnel Office ID   |                                       | ). Approval I  | Date  |  |         | L. ROBI      |                                  |             |        |                        |                     |                        |           |
| ED00   |   |                                       |  |   |  |         |              | DECOLD                           |             |        |                        |                     |                        |           |



SF 52 (E"Forms 4.4) Rev. 7/91 U.S. Office of Personnel Management

SRO Approval

John E Reeder

| FPM Supp. 296-33,                    | Subch. 3                        |  |                              | REGU                           | )EST               | UKPL                | ROUNI                 | IEL A                                  | CHON                    |                             |   | ¥2                          |  |
|--------------------------------------|---------------------------------|--|------------------------------|--------------------------------|--------------------|---------------------|-----------------------|--|-------------------------|-----------------------------|---|-----------------------------|--|
| 1. Actions Req                       | uested                          | Ad   | ministrativ                  | ely Determ                     | nined Ap           | pointment           | :                     | # ### #### ########################### |                         | (a)                         | 2. Re                                   | OP-2017                     |  |
| 3. For Addition                      | naLinfo                         | rmation Call                               | (Name and Te                 |                                | <i>ber)</i><br>HR- |                     | i i                   | Local Tr                               | acking No:              | V                           | 4. Pr                                   | oposed Effe<br>03/27/2      |  |
| 5. Action Requ                       | ested E                         | By (T) fod Nan                             | refitide, State              | 4 -                            |                    | , var               | 6.                    | do ize                                 | Du (Types)              | ame, Me Signa               | nture, and                              | Concurrence                 | ****                                   |
| Michael Flyn                         | ın, Act                         | ing the but                                | dministrat                   | yn,                            | 3/3/C              | 7                   | E Scott I             | Pruitt, A                              | dministrator            | ~60                         |   | ergul-aport 12, poolitu     | co. Pare II soverato                   |
| 1. Name                              |                                 |  |                              | ,                              | v                  | •                   | 2. Social S           | ecurity N                              | umber 3. D              | ate of Birth                | 4. Ef                                   | fective Date                | -17                                    |
| 5-A-Code 5                           |                                 | ure of Action                              | × <del>1</del>               |                                |                    |                     | 6-A. Code             | 6-B. Na                                | ture of Action          |                             |   | 4                           |  |
| SC Code 5                            | um 19.1.95-190                  |  |                              |                                |                    |                     |                       | 6-D. Le                                | gal Authority           | -9 -5 -709 -6               | s = 000000000                           | 181 - A114 (1841) (NAC 1947 | 327 (000) 331 (000)                    |
| 5-E. Code 5-                         |                                 | al Authority                               |                              |                                |                    | 越                   | 6-E. Code             | 6-F. Leg                               | gal Authority           | 80 10 2                     | iv varies                               | 18600a 53A                  |  |
| 7. FROM: Pos                         | ition Ti                        | tie and Numbe                              | or .                         | <u>,</u>                       |                    |                     | 15. TO: Po            | eition Tit                             | te and Numbe            | NF.                         |   |                             |  |
| 8. Pay Plan 9. Oc                    | c. Code                         | 10. Grade or Leve                          | tiii. Step or<br>Rate        | 12. Yotal Sala                 | iry                | 13. Pay Basis<br>PA | 16. Pay Plan 1        | 7. Occ. Cod<br>0301                    | e 18. Grade or Le<br>00 | rvel 19. Step or<br>Rate 00 | 100000000000000000000000000000000000000 | Selary/Awerd<br>9,337.00    | 21. Pay Basis<br>PA                    |
| 12A. Basic Pay                       | <b>1</b> 12                     | 28. Locality Adj.                          | 12C. Adj.                    | Basic Pay                      | 12D. Othe          | 10%                 | 20A. Basic Pay        | 2000                                   | 20B. Locality Adj.      |                             | Basic Pay                               | 20D. Oth                    | 250,000                                |
|                                      | one :                           | 3 - 10-Point/Disabil<br>1 - 10-Point/Commo |                              | -Point/Other<br>- Brint Mammon | rehiaf8f8K         |                     | 24 Tenure 28 Annuitan | 0 - None<br>1 - Pormani                | 2 - Conditional         | 25. Ager                    | ncy Use                                 | YES 29. Pay Rate            | Freference<br>NO RIF<br>e<br>terminant |
| 30. Retirement P                     | len                             |  | ##                           | 31.<br>(Le                     | Service Co<br>ave) | 26-17               | 32. Work Sci          | hedule                                 |                         | <b>36</b>                   | 7.5                                     | 33. Part Tim                | e Hours Per<br>weekly                  |
| 38 Duty Station C                    | ompetitive<br>werter! 9<br>?wte | anira A.QE                                 | 5 General<br>9 Career Resear | 35.<br>39.                     | ELSA Cate          | agory<br>on         | 36. Appropria         |  | 8 B 11B ZZZ             | <b>ZMH9</b>                 |   | L L                         | ng Unit Status                         |
| 11 - 00  <br>40. Agency Data         | 0-0                             | 41.  | - 4:                         | 305452                         | Washing            | ton, DC<br>43.      | N. T.                 | 44.                                    |                         |                             |   |                             |  |
| 45. Educational I                    | ovel                            | 46. Year Dean                              | ne Attained 4                | 7. Academic I                  | Discipline         | 48. Function        | nal Class             | 49. Citize                             | enship<br>USA 8-Other   | 50. Veterans S              | - 1                                     | 51. Superviso               | ry Status                              |
| 1. Office/Fu                         | nction                          | e t  | nitials/Signa                | ture                           |                    | Date                | Office/F              | unction                                |                         | Initials/Signer             | ture                                    | 30 300 3000                 | Date                                   |
| a<br>DCA                             |                                 | R  | 0                            | · ·                            | 31                 | 1                   | D. Ota                | <b>%</b> —                             | Gun                     | Lack                        | ley                                     | 3                           | 4317                                   |
| c.                                   |                                 | (A)-                                       | $\mathcal{C}_{\mathcal{C}}$  | <u> </u>                       | -   2/             | 16/17               | E. F.                 |  |                         |                             | 372                                     |                             |  |
| 2. Approval: I cer<br>proposed actio |                                 | the information e<br>ompliance with s      |                              |                                |                    | t the               | Signature             | 2.00                                   | april                   | Hackle                      | 4                                       | Apr<br>3                    | proval Date                            |
| CONTINUED C                          |                                 |  |                              | •                              |                    |                     | 200                   | 740                                    | GANO,                   |                             |   | 91 Are Not Use<br>NSN 75    | ble After 6/30<br>40-01-333-6          |

|           |  |                                       | •                     |   |                     |  |                       |  |  |
|-----------|--|---------------------------------------|-----------------------|---|---------------------|--|-----------------------|--|--|
|           |  |                                       |                       |   | . 400 / 10 <b>0</b> | garan sanara                                 | err karastra          | · 2002 (1823-1842)   | Carrier Mark   |
| (Note t   | o Supervisor   |                                       |                       |   |                     | oloyee's resignation                         | /retirement?          | YES  | Пио  |
|           |  | ਜ਼ "YES", ple€                        | ise state l'iese      | facts on a separe   | ne sneet and att    | ach to SF 52.)                               |                       | ٠.20   | L_1,~~   |
|           |  |                                       |                       |   |                     | ·  |                       |  |  |
|           |  |                                       | ا<br>اصد              |   |                     |  |                       |  |  |
|           | OGE 450  | Not Required                          |                       | <br>ر   |                     |  |                       |  | 1  |
|           | <del>-</del> .   | •                                     | W                     |   |                     |  |                       | •  |  |
|           | OGE 450  | Required                              | 786                   |   | *.                  |  |                       |  |  |
|           | Signed: _  |                                       |                       | , DEQ   |                     | •  |                       |  |  |
|           |  |                                       |                       |   |                     |  |                       |  |  |
|           |  |                                       | •                     |   | ,                   |  |                       |  |  |
|           |  |                                       |                       |   | Privacy Act         | Statement                                    |                       | A PLAN ST  |  |
| forwardi: | ng address. Yo   | our reason may                        | be considered in a    | esignation or retirem<br>any future decision r                        | regarding your      | section 8506 require                         | s agencies to furnisi | n the specific reason f  | and their records, while<br>or termination of Federal      |
| unemplo   | syment comper  | sation benefits.                      | Your forwarding       | ised to determine you<br>address will be used<br>by or compensation t | d primarily to mail | unemployment comp                            |                       |  | on with administration of                                  |
| entitled. |  | 4 5 4 6                               | •                     |   |                     |  |                       |  | to provide it may result in<br>ould have; (2) pay or other |
|           |  |                                       |                       | 301, 3301, and 850<br>cies to issue regulat                           |                     |  |                       |  | ion benefits to which you                                  |
| 4 8       | ( DI   | ·                                     |                       | ·   |                     |  | -1                    | Diamenta and   |  |
|           |  |                                       |                       |   |                     | ning possible unernj<br>midnight - unless ye |                       |  | c and avoid  |
| _         |  | •                                     |                       |   |                     |  |                       |  |  |
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|           |  | `.                                    |                       |   |                     |  |                       |  |  |
|           |  |                                       |                       |   |                     |  |                       |  | •  |
|           |  |                                       |                       |   | •                   |  |                       |  |  |
|           | •  | •                                     | ,                     |   |                     |  |                       |  |  |
|           |  | •                                     |                       |   | e at                |  |                       |  | 7  |
|           |  |                                       | 1                     |   | *                   |  | •                     |  | *,   |
|           |  |                                       |                       |   | **                  |  |                       |  | ¥  |
| 2. Effec  | tive Date  | 3. Your Sign                          | ature                 |   | 4. Date Signed      | 5. Forwarding                                | Address (Numbe        | r, Street, City, State   | e, ZIP Code)   |
|           |  |                                       |                       |   | •                   |  | •                     | ,  |  |
| PAR       |  |                                       |                       |   |                     |  | en alle               |  |  |
|           | - Company of the Comp |                                       |                       |   |                     | _  |                       | A STATE OF THE STA | 1'   |
|           | M01: Ap  | pointment                             | Affidavit ex          | ecuted:   |                     |  |                       |  |  |
|           | M39: Cr  | editable Mi                           | litary Service        | e: Nine   | <del></del>         | <i>t</i> . <b>0</b>                          |                       |  |  |
|           | M40: Pro   | evious Reti                           | rement Cove           | erage: <b>P(wii</b>   | nsly Conu           | lea  |                       | * · · · •  | •  |
|           | M45: En  | nployee is a                          | utomatically          | y covered und   | ier MEKS.           |  |                       |  |  |
|           | K18: Em  | ployee pos                            | ition is at the       | e full perform  | ance level.         |  |                       |  |  |
| •         | ZZZ: This  | s position is                         | designated            | for Drug Testi  | ing.                |  | converted             |  |  |
|           | ZZZ: This  | appointm                              | ent does not          | t conter eligibi  | ility to be noi     | ncompetitively                               | converted             |  | •  |
|           |  |                                       |                       | areer Appoint   | ment.               |  |                       |  |  |
|           | EO1: App   | oointment i                           | s Indefinite.         | <del></del>   |                     |  |                       | •  |  |
|           |  | · · · · · · · · · · · · · · · · · · · |                       |   |                     |  |                       |  |  |
|           |  |                                       | and the second second |   |                     |  |                       |  |  |

| FPM Supp. 296–33, Subc  | 1. 4  |           |                                  |                                    |   |   |                          |                  |             |                                 |                            |                          |              |                     |
|---|---|-----------|----------------------------------|------------------------------------|---|---|--------------------------|------------------|-------------|---------------------------------|----------------------------|--------------------------|--------------|---------------------|
| 1. Name (Last, First, Middle)   |   |           |                                  | 2. Social Security Number          |   |   | 3. Date                  | 3. Date of Birth |             | 4. Effective Date<br>05/14/2017 |                            |                          |              |                     |
| FIRST ACTIO   | N   |           |                                  |                                    |   | SECO  | ND A                     | CTION            |             |                                 |                            |                          |              |                     |
| 5-A. Code   | 5-B. Nature of Action                               |           |                                  |                                    |   | 6-A. Cod  |                          |                  | Nature of   | Action                          |                            |                          |              |                     |
| 002   | CORRECTION  |           |                                  |                                    | 570 CONV TO EXC APPT  |   |                          | PT               |             |                                 |                            |                          |              |                     |
| 5-C. Code   | i-C. Code 5-D. Legal Authority                      |           |                                  |                                    |   | 6-C. Code 6-D. Legal Authority<br>Y7M SCH C, 213.33SCH C 3316 |                          |                  | C 3316      |                                 |                            |                          |              |                     |
| 5–E. Code 5–F. Legal Authority  |   |           |                                  |                                    | 6-E. Code 6-F. Legal Authority  |   |                          |                  |             |                                 |                            |                          |              |                     |
| 7 FDOM, Design Teles and New 1  |   |           |                                  |                                    | 15. TO: Position Title and Number   |   |                          |                  |             |                                 |                            |                          |              |                     |
| 7. FROM: Position Title and Number  |   |           |                                  | 13. 13. 1 vsition True and rounder |   |   |                          |                  |             |                                 |                            |                          |              |                     |
| 8. Pay Plan   9. Occ. Code   AD   0301  | 10. Grade or Level 11. Step or 00                   |           | Total Salary                     |                                    | . Pay Basis<br>PA   | 16. Pay Pla   |                          | Occ. Code 1      | 8. Grade o  | r Level 19                      | 0.Step or Rate             | 20. Total Sa             | lary/Award   | 21. Pay Basis<br>PA |
| 12A. Basic Pay  | 12B. Locality Adj. 12C. A                           | Adj. Basi | ic Pay                           | 12D. O                             | ther Pay  | 20A. Basic  | Pay                      | 2                | 20B. Locali | ty Adj.                         | 20C. Adj. l                | Basic Pay                | 20D. Other   | Pay                 |
| 117496  | 31841 149   | 0337      |                                  | 0                                  |   | 11749   | 6                        |                  | 31841       |                                 | 14933                      | 7                        | 0            |                     |
| 14. Name and Location of Position's Organization OFFICE OF THE ADMINISTRATOR OFFICE OF POLICY WASHINGTON,DC |   |           |                                  |                                    | 22. Name and Location of Position's Organization OFFICE OF THE ADMINISTRATOR OFFICE OF POLICY WASHINGTON,DC |   |                          |                  |             |                                 |                            |                          |              |                     |
| EMDI OXEE I   | NA TO A   |           |                                  |                                    |   |   |                          |                  |             |                                 |                            |                          |              |                     |
| EMPLOYEE DATA  23. Veterans Preference  |   |           |                                  |                                    |   | 24. Tenu  | re                       |                  |             | 25. Agen                        | cv Use                     | 26. Veterai              | ns Preferenc | e for RIF           |
| 1 - None<br>2 - 5-Point   | 3 – 10–Point/Disability<br>4 – 10–Point/Compensable |           | -Point/Other<br>-Point/Compensab | le/30%                             |   | 3   | 0 - None 2 - Conditional |                  |             | Ĭ                               | YES X NO                   |                          |              |                     |
| 27. FEGLI   |   |           |                                  |                                    |   | 28. Annuitant Indicator                                       |                          |                  |             |                                 |                            | 29. Pay Rate Determinant |              |                     |
|   |   |           |                                  |                                    |   | 9 NOT APPLICABLE 0  |                          |                  |             |                                 |                            |                          |              |                     |
| 30. Retirement Plan   |   |           | 31. Service C                    | omp. E                             | Date (Leave)  | 32. Work Schedule 33. Part-Time Hours Per Biweekly            |                          |                  |             |                                 | Per                        |                          |              |                     |
| KF FERS-FRA   | E & FICA  |           | 03/26/2017                       |                                    |   | F FULL-TIME Pay Period  |                          |                  |             |                                 |                            |                          |              |                     |
| POSITION DA   |   |           | I                                |                                    |   |   |                          |                  |             |                                 |                            |                          |              |                     |
| 34. Position Occupied  35. FLSA Category  1 - Competitive Service 3 - SES General                           |   |           |                                  |                                    | 36. Appropriation Code  |   |                          |                  |             |                                 | 37. Bargaining Unit Status |                          |              |                     |
| 1 - Competitive Service   3 - SES General     2 - Excepted Service   4 - SES Career Reserved                |   |           | E E - Exempt N - Nonexempt       |                                    |   |   |                          |                  |             |                                 | 8888                       |                          |              |                     |
| 38. Duty Station Code   39. Duty Station (City – County   11-0010-001   WASHINGTON, DISTRICT                |   |           |                                  |                                    |   |   |                          |                  |             |                                 |                            |                          |              |                     |
| 40. Agency Data<br>FUNC CLS 00  |   |           |                                  | 43.<br>SUPV ST                     | TAT 2 POSITION SENSITIVITY HIGH RISK  |   |                          |                  |             |                                 |                            |                          |              |                     |
| 45 Remarks<br>CORRECTS IT   | EM NUMBER 31 FR                                     | OM 0      | 3-26-17                          |                                    |   |   |                          |                  |             |                                 |                            |                          |              |                     |
| 46. Employing Depar   | tment or Agency                                     |           |                                  |                                    |   | 50. Sign  | nature/A                 | authentication   | and Title   | e of Appr                       | roving Offic               | rial                     |              |                     |
| EP - ENVIRONMENTAL PROTECTIO  |   |           |                                  |                                    | 171535155 / ELECTRONICALLY SIGNED BY:   |   |                          |                  |             |                                 |                            |                          |              |                     |
| 47. Agency Code   | 48. Personnel Office ID 49. Approval Date           |           |                                  |                                    |   | VICKIE H. TELLIS  |                          |                  |             |                                 |                            |                          |              |                     |
| EP00  | 3216  |           | 08/21/201                        | 7                                  |   | ACTG  | DIR.                     | EXEC RESO        | OURCES      | S DIV. (                        | OHR                        |                          |              |                     |

F775 5/18/17

SF 52 (E Forms 4.4) SRO Approval Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296-33, Subch. 3 John E Reeder REQUEST FOR PERSONNEL ACTION 1. Actions Requested 2. Request Number Schedule C Appointment OP-2017-020 COMVERSEN TO 4. Proposed Effective Date
ASAP 3. For Additional Information Call Local Tracking No: 5. Action Requested By (T) ped Name, 6. Action Authorized By (Typled Name, Title, Signal E. Scott Pruitt, Administrator Ryan T. Jackson Chief of Staff 1. Name 2. Social Security Number 3. Date 05-14-17 5-B. Nature of Action 6-A. Code: 6-B. Nature of Action 570 Convo 5-D. Legal Authority Code 6-C. Code 6-D. Legal Authority 6-E. Code 6-F. Legal Authority 5-F. Legal Authority 7. FROM: Position Title and Number 15. TO: Position Title and Number Some -B. Occ. Code 12. Total Salary 21. Pay Basi \$149,337.00 UD PA GS 0301 05 PA 00 2D. Other Pay 14. Name and Location of Position's Organization 22. Name and Location of Position's Organization AA000000 - U.S. Environmental Protection Agency, Office of the Sona Administrator, Office of Policy 3. Veterans Preference 26. Veterans Preference 25. Agency Use 24. Tenure 5 - 10-Point/Other YES AND RIF 27. FEGLI 28. Annuitant Indicator 31. Service Comp. Date 32. Work Schedule 33. Part Time Hours Per (Leave) 37. Bargairling Unit Status 34. Position Occupied 35. FLSA Category 36. Appropriation Code ve Service 8888 1718 B 11B ZZZMH9 Washington, DC 40. Agency Deta 50. Veterans Status 45. Educational Level 46. Year Degree Attained 47. Academic Discipline 48. Functional Class 51. Supervisory Status 49. Citizenship 1-USA 8-Other 1. Office/Function Initials/Signature Date Office/Function 2. Approval: I certify that the information entered on this form is accurate and that the Signature, proposed action is in compliance with statutory and regulatory requirements. CONTINUED ON NEXT PAGE

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|  | Do you know of additional or co<br>"YES", please state these facts   |  |  | nent?                                    | ES NO  |  |  |  |  |
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|  |  | Privecy Act  | Statement  |  |  |  |  |  |  |
| orwarding address. You<br>e-employment in the Fed<br>nemployment compens | nish a specific reason for your resignal<br>r reason may be considered in any fut<br>deral service and may also be used to<br>atton benefits. Your forwarding addres | ture decision regarding your<br>determine your eligibility for<br>se will be used primarily to mail            | with regard to employment of individuals in the Federal service and their records, while section 8508 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of unemployment compensation programs.  The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; and (3) any unemployment compensation benefits to which you may be entitled.  |  |  |  |  |  |  |
| ou copies of any docum<br>ntitled.                                       | ents you should have or any pay or co  | ompensation to which you are   |  |  |  |  |  |  |  |
| his information is reque:<br>ode. Sections 301 and                       | sted under authority of sections 301, 3<br>3301 authorize OPM and agencies to  | 3301, and 8506 of title 5, U.S. bissue regulations   |  |  |  |  |  |  |  |
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| Effective Date   | 3. Your Signature  | 4. Date Signed   | 5 Forwarding Address   | s (Number, Street, City,                 | State 7/P Code)  |  |  |  |  |
| CHECHA Date  | o. Tour orginature   | 4. Date Signed   | 5. Forwarding Addres   | s (Number, Sueet, City,                  | State, ZIP COOE)   |  |  |  |  |
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Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296–33 Subch 4

### NOTIFICATION OF PERSONNEL ACTION

| FPM Supp. 296–33, Subc                 | n. 4   |            |                                  |                       |                         |  |                       |                  | _            |          |                |                     |                         |                     |  |
|--|--|------------|----------------------------------|-----------------------|-------------------------|--|-----------------------|------------------|--------------|----------|----------------|---------------------|-------------------------|---------------------|--|
| 1. Name (Last, First,                  | Middle)  |            |                                  |                       |                         | 2. Soci  | al Securi             | ity Number       | 3. Date      | of Birth |                | 4. Effective 07/16/ |                         |                     |  |
| FIRST ACTIO                            | ON ON  |            |                                  |                       |                         | SECO   | ND A                  | CTION            |              |          |                |                     |                         |                     |  |
| 5-A. Code                              | 5-B. Nature of Action  |            |                                  |                       |                         | 6-A. Coo   |                       |                  | ature of A   | Action   |                |                     |                         |                     |  |
| 002                                    | CORRECTION   |            |                                  |                       |                         | 546  |                       | CON              | V TO SE      | ES NON   | NCAREER        | R APPT              |                         |                     |  |
| 5-C. Code                              | 5-D. Legal Authority   |            |                                  |                       |                         | 6-C. Coo<br>V4L  | le                    |                  | Legal Aut    | •        | NCAREE         | CR.                 |                         |                     |  |
| 5-E. Code                              | 5-F. Legal Authority   |            |                                  |                       |                         | 6-E. Coc   |                       | 6-F. L<br>07-13- | egal Autl    | hority   |                |                     |                         |                     |  |
| 7. FROM: Position T                    | itle and Number  |            |                                  |                       |                         |  |                       | Title and Nun    |              |          |                |                     |                         |                     |  |
|  |  |            |                                  |                       |                         |  |                       |                  |              |          |                |                     |                         |                     |  |
| 8. Pay Plan   9. Occ. Code   GS   0301 | 10. Grade or Level 11. Step or                               |            | . Total Salary                   |                       | . Pay Basis             | 16. Pay Pl<br>ES   |                       | Occ. Code 18     | 3. Grade or  | Level 19 | O.Step or Rate | 20. Total Sa        | lary/Award              | 21. Pay Basis<br>PA |  |
| 12A. Basic Pay                         |  | Adj. Basi  | ic Pay                           | 12D. O                | ther Pay                | 20A. Basic   | Pay                   | 20               | DB. Locality | y Adj.   | 20C. Adj. I    |                     | 20D. Other              |                     |  |
| 117496                                 | 31841 149  | 9337       |                                  | 0                     |                         | 15170  | 00                    |                  | 0            |          | 15170          | 0                   | 0                       |                     |  |
|  | on of Position's Organization ADMINISTRATOR OFFICE OF POLICY |            |                                  |                       |                         |  | E OF T                |                  |              | OR       |                |                     |                         |                     |  |
| EMPLOYEE I                             | ) A T A  |            |                                  |                       |                         |  |                       |                  |              |          |                |                     |                         |                     |  |
| 23. Veterans Prefere                   |  |            |                                  |                       |                         | 24. Tenu   | re                    |                  | 2            | 25. Agen | cy Use         | 26. Veterar         | ns Preferenc            | e for RIF           |  |
| 1 - None<br>2 - 5-Point                | 3 – 10–Point/Disability<br>4 – 10–Point/Compensable          |            | -Point/Other<br>-Point/Compensab | le/30%                |                         | 0  | 0 – None<br>1 – Perma |                  |              |          | ]              | YES                 | X                       | 10                  |  |
| 27. FEGLI                              |  |            |                                  |                       |                         | 28. Annu   | itant Inc             | dicator          |              |          |                | 29. Pay Ra          | te Determin             | ant                 |  |
|  |  |            |                                  |                       |                         | 9  | NOT .                 | APPLICABI        | LE           |          |                | 0                   |                         |                     |  |
| 30. Retirement Plan                    |  |            | 31. Service (                    | Comp. D               | Date (Leave)            | 32. Work   | Schedu                | lle              |              |          |                |                     | ime Hours l<br>Biweekly | Per                 |  |
| KF FERS-FRA                            | E & FICA   |            | 03/26/2017                       | '                     |                         | F  | FULL                  | -TIME            |              |          |                |                     | Pay Period              |                     |  |
| POSITION DA                            |  |            | Ι                                |                       |                         | I  |                       |                  |              |          |                |                     |                         |                     |  |
| 34. Position Occupie                   |  |            | 35. FLSA C                       |                       |                         | 36. Appr   | opriatio              | n Code           |              |          |                | 37. Bargair         | ning Unit St            | atus                |  |
| 3 2 - Excepted Serv                    |  |            |                                  | - Exempt<br>- Nonexen | ıpt                     |  |                       |                  |              |          |                | 8888                |                         |                     |  |
| 38. Duty Station Cod<br>11-0010-001    | le   |            | *                                |                       | ty – County<br>DISTRICT |  |                       |                  |              |          |                |                     |                         |                     |  |
| 40. Agency Data<br>FUNC CLS 00         | 41.<br>VET STAT X  | 42.<br>EDI | IC LVL                           |                       | 43.<br>SUPV ST          | 'AT 2  | I                     | 4.<br>POSITION S | SENSIT       | IVITY    | HIGH RI        | SK                  |                         |                     |  |
|  |  |            |                                  |                       | 561 + 51                |  | -                     | 001110111        | 3111311      |          | 111011111      |                     |                         |                     |  |
| 45. Remarks II                         | EM NUMBER 31 FR  | OM 0       | 3-26-17                          |                       |                         | 50. Sign   | nature/A              | uthentication    | and Title    | of Appi  | oving Offic    | ial                 |                         |                     |  |
| EP - ENVIRONN                          | MENTAL PROTECTIO   |            |                                  |                       |                         | 50. Signature/Authentication and Title of Approving Official 171581755 / ELECTRONICALLY SIGNED BY: |                       |                  |              |          |                |                     |                         |                     |  |
| 47. Agency Code                        | 48. Personnel Office ID                                      |            | 49. Approv                       |                       |                         |  | Е Н. Т                |                  |              |          |                |                     |                         |                     |  |
| EP00                                   | 3216   |            | 08/21/201                        | 7                     |                         | 1 ACTG   | DIR, F                | EXEC RESO        | URCES        | DIV.     | OHR            |                     |                         |                     |  |

T/20/17

| SF 52 (E <sup>-</sup> Forms 4.4)<br>Rev. 7/91                              |  |  |  |   |                 | SRO                               | Approval           |  |   |
|--|--|--|--|---|-----------------|-----------------------------------|--------------------|--|---|
| U.S. Office of Personnel Man<br>FPM Supp. 296-33, Subch. 3                 |  | REQUE  | ST FOR PI  | ERSONN                                  | IEL ACT         | ION                               |                    | John E   | Reeder  |
|  | esting Office (Also  |  |  |   |                 | es south                          |                    | A STATE OF THE PARTY OF THE PAR | CALLES OF                                       |
| 1. Actions Requested   | Non Career   |  |  |   |                 |                                   | )                  | 2. Request<br>OP-  | Number 2017-025                                 |
| 3. For Additional Info   |  | Telephone Number)  |  |   | Local Track     | ting No:                          |                    | 4. Propose   | d Effective Date                                |
| 5 Action Requested F   | By (Typed Name Title, Sig                                    | (HR-   |  | 6. Action A                             | uthorized By    | (Typed Nam                        | e, Title, Signatur | e, and Concui  | rence Date                                      |
|  | 1  | Viv  |  | 200100000000000000000000000000000000000 | Pruitt / Adn    | 41                                | in de              | lah  | South   |
| Ryan T. Jackson Ch   | eparation of SF 50   | (Use only code:  | s in FPM Supple  | The second second second                |                 |                                   | day-year orde      | r.)  | lest  |
| 1. Name  | 07   | 7  |  | 2. Social S                             | ecurity Num     | ber 3. Date                       | of Birth           | 4. Effective   |   |
| FIRST ACTION   | PRINCIPLE IN COM   | Control of the Control   |  | SECONE                                  | ACTION          | CERTIFICACIO                      |                    |  |   |
| 5-A Code GB. Nati  | to SES Non-Co  | Weer App   | +  | 6-A. Code                               | 6-B. Nature     | e of Action                       |                    |  |   |
|  | S.C. 3394(a)   | , ,,,,   | ew and   | 6-C. Code                               | 6-D. Legal      | Authority                         |                    |  |   |
| 5.E. Code 5.F. Lega  | al Authority<br>Form 165                                     |  | 07-13-1  | 6-E. Code                               | 6-F. Legal      | Authority                         |                    |  |   |
| 7. FROM: Position Ti   |  | a clare  | 01.01  | 15. TO: Po                              | osition Title a | and Number                        |                    |  |   |
|  |  |  |  |   |                 |                                   |                    |  |   |
| 8. Pay Plan 9. Occ. Code   | 10. Grade or Level 11. Step or                               | 12. Total Salary   | 13. Pay Bas  | is 16. Pay Plan 1                       | 7. Occ. Code 1  | 8. Grade or Level                 |                    | ). Total Salary/A  | ward 21. Pay Basis                              |
| GS 301   | 15 Rate 0:   | and the second s | SECOND DOM:  | ES                                      | 0340            | The Control of the Control        | Rate OU            | THE PERSON   | PA PA   |
| 12A. Basic Pay   | 2B. Locality Adj. 12C. A                                     | Adj. Basic Pay 12  | D. Other Pay   | 20A. Basic Pay                          | 208             | Locality Adj.                     | 20C. Adj. Bas      | ic Pay 20  | D. Other Pay                                    |
| 14. Name and Location of   | f Position's Organization                                    |  |  | 22. Name and                            | d Location of P | osition's Organi                  | zation             |  |   |
| AA00000 - US, EPA, Office of Policy  | Office of the Administrate                                   | or   |  | Office of                               |                 | Office of the                     | Administrator      |  |   |
|  |  |  |  |   |                 |                                   |                    | A 100 C 100 C 1  |   |
| 23. Veterans Preference  |  | PREMISSING   | PATRICIA DE LA COMPANION DE LA | 24. Tenure                              | CITATE NO.      |                                   | 25. Agency         | Use   26. Ve   | eterans Preference                              |
| 2 5 Doint  |  | 10-Point/Other   | 12005  |   | 1 - Dermonant   | 2 - Conditional<br>3 - Indefinite |                    | YE   |   |
| 27. FEGLI  |  |  |  | 28. Annuitan                            | t Indicator     |                                   |                    | 29. Pa   | y Rate<br>Determinant                           |
| 30. Retirement Plan  |  | 31. Sen<br>(Leave)   | vice Comp. Date  | 32. Work Sch                            | hedule          |                                   |                    | 33. Pa   | Biweekly Pay Period                             |
| POSITION DATA  |  |  | TERM WAY   | PER LEGISLA                             | West All        |                                   |                    |  |   |
| 34. Position Occupied  1 - Competitive 2 - Excepted S                      |  | CONTRACTOR AND ADDRESS OF THE PARTY OF THE P | A Category   | 36. Appropria                           |                 | 8 B 11B ZZ                        | ZMH9               | 14 45 10 50 100  | rgaining Unit Status                            |
| 38. Duty Station Code  |  | 39. Duty   | Station  | 100                                     |                 |                                   |                    |  | 9 9 6 0   |
| 40. Agency Data  | 41.  | Wa:  | shington, DC   |   | Ta a            |                                   |                    |  |   |
| 40. Agency Data  | ***  | 42.  | 43.  |   | 44.             |                                   |                    |  |   |
| 45. Educational Level  | 46. Year Degree Attained                                     | 47. Academic Disci   | pline 48. Function   | onal Class                              | 49. Citizensh   | · -                               | 0. Veterans Statu  | us 51. Sup   | ervisory Status                                 |
| PART C - Review  | vs and Approvals   | (Not to be used b  | v requesting off   | Sce.)                                   | 1 - USA         | 8 - Other                         | 9000000000         |  | ALEXANDER NAME OF                               |
| 1. Office/Function   | Initials/Sign  |  | Date   | Office/F                                | unction         | Ini                               | tials/Signature    | •  | Date  |
| A.   |  |  |  | P. Sta                                  |                 | Jan                               | Hack               | ley  | 07-19-1   |
| В.   |  |  |  | E. [                                    | )0              | /                                 |                    | /  |   |
| C.   |  |  |  | F.                                      | -11558          | ,                                 |                    |  |   |
| <ol><li>Approval: I certify that to<br/>proposed action is in co</li></ol> | the information entered on the compliance with statutory and | is form is accurate a<br>regulatory requirem   | nd that the ents.  | Signature                               | C               | Jan 1                             | Sacker             | И  | Approval Date                                   |
| CONTINUED ON NEX   | T PAGE   |  |  |   |                 |                                   |                    | or to 7/91 Are N   | ot Usable After 6/30/93<br>ISN 7540-01-333-6239 |

|  | narks by Requesting Off<br>rs: Do you know of additional<br>If "YES", please state these | fice<br>or conflicting reasons for the emp<br>facts on a separate sheet and att   | oloyee's resignation/retirement?<br>ach to SF 52.)                             | YES NO  |
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|  |  |   |  |   |
| OGE 450  | 0 Not Required   |   |  |   |
| _ OGE 450  | 0 Required   |   |  |   |
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| DADT E Emr   | ployee Resignation/Reti  | rement  |  |   |
| ARI E - EIIIP  | licyee nesignation/net   | Privacy Act   | Statement  |   |
| erwarding address. Y<br>e-employment in the l<br>nemployment compe |  | any future decision regarding your  | section 8506 requires agencies to furnish                                      | in the Federal service and their records, while<br>the specific reason for termination of Federal<br>te agency in connection with administration of |
| ntitled. This information is required.                             |  | 301, 3301, and 8506 of title 5, U.S.  | your not receiving: (1) your copies of thos                                    | tary; however, failure to provide it may result ir<br>e documents you should have; (2) pay or othe<br>aployment compensation benefits to which you  |
| generalizations.   | Your resignation/retirement is   | s effective at the end of the day -   | ning possible unemployment benefits.<br>midnight - unless you specify otherwis | se.)  |
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|  |  |   |  |   |
| Effective Date   | 3. Your Signature  | 4. Date Signed  | 5. Forwarding Address (Number  | ; Street, City, State, ZIP Code)  |
|  |  | 4. Date Signed  | 5. Forwarding Address (Number  | ; Street, City, State, ZIP Code)  |
| ART F - Rem  | narks for SF 50  |   | 5. Forwarding Address (Number  | , Street, City, State, ZIP Code)  |
| M39: Cred<br>M40: Pred<br>M45: Emp                                 | ditable Military Service:<br>vious Retirement Cover<br>ployee is automatically           | None age: Plwiouty Coler covered under FERS.                                      | ed.  | ; Street, City, State, ZIP Code)  |
| M39: Cred<br>M40: Prev<br>M45: Emp<br>M38: F                       | ditable Military Service:<br>vious Retirement Cover<br>ployee is automatically           | none age: Plwionly Coler covered under FERS.  00 - 00 s not applicable to the Sen | ed.  | , Street, City, State, ZIP Code)  |

# Request for Senior Executive Service Appointing Authority

| Agency Name: EN   | VIRONMENTAL PROTE               | CTION AGENCY  | Prir                  | nt Date: 07/06/2017                               |
|---|---------------------------------|---|-----------------------|---|
| POC:  | Pho                             | one:  | Fax                   | : (202) 564-9612                                  |
| Request No: EP17  | 0079 Request                    | Type: APPOINTMENT   |                       |   |
| Appointment Aut   | thority: NONCAREER              |   |                       |   |
| Extension: No   | Duration:                       | ES Pay Level: 5151,7  | 700 Tem               | porary Allocation: No                             |
| Candidate:  |                                 |   |                       |   |
| Position No:  | Title                           | e:  |                       |   |
| Organization Nar  | ne:                             |   |                       |   |
| Recruited From:   | SAME BUREAU, SAME               | AGENCY GEO Loca   | ation: WASHING        | STON  |
| Current Title:  |                                 |   |                       |   |
| Proposed Title:   |                                 |   |                       |   |
| Market Scale Control of the Control |                                 | SES Endorsement Sta   | tement                |   |
| General posi  |                                 | to the Office of Personnel I<br>the candidate meets the pro-<br>position. |                       |   |
| Agency/Dept. Head   | E.                              | Scott Pruitt, Adm   | inistrator            |   |
| Signature:  | (-)                             | She f Sol   | t Tut                 | Date Signed: 7 5/17.                              |
|   |                                 | Agency White House  | Liaison               |   |
| Name: Cha   | arles Munoz,                    |   |                       | Phone: 564-3057                                   |
|   | - 1 hre                         | en.   |                       | , ,   |
| Signature:  |                                 |   |                       | Phone: 564-3057  Date Signed: 7/10/17             |
| COLUMN TO SERVICE STATE OF THE SERVICE STATE STATE OF THE SERVICE STATE | //                              | OPM USE ONL   | Υ                     |   |
|   |                                 | Check the appropriate Bo  | ox(es)                |   |
| Your request for pay level change   |                                 | tment authority, reassignment or  | Approved  Disapproved | Approved with Modification  Return without Action |
|   | or a limited term emergence is: | y appointment authority for the   | · Modification        | Actum without Action                              |
| Your request fo   | or temporary space allocati     | on  |                       |   |
| Number of non-car   | reer allocations:               | Percer  | nt of SES space all   | location:%  |
| OPM Approving Of  | ficial:                         |   |                       | Date Signed: 7/3/17                               |
| EMAIL: SERS@opm   | n.gov                           |   | ATTENTION: Ser        | nior Executive Resource Services                  |
| Source: Office of Pers  | oppel Management                |   |                       | Report 1652, Version November 2008                |

|  | vironmental Protection Agency  | неет   | 1. DUTY LOCA   |   | 2. POS   | ITION NUMI  | BER                         |
|--|--|--|--|---|--|---|-----------------------------|
|  | ATION ACTION: a. Reference of Series a   | A STATE OF THE PARTY OF THE PAR | Washingtor<br>to Classify this Position  |   |  |   |                             |
|  |  |  |  |   |  |   |                             |
|  |  | b. Title   |  | c. Pay<br>Plan  | d. Series  | e. Grade  | f. CLC                      |
| Official<br>Allocation   |  |  |  | ES  | 0340   | GO  | , and a second              |
| 4. Supervisor'   | S  |  |  | ES  | 0340   |   |                             |
| Recommendation   | on   |  |  |   |  |   | -                           |
|  |  |  |  |   |  |   |                             |
| 5. ORGANIZATI  | ONAL TITLE OF POSITION (if any)  |  | 6. NAME OF EMPLO   | OYEE  |  |   |                             |
|  |  |  | c.   |   |  | E   |                             |
| a. U.S. ENVIRO   | ONMENTAL PROTECTION AGENCY   | ′  | f.   |   |  |   |                             |
| b. OFFICE OF   | THE ADMINISTRATOR  |  | g.   |   |  |   |                             |
| c. Office of Poli  | су   |  | h. Employing Office<br>Washington, DC  | e Location  |  |   |                             |
| d.   |  |  | i. Organization Cod<br>AA000000  | e   |  |   |                             |
| 8. SUI   | PERVISORY STATUS   | **   |  |   |  |   |                             |
| Supervisor/Mo Su | Positions. Position does not meet any exercise RY CERTIFICATION  | 5.U.S.C. 7103(a)(10).<br>c interval work and meet<br>c system and meets similatwo-grade interval work<br>of the above definitions.   | s the minimum requirent<br>ar minimum requirent<br>and meets the minimum. This is a non-superv | rements for ap<br>ments as speci-<br>um requirements<br>risor/non-man | pplication of Partied by those job<br>ents for applications<br>agerial position. | t I of the Work  standards or of  ion of Part II of  d its organization | k Leader<br>other<br>if the |
| relationships and th   | at the position is necessary to carry out gover<br>tutory purposes relating to appointment and p   | nmental functions for which  | h I am responsible. The  | certification is  | made with the kn   | owledge that this   | s information               |
| a. Pyped Nam   | e and Title of Immediate Supervisor  |  | d. Typed Name and  | d Title of Sec  | ond-Level Supe   | ervisor   |                             |
| Rvan T. Jacl   | kson, Chief of Staff   | 1  | E 6 D  |   | t EBA  |   |                             |
| b. Signature   | CLASSIFICATION CERTIFICATIO  | c. Date N: 1 certify that this position or, if no published standa   | E. Scott Pruitt, e. Signature on has been classified/gr rds apply directly, corsi              | aded as required  | d by Title 5, U.S. 0   | f. Date   | nance with                  |
| a. Promotion P<br>This position h  | as no promotion potential ® If position  | develops as planned and  | I employee progresse   | s satisfactorily  | , this position h  | as known pror   | notion                      |
| b. PSB Risk Des  6 1 Low 6 2 Moderate 6 3X High Security Clearance Required: Yes   | ignation c. Financial Disclosure For OGE-450 Required OGE-278 Required No financial disclosure   |  | 'ed  | © NONEX<br>EXEMP<br>(*check exe<br>© Adminis                          | mption categor   | Classi<br>Code  | ctional<br>fication         |
| g. Bargaining<br>Unit Code   | h. Check, if applicable:  6 Medical Monitoring Required 6 Extramural Resources Management 6 This position is subject to random december 1. |  | i. Classifier's Si   | gnature   |  | j. Dat  | 106/17                      |
| 11. REMARKS  | Secret Charan  | دلا  |  | /   |  |   |                             |

1 2

| Rev. 7/91<br>U.S. Office of Po<br>FPM Supp. 296   |  |  |   | REQ   | UEST  | FOR PI                             | ERSONN   | EL A  | CTION   |          |              | Jo            | hn E Re                          | eder  |
|---|--|--|---|---|---|------------------------------------|--|---|---|----------|--------------|---------------|----------------------------------|---|
|   | - Reque  | esting Office (A   |   | nplete Pa   |   |                                    |  |   | A COLUMN  |          |              | 2. R          | equest No                        | imber   |
|   |  |  |   |   |   | -                                  |  | I cont To   | making No. /  |          | )            | 1 D           |                                  | 18-000<br>ffective Date   |
| 3. For Addi   | tional Infor   | mation Call (Name  | and Tele                                  | ephone Nur  | noer)<br>(HR-   |                                    |  | Local II  | racking No:   |          | 1-           | 4. 1          | /                                | liective Date   |
| 5. Action Re  | equested E   | By (Typed Name, Title  | e, Signatu                                |   |   | 100                                | 6. Action A  | uthorized   | By (Typed A   | Vame A   | itle, Signal | ure, and      | Concurren                        | ce Cate 7   |
| Duan T Ia   | akson Ch   | nief of Staff  | M   | XI  | ~   |                                    | E. Scott F   | ruitt / A   | dministrato   | 4        | m            | Sul           | 6/                               | 11.1  |
|   |  | eparation of SF  | 30 /0                                     | ise only  | codes in F  | PM Supple                          |  |   | dates in mon  | ittl-de  | -Xeer/ord    | MANAGE STREET | 1                                | ( Note  |
| 1. Name   |  |  | 11  |   |   |                                    | 2. Social Se   | ecurity N   | umber 3. C  | Date of  | Birth        | 4. E          | fective D                        | ate *   |
| FIRST A   | CTION  | SVE Z  |   | 1   |   | NE SE                              | SECOND   |   |   | -        |              | 13            | · ·                              |   |
| 5-A. Code   | 5-B. Natu  | ure of Action  | 0   | 0.00  |   |                                    | 6-A. Code  | 6-B. Na   | ature of Action   |          |              |               |                                  |   |
| 5-C. Code   | 5-D. Leg   | al Authority   |   |   |   |                                    | 6-C. Code  | 6-D. Le   | gal Authority   |          |              |               |                                  |   |
|   |  |  |   |   |   |                                    |  | 15-15-10-10-1   |   | 100      | · · · ·      |               | Sex                              | Province in   |
| 5-E. Code   | 5-F. Lega  | al Authority   |   | 4.0   |   |                                    | 6-E. Code  | 6-F. Le   | gal Authority   |          |              |               |                                  |   |
| 7. FROM: F  | Position Ti  | tle and Number   |   |   |   | The sale                           | 15. TO: Po   | sition Ti   | tle and Numb  | er       |              | 100           | . estil                          | 1999  |
|   |  |  |   |   | 118   |                                    |  |   |   |          |              |               |                                  |   |
| 8. Pay Plan 9.  | Occ. Code  | 10. Grade or Level 11. S   | tep or                                    | 12. Total Sa  | alary -   | 13. Pay Bas                        | is 16. Pay Plan 1  | 7. Occ. Coc   | ie 18. Grade or L   | evel 19. | Step or      | 20. Total     | Salary/Awar                      | d 21. Pay Basi  |
| ES  |  | Rate   | COMP. CO.                                 |   |   | PA                                 | ES   | 0343  |   | Rate     |              | \$16          | 1,900.0                          | PA  |
| 12A. Basic Pay  | 1:   | 2B. Locality Adj.  | 12C. Adj. B                               | Basic Pay   | 12D. Oth  | er Pay                             | 20A. Basic Pay   |   | 20B. Locality Adj.  | 41       | 20C. Adj. B  | asic Pay      | 20D.                             | Other Pay   |
| 130   | 140  |  |   |   |   |                                    | 1000   |   |   |          |              |               |                                  | Markey  |
| 14. Name and<br>AA00000 - I<br>Office of Po   | US, EPA, o   | f Position's Organization Office of the Admini   |   | The second  |   |                                    |  | - US, E   | of Position's On<br>PA, Office of t   |          |              | r             |                                  |   |
| 14. Name and<br>AA00000 - I<br>Office of Po   | VEE DAT  | Office of the Admini   | strator                                   | Deleti/Other  |   |                                    | AA00000  | - US, E<br>Policy   | PA, Office of t   | the Adr  |              |               | 26. Veter                        | ans Preference  |
| 14. Name and<br>AA00000 - U<br>Office of Po   | VEE DAT  | Office of the Admini   | strator<br>5 - 10-l                       | Point/Other<br>Point/Compa  | ineshla MM  |                                    | AA00000<br>Office of   | 0 - None  | 2 - Conditions  | the Adr  | ninistrato   |               | YES                              | No RIF  |
| 14. Name and<br>AA00000 - U<br>Office of Po   | VEE DAT  | Office of the Admini   | strator<br>5 - 10-l                       |   | ineshla/2/19/   |                                    | AA00000<br>Office of   | 0 - None  | 2 - Conditions  | the Adr  | ninistrato   |               |                                  | N8 RIF  |
| 14. Name and<br>AA00000 - I<br>Office of Po<br>EMPLOY<br>23. Veterans   | VEE DATE Preference  | Office of the Admini   | strator<br>5 - 10-l                       | Point/Comne   | 1. Service C.   | omp. Date                          | AA00000<br>Office of   | 0 - US, E<br>Policy<br>0 - None<br>1 - Parmort<br>t Indicator   | 2 - Conditions  | the Adr  | ninistrato   |               | YES<br>29. Pay f                 | Nor RIF Rate Determinant Time Hours Per Biweekly                              |
| 14. Name and AA00000 - Office of Po  EMPLO 23. Veterans   27. FEGLI 30. Retirement  POSITIO 34. Position 0  | VEE DAT Preference - None - None - None - None - Competitive - Competitive   | TA 3 - 10-Point/Disability 4 - 10-Point/Companishla  | 5-10-1<br>6-10-2                          | 31<br>(L  | 1. Service C  | 0150000                            | 24. Tenure  28. Annuitan   | 0 - None 1 - Parmare Indicator  | 2 - Conditions  | the Adr  | 25. Agen     |               | YES<br>29. Pay I                 | Nor RIF Rate Determinant Time Hours Per Biweekly Pay Period                   |
| 14. Name and AA00000 - Office of Po  EMPLO 23. Veterans   27. FEGLI 30. Retirement  POSITIO 34. Position 0  | Preference - None - S. E. Daini  It Plan  Occupied - Competitive Evranted S  | TA 3 - 10-Point/Disability 4 - 10-Point/Companishla  | 5-10-1<br>6-10-2                          | 31<br>(L  | 1. Service C<br>.eave)<br>5. FLSA Cat                   | egory                              | 24. Tenure  28. Annuitan  32. Work Sch                                   | 0 - None 1 - Parmare Indicator  | 2 - Conditions  | the Adr  | 25. Agen     |               | YES<br>29. Pay I                 | Nor RIF Rate Determinant Time Hours Per Biweekly Pay Period                   |
| 14. Name and AA00000 - Office of Po  EMPLO 23. Veterans   1/2  27. FEGLI  30. Retirement  POSITIO 34. Position 0 1/2  38. Duty Station  | VEE DAT Preference - None - None - S. P. Dail OCCUPIED - Competitive   | Office of the Admini   | 5-10-6                                    | 35 and 35   | 1. Service C<br>.eave)<br>5. FLSA Cat                   | egory<br>on<br>gton, DC            | 24. Tenure  28. Annuitan  32. Work Sch                                   | 0 - None 1 - Ramara Indicator Hedule 2018/2   | 2 - Conditions  | the Adr  | 25. Agen     |               | YES<br>29. Pay I                 | Nor RIF Rate Determinant Time Hours Per Biweekly Pay Period                   |
| 14. Name and AA00000 - Office of Po  EMPLO 23. Veterans   1/2  27. FEGLI  30. Retirement  POSITIO 34. Position 0 1/2  38. Duty Station  | VEE DAT Preference - None - None - S. P. Dail OCCUPIED - Competitive   | TA 3 - 10-Point/Disability 4 - 10-Point/Companishla  | 5-10-1<br>6-10-2                          | 35 and 35   | 1. Service C<br>.eave)<br>5. FLSA Cat                   | egory                              | 24. Tenure  28. Annuitan  32. Work Sch                                   | 0 - None 1 - Parmare Indicator  | 2 - Conditions  | the Adr  | 25. Agen     |               | YES<br>29. Pay I                 | Nor RIF Rate Determinant Time Hours Per Biweekly Pay Period                   |
| 14. Name and AA00000 - Office of Po  EMPLO 23. Veterans I 27. FEGLI 30. Retirement  POSITIO 34. Position 0  | VEE DAT Preference - None - S. Braint Plan  ON DATA  Occupied - Competitive - Evenand Son Code  ata  | Office of the Admini   | 5-10-6<br>6-10-6                          | 31 (L   | 1. Service C<br>.eave)<br>5. FLSA Cat                   | egory<br>on<br>gton, DC            | 24. Tenure  28. Annuitan  32. Work Sch                                   | 0 - None 1 - Parmor I Indicator nedule 2018/3   | 2 - Conditions 2 - Conditions 2 - Invisions 2 - Invisions 2 - Invisions 2 - Invisions | 000M     | 25. Agen     | cy Use        | YES 29. Pay F 33. Part 37. Barga | Nor RIF Rate Determinant Time Hours Per Biweekly Pay Period                   |
| 14. Name and AA00000 - 1 Office of Po Office of Po 23. Veterans 1 2 27. FEGLI 30. Retirement 2 34. Position O 1 2 38. Duty Static 40. Agency Di 45. Education PART C                                | VEE DAT Preference In Plan  In | TA 3-10-Point/Disability 4-10-Point/Companieshla 4-10- | 5-10-6<br>6-10-6<br>42.                   | 35 Academic   | 1. Service C. eave)  5. FLSA Cat  9. Duty Stati Washing | egory on gton, DC 43. 48. Function | 24. Tenure  28. Annuitan  32. Work Sch  36. Appropris                    | 0 - None 1 - Parmar 1 Indicator | 2 - Conditions 2 - Conditions 2 - Indefinite  | 000M     | 25. Agent    | cy Use        | YES<br>29. Pay F<br>33. Part     | Rate Determinant Time Hours Per Biweekly Pav Period ining Unit Status         |
| 14. Name and AA00000 - Office of Po Office of Po 23. Veterans 1 2 27. FEGLI 30. Retirement 1 2 38. Duty Station 40. Agency Do 45. Education PART C 1. Office/                                       | VEE DAT Preference In Plan  In | TA 3-10-Point/Disability 4-10-Point/Companieshla 4-10- | 5-10-6<br>6-10-6<br>42.                   | 35 Academic   | 1. Service C. eave)  5. FLSA Cat  9. Duty Stati Washing | egory on gton, DC 43.              | 24. Tenure  28. Annuitan  32. Work Sch  36. Approprie                    | 0 - None 1 - Parmar 1 Indicator | 2 - Conditions 2 - Conditions 2 - Indefinite  | 000M     | 25. Agent    | cy Use        | YES<br>29. Pay F<br>33. Part     | Rate Determinant Time Hours Per Biweekly Pav Period ining Unit Status         |
| 14. Name and AA00000 - I Office of Po Office of Po 23. Veterans I 2 27. FEGLI 30. Retirement 1 2 38. Duty Station 40. Agency Do 45. Education PART C 1. Office/A.                                   | VEE DAT Preference In Plan  In | TA 3-10-Point/Disability 4-10-Point/Companieshla 4-10- | 5-10-6<br>6-10-6<br>42.                   | 35 Academic   | 1. Service C. eave)  5. FLSA Cat  9. Duty Stati Washing | egory on gton, DC 43. 48. Function | 24. Tenure  28. Annuitan  28. Annuitan  32. Work Sch  36. Appropria      | 0 - None 1 - Parmar 1 Indicator | 2 - Conditions 2 - Conditions 2 - Indefinite  | 000M     | 25. Agent    | cy Use        | YES<br>29. Pay F<br>33. Part     | Rate Determinant Time Hours Per Biweekly Pav Period ining Unit Status         |
| 14. Name and AA00000 - 1 Office of Po Office of Po 23. Veterans 1 2 27. FEGLI 30. Retirement 2 34. Position O 1 2 38. Duty Static 40. Agency Di 45. Education PART C                                | VEE DAT Preference In Plan  In | TA 3-10-Point/Disability 4-10-Point/Companieshla 4-10- | 5-10-6<br>6-10-6<br>42.                   | 35 Academic   | 1. Service C. eave)  5. FLSA Cat  9. Duty Stati Washing | egory on gton, DC 43. 48. Function | AA00000 Office of  24. Tenure  28. Annuitan  32. Work Sch  36. Appropria | 0 - None 1 - Parmar 1 Indicator | 2 - Conditions 2 - Conditions 2 - Indefinite  | 000M     | 25. Agent    | cy Use        | YES<br>29. Pay F<br>33. Part     | Nor RIF Rate Determinant Time Hours Per Biweekly Pav Period ining Unit Status |
| 14. Name and AA00000 - I Office of Po Office of Po 23. Veterans I 2 27. FEGLI 30. Retirement 34. Position O 2 38. Duty Static 40. Agency Do 45. Education PART C 1. Office/A.  B. C. 2. Approval: I | VEE DAT Preference - None - No | TA 3-10-Point/Disability 4-10-Point/Companieshla 4-10- | 5-10-4 6-10-8 42. sined 47. 42. Signature | 31 (L 35 and 35 | 1. Service C.eave) 5. FLSA Cat 9. Duty Stati Washing    | egory on gton, DC 43. 48. Function | 24. Tenure  28. Annuitan  28. Annuitan  32. Work Sch  36. Appropria      | 0 - None 1 - Parmar 1 Indicator | 2 - Conditions 2 - Conditions 2 - Indefinite  | 000M     | 25. Agent    | cy Use        | YES 29. Pay F 33. Part           | Nor RIF Rate Determinant Time Hours Per Biweekly Pav Period ining Unit Status |

| Note to Supervisor   | narks by Requesting Officers: Do you know of additional or If "YES", please state these face  | conflicting reasons for the empl  | oyee's resignation/retirement?<br>ch to SF 52.)   | YES                       | NO                       |
|--|---|---|---|---------------------------|--------------------------|
|  |   |   |   |                           |                          |
| _ OGE 450  | 0 Not Required  |   |   |                           |                          |
| OGE 450  | 0 Required  |   |   |                           |                          |
| Signed:  |   | , DEO   |   |                           |                          |
| PART E - Eme   | bloyee Resignation/Retire   | ment  |   |                           |                          |
|  |   | Privacy Act   | Statement   |                           |                          |
| orwarding address. You<br>e-employment in the<br>nemployment compe | furnish a specific reason for your resign<br>Your reason may be considered in any<br>Federal service and may also be used<br>ensation benefits. Your forwarding add | future decision regarding your<br>d to determine your eligibility for<br>dress will be used primarily to mail | with regard to employment of individuals section 8506 requires agencies to furnish service to the Secretary of Labor or a Sta unemployment compensation programs. | the specific reason for t | ermination of Federa     |
| ntitled.<br>his information is rec                                 | uments you should have or any pay o<br>quested under authority of sections 30   | 11, 3301, and 8506 of title 5, U.S.   | The furnishing of this information is volun your not receiving: (1) your copies of thos compensation due you; and (3) any unerror.                                | se documents you should   | d have, (2) pay or other |
| ode. Sections 301 a  | and 3301 authorize OPM and agencie  | s to issue regulations  | may be entitled.  |                           |                          |
|  |   |   | ng possible unemployment benefits.<br>nidnight - unless you specify otherwis  |                           | and avoid                |
|  |   |   |   |                           | and avoid                |
| generalizations.   |   |   |   | se.)                      |                          |
| generalizations.   | Your resignation/retirement is e  | effective at the end of the day - n   | nidnight - unless you specify otherwis  | se.)                      |                          |
| generalizations.   | Your resignation/retirement is e  | effective at the end of the day - n   | nidnight - unless you specify otherwis  | se.)                      |                          |
| generalizations.   | Your resignation/retirement is e  | effective at the end of the day - n   | nidnight - unless you specify otherwis  | se.)                      |                          |
| generalizations.   | Your resignation/retirement is e  | effective at the end of the day - n   | nidnight - unless you specify otherwis  | se.)                      |                          |
| generalizations.   | Your resignation/retirement is e  | effective at the end of the day - n   | nidnight - unless you specify otherwis  | se.)                      |                          |
| generalizations.   | Your resignation/retirement is e  | effective at the end of the day - n   | nidnight - unless you specify otherwis  | se.)                      |                          |
| generalizations.   | Your resignation/retirement is e  | effective at the end of the day - n   | nidnight - unless you specify otherwis  | se.)                      |                          |
| generalizations.   | Your resignation/retirement is e  | effective at the end of the day - n   | nidnight - unless you specify otherwis  | se.)                      |                          |
| generalizations.   | Your resignation/retirement is e  | effective at the end of the day - n   | nidnight - unless you specify otherwis  | se.)                      |                          |

## Request for Senior Executive Service Appointing Authority

| Agency Name: EN  | IVIRONMENTAL PROTE           | CTION AGENCY   | Print Date: 12/19/2017     |  |  |  |  |
|--|------------------------------|--|----------------------------|--|--|--|--|
| POC:   | Pho                          | one:   | Fax: (2                    | 202) 564-9612  |  |  |  |
| Request No:  | Request                      | Type: REASSIGNMENT   |                            |  |  |  |  |
| Appointment Aut  | thority: NONCAREER           |  |                            |  |  |  |  |
| Extension: No  | Duration:                    | ES Pay Level: \$161,9  | 700 Tempo                  | rary Allocation: No  |  |  |  |
| Candidate:   |                              |  |                            |  |  |  |  |
| Position No:   | Title                        | e:   |                            |  |  |  |  |
| Organization Nar   | ne:                          |  |                            |  |  |  |  |
| Recruited From:  | SAME BUREAU, SAME            | AGENCY GEO Loca  | ation: WASHINGTO           | N  |  |  |  |
| Current Title:   |                              |  |                            |  |  |  |  |
| Proposed Title:  |                              |  |                            |  |  |  |  |
|  |                              | SES Endorsement Sta  | tement                     |  |  |  |  |
| General posi   |                              | to the Office of Personnel A<br>the candidate meets the pro<br>position. |                            |  |  |  |  |
| Agency/Dept. Head<br>Signature:  | yor F.                       | Scott Pruitt, Adn  | 0.,                        | ate Signed: 12/20/17   |  |  |  |
|  |                              | Agency White House   | Liaison                    |  |  |  |  |
| Name: Cha  | rles Munoz                   |  | Da                         | Phone: <u>564–3097</u>   |  |  |  |
|  | /                            | OPM USE ONLY   | 1                          |  |  |  |  |
|  |                              | Check the appropriate 80   | x(es)                      |  |  |  |  |
| Your request for pay level change  |                              | tment authority, reassignment or   | ☐ Approved ☐ Disapproved ☐ | <ul><li>Approved with Modification *</li><li>Return without Action</li></ul> |  |  |  |
| The second of th | r a limited term emergency   | appointment authority for the  | * Modification             |  |  |  |  |
| Your request fo  | r temporary space allocation | on   |                            |  |  |  |  |
| Number of non-care   | eer allocations:             | Percen   | t of SES space alloca      | tion:%   |  |  |  |
| OPM Approving Off  | ficial:                      |  | Da                         | ate Signed:  |  |  |  |
| EMAIL: SERS@opm  | .gov                         |  | ATTENTION: Senior          | Executive Resource Services  |  |  |  |

Source: Office of Personnel Management

Report 1652, Version November 2008

| United States Environmental Protection Agency POSITION DESCRIPTION COVERSHEET |               |  |                                  | 1. DUTY LOCATION 2. POSITI |                    |  |                                      | BER         |
|---|---------------|--|----------------------------------|----------------------------|--------------------|--|--------------------------------------|-------------|
| P   | OSITION       | DESCRIPTION COVERSHEE  | CT                               | Washingtor                 | n DC               |  |                                      |             |
| 3. CLASSIFIC  | ATION AC      | CTION: a. Reference of Series and D  | ate of Standards Used            |                            |                    |  |                                      |             |
|   |               |  |                                  |                            |                    |  |                                      |             |
| Si King in  |               | b.   | Title                            |                            | c. Pay<br>Plan     | d. Series  | e. Grade                             | f. CLC      |
| Official<br>Allocation  |               |  |                                  |                            |                    |  |                                      |             |
| 4. Supervisor   | s             |  |                                  |                            | ES                 | 0343   |                                      |             |
| Recommendati  |               |  |                                  |                            |                    |  |                                      |             |
|   |               |  |                                  |                            |                    |  |                                      |             |
| 5. ORGANIZATI   | IONAL TTI     | TLE OF POSITION (if any)   |                                  | 6. NAME OF EMPLO           | OYEE               | -1   |                                      | 1           |
|   |               |  |                                  |                            |                    |  |                                      |             |
|   |               |  |                                  | e.                         |                    |  |                                      |             |
| a. U.S. ENV   | IRONMI        | ENTAL PROTECTION AG  | ENCY                             | f.                         |                    |  |                                      |             |
| b. Office of the  | ne Admir      | nistrator  |                                  |                            |                    |  |                                      |             |
| c. Office of Po   | licy          |  |                                  | h. Employing Offic         | e Location         | - Washingto  | on, DC                               |             |
|   |               |  |                                  |                            |                    |  |                                      |             |
| d.  |               |  |                                  | i. Organization Cod        | e - AA0000         | 000  |                                      |             |
| 8. SU   | PERVISO       | RY STATUS  |                                  |                            |                    |  |                                      |             |
|   |               |  |                                  |                            |                    |  | V 4                                  | 2 E         |
|   |               | nager. Position requires the exercenceal Schedule Supervisory Guide  |                                  |                            |                    |  |                                      |             |
| classification  |               | sherar schedule supervisory Guide  | e (GSSG) of Sillina              | standards for minim        | um supervisor      | y responsibility   | specified in or                      | ner positio |
| 6 [4] Supervis  |               | on meets the definition of Supervis  | sor in 5.U.S.C. 710.             | 3(a)(10), but does not     | meet the mini      | mum requireme  | nts for applica                      | tion of the |
| GSSG.   |               |  |                                  | 5                          | 20 1/111 1 1 1     |  | CCCC definit                         | dan at      |
|   |               | ial. Position meets the definition<br>the definition of Supervisor in 5.U  |                                  | ficial in 5.U.S.C. 710     | 3(a)(11), but o    | loes not meet the  | e GSSG delinii                       | tion of     |
|   |               | s a team performing one-grade into   |                                  | ets the minimum reau       | irements for a     | oplication of Par  | t 1 of the Wor                       | k Leader    |
| Grade Evalua  | tion Guide    | (WLGEG) or is under a wage sys   |                                  |                            |                    |  |                                      |             |
|   |               | ble pay system.  |                                  |                            |                    |  |                                      | Cal         |
| WLGEO   |               | ition leads a team performing two-   | -grade interval wor              | k and meets the minit      | num requirem       | ents for applicat  | ion of Part II c                     | of the      |
|   | 5.5           | s. Position does not meet any of th  | ne above definition              | s. This is a non-super     | visor/non-mar      | nagerial position  |                                      |             |
| 9. SUPERVISO  | RY CERT       | TIFICATION     certify that this is  | an accurate statemen             | t of the major duties and  | responsibilities   | of this position ar  | nd its organization                  | onal        |
| relationships and t   | hat the posit | ion is necessary to carry out governme<br>atutory purposes relating to appointme   | ental functions for wh           | ich I am responsible. Th   | ne certification i | s made with the kr   | nowledge that th                     | is          |
| statutes or their im  |               |  | and payment of po                | one funus, and that raise  | c or misicading    | statements may co  | nstitute violation                   | ns of such  |
| a. Typed Nan  | ne and Tit    | le of Immediate Supervisor   |                                  | d. Typed Name an           | d Title of Sec     | ond-Level Supe   | rvisor                               |             |
| Rvan T. Jac   | kson/C        | hief of Staff  |                                  | E. Scott Pruitt            | . Adminis          | trator   |                                      |             |
| b. Signature  | 11            |  | Date                             | e. Signature               | 1 . 1              | (11)   | d f. Dat                             | te          |
| TUT   | 11            | C 17   | 41811                            | ma                         | Je I               | 2016   | 11 141                               | 811         |
| 10. OFFICIAL  | CLASSIF       | ICATION CERTIFICATION: 1<br>6. Office of Personnel Management or,  | certify that this posit          | ion/has been classified/g  | graded as require  | ed by Title 5 U.S.   | Code, in confor-<br>published standa | mance with  |
| a. Prometion  |               | or of the state of | 11 tto paettone source           | 0                          | U                  | The state of the s |                                      | <u> </u>    |
| This position l   | has no pror   | notion potential   If position dev   | elops as planned ar<br>to grade: | id employee progress       | es satisfactoril   | y, this position h   | nas known pro                        | motion      |
| b. PSB Risk De  | signation     | c. Financial Disclosure Form   | d. "Identical,                   | Additional" (IA            | e. FLSA D          | etermination   | f. Fur                               | nctional    |
| 6 1 Low   |               | OGE-450 Required   | Allocation This                  | position                   | © NONEX            | KEMPT ®  | 1000000                              | ification   |
| <ul><li>⑥ 2 ☐ Moderate</li><li>⑥ 3 ☐ High</li></ul>                           | 3             | OGE-278 Required No financial disclosure   | 6 may be IA'ed                   |                            | EXEMI              | PT*<br>cemption catego   | Code                                 |             |
| Security Clearan  | ce            | forms required   | 6 may not be I                   | a ed<br>current incumbent  | Admini             |  | (3)                                  |             |
| Required: Yes   |               | N-1  |                                  | Professional   Executive   |                    |  |                                      |             |
| g. Bargaining   | h. Check      | , if applicable:   |                                  | i. Classifier's S          | ignature           |  | j. Da                                | te          |
| Unit Code   |               | cal Monitoring Required<br>mural Resources Management Dut  | ties ( 0 % of time)              |                            |                    |  |                                      |             |
| 88888   |               | osition is subject to random drug  |                                  |                            |                    |  |                                      |             |
| 11. REMARKS   |               |  |                                  |                            |                    |  |                                      |             |

## Appendix G: Employee G

Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296–33 Subch 4

### NOTIFICATION OF PERSONNEL ACTION

| FPM Supp.               | 296–33, Subc                       | h. 4   |              |                                      |                       |                |                     |                      |                               |                |            |                      |                     |                        |               |
|-------------------------|------------------------------------|--|--------------|--------------------------------------|-----------------------|----------------|---------------------|----------------------|-------------------------------|----------------|------------|----------------------|---------------------|------------------------|---------------|
| 1. Name (l              | Last, First,                       | Middle)  |              |                                      |                       |                | 2. Soci             | al Secui             | rity Number                   | 3. Date        | e of Birth |                      | 4. Effective 09/03/ |                        |               |
| FIRST                   | ACTIO                              | ON ON  |              |                                      |                       |                | SECO                | ND A                 | CTION                         |                |            |                      |                     |                        |               |
| 5-A. Coo                | T                                  | 5-B. Nature of Action                            |              |                                      |                       |                | 6-A. Coo            |                      |                               | ature of       | Action     |                      |                     |                        |               |
| 5-C. Coo                |                                    | 5-D. Legal Authority<br>P.L 95-190               | 7            |                                      |                       |                | 6-C. Coc            | le                   | 6-D. L                        | egal Au        | thority    |                      |                     |                        |               |
| 5-E. Co                 | de                                 | 5-F. Legal Authority                             | ,            |                                      |                       |                | 6-E. Cod            | le                   | 6-F. L                        | egal Aut       | thority    |                      |                     |                        |               |
| 7. FROM                 | : Position T                       | itle and Number                                  |              |                                      |                       |                | 15. TO: 1           | Position             | Title and Num                 | ber            |            |                      |                     |                        |               |
|                         |                                    |  |              |                                      |                       |                |                     |                      |                               |                |            |                      |                     |                        |               |
|                         | 9. Occ. Code                       |  | _            |                                      |                       | . Pay Basis    | 16. Pay Pla         |                      |                               |                | r Level 19 |                      | 20. Total Sal       | lary/Award             | 21. Pay Basis |
| AD                      | 0301                               |  | 00           | 79720                                |                       | PA -           | AD                  |                      | 0301                          | 00             |            | 00                   | 100981              | T                      | PA            |
| 12A. Basic P<br>62722   | 'ay                                | 12B. Locality Adj.<br>16998                      | 12C. Adj. Ba | sic Pay                              | 12D. O                | Other Pay      | 20A. Basic<br>10098 | •                    |                               | B. Locali<br>0 | ty Adj.    | 20C. Adj. 1<br>10098 |                     | 20D. Other<br>0        | Pay           |
|                         | and Locati                         | nd Location of Position's Organization           |              |                                      |                       |                |                     |                      | ocation of Positi             |                | ganizatio  |                      |                     | 1 -                    |               |
|                         |                                    | THE ADMINISTRATOR                                |              |                                      |                       |                |                     |                      | THE ADMIN                     |                |            |                      |                     |                        |               |
| OFFICE                  | OF FUB                             | F PUBLIC AFFAIRS                                 |              |                                      |                       |                |                     |                      |                               |                |            |                      |                     |                        |               |
|                         |                                    |  |              |                                      |                       |                |                     |                      |                               |                |            |                      |                     |                        |               |
| WASHIN                  | NGTON,E                            | OC   |              |                                      |                       |                | WASHI               | NGTO                 | ON,DC                         |                |            |                      |                     |                        |               |
| EMPL                    | OYEE I                             | DATA   |              |                                      |                       |                |                     |                      |                               |                |            |                      |                     |                        |               |
|                         | ns Prefere                         |  |              |                                      |                       |                | 24. Tenu            |                      |                               |                | 25. Agen   | cy Use               | 26. Veterar         | ns Preferenc           | e for RIF     |
| 1                       | 1 – None<br>2 – 5–Point            | 3 – 10–Point/Disability<br>4 – 10–Point/Compensa |              | 10-Point/Other<br>10-Point/Compensal | ole/30%               |                | 3                   | 0 – None<br>1 – Perm |                               |                |            |                      | YES                 | S X N                  | 0             |
| 27. FEGL                | I                                  |  |              |                                      |                       |                | 28. Annu            | 1                    | dicator<br>APPLICABI          | JE.            |            | '                    | 29. Pay Rat         | te Determina           | ınt           |
| 30. Retire              | ment Plan                          |  |              | 31. Service                          | Comp. I               | Date (Leave)   | 32. Work            |                      |                               |                |            |                      |                     | ime Hours P            | 'er           |
| KR F                    | ERS-RAF                            | E & FICA   |              | 03/13/2017                           | _                     |                | F                   | FULI                 | L-TIME                        |                |            |                      |                     | Biweekly<br>Pay Period | -             |
|                         | ION DA                             |  |              |                                      |                       |                |                     |                      |                               |                |            |                      |                     | ray renou              |               |
|                         | on Occupie                         |  |              | 35. FLSA C                           | ategory               |                | 36. Appr            | opriatio             | on Code                       |                |            |                      | 37. Bargair         | ning Unit Sta          | itus          |
|                         | - Competitive S<br>- Excepted Serv |  | erved        |                                      | – Exempt<br>– Nonexen | npt            |                     |                      |                               |                |            |                      | 8888                |                        |               |
|                         | Station Cod                        |  |              | 39. Duty Sta                         | tion (Ci              | ity – County   |                     |                      |                               |                |            |                      |                     |                        |               |
| 11-0010-                | 001                                |  |              | WASHING                              | TON,                  | DISTRICT       | OF COI              | LUMBI                | IA                            |                |            |                      |                     |                        |               |
| 40. Agenc<br>FUNC C     |                                    | 41.<br>VET STAT X                                | 42.<br>ED    | UC LVL                               |                       | 43.<br>SUPV ST | AT 8                |                      | 44.<br>POSITION S             | SENSIT         | IVITY      | MODERA               | ATE RISK            |                        |               |
| EMPLC<br>PREVI<br>FROZE | DYEE IS<br>OUS RE<br>IN SERV       | MILITARY SER AUTOMATICAL TIREMENT COV TICE NONE  | LY COVE      | RED UNDE                             |                       |                |                     |                      |                               |                | o of Anna  | coving Office        | viol.               |                        |               |
| _                       |                                    | tment or Agency<br>MENTAL PROTEC                 | CTIO         |                                      |                       |                | _                   |                      | Authentication :<br>ELECTRONI |                |            | _                    | .141                |                        |               |
| 47. Agenc               | y Code                             | 48. Personnel Office                             | ID           | 49. Approv                           | al Date               |                | VICKI               | Е Н. Т               | TELLIS                        |                |            |                      |                     |                        |               |
| EP00                    |                                    | 3216   |              | 09/06/201                            | 7                     |                | ACTC                | DID I                | EXEC RESO                     | IDCE           | S DIV (    | тир                  |                     |                        |               |

Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296–33, Subch. 4

### NOTIFICATION OF PERSONNEL ACTION

| 1. Name (Last, First                  | , Middle)                         |               | 2. Social Security Number 3. Date of Birth 4. Effective Date 03/13/2017 |                              |  |               |                  |                               |                |                 |                        |                     |
|---------------------------------------|-----------------------------------|---------------|---|------------------------------|--|---------------|------------------|-------------------------------|----------------|-----------------|------------------------|---------------------|
|                                       |                                   |               |   |                              |  |               |                  |                               |                | 03/13/2         | 2017                   |                     |
| FIRST ACTION                          |                                   |               |   |                              | I  | ND ACT        |                  |                               |                |                 |                        |                     |
| 5-A. Code<br>002                      | 5-B. Nature of Action CORRECTION  |               |   |                              | 6-A. Code<br>170   |               | 6-B. Na<br>EXC   | ature of Action<br>APPT       |                |                 |                        |                     |
| 5-C. Code                             | 5-D. Legal Authority              |               |   |                              | 6-C. Code<br>ZLM   |               | 6-D. I<br>P.L. 9 | egal Authority<br>95-190      | ,              |                 |                        |                     |
| 5-E. Code                             | 5-F. Legal Authority              |               |   |                              | 6-E. Code  |               | 6-F. L           | egal Authority                |                |                 |                        |                     |
| 7. FROM: Position                     | Litle and Number                  |               |   |                              | 15. TO: Position Title and Number                            |               |                  |                               |                |                 |                        |                     |
|                                       |                                   |               |   |                              |  |               |                  |                               |                |                 |                        |                     |
| 8. Pay Plan 9. Occ. Coo               | le 10. Grade or Level 11. Step or | Rate 12. Tot  | tal Salary  | 13. Pay Basis                | 16. Pay Plan   | 17. Occ. 0    | Code 18          | . Grade or Level              | 19.Step or Rat | e 20. Total Sal | ary/Award              | 21. Pay Basis<br>PA |
| 12A. Basic Pay                        | 12B. Locality Adj. 12C. A         | dj. Basic Pa  | ay 12I  | O. Other Pay                 | 20A. Basic P<br>62722  |               |                  | DB. Locality Adj.             | 20C. Adj.      | Basic Pay       | 20D. Other             |                     |
| 14 Nome and Locat                     | ion of Position's Organization    |               |   |                              | -  | nd I continu  |                  | ion's Organiza                |                | ,               | U                      |                     |
| 14. Name and Local                    | ion of Position's Organization    |               |   |                              | OFFICE<br>OFFICE   |               | ADMINI<br>IC AFF | ISTRATOR                      | шон            |                 |                        |                     |
| <b>EMPLOYEE</b>                       | <b>DATA</b>                       |               |   |                              |  |               |                  |                               |                |                 |                        |                     |
| 23. Veterans Prefero                  | ence<br>3 – 10–Point/Disability   | 5 – 10–Poir   | int/Other   |                              | 24. Tenure   | ) – None      | 2 – Cond         |                               | ency Use       | 26. Veteran     | s Preferenc            | e for RIF           |
| 1 2 - 5-Point                         | 4 – 10–Point/Compensable          |               | int/Compensable/30%   | /o                           |  | I – Permanent | 3 – Indef        |                               |                | YES             | X                      | 10                  |
| 27. FEGLI                             |                                   |               |   |                              |  | ant Indicato  |                  |                               |                | 29. Pay Rat     | e Determin             | ant                 |
| 20 P (                                |                                   |               |   |                              | -  | NOT APP       | LICABI           | LE                            |                | 0               |                        |                     |
| 30. Retirement Plan                   |                                   | 31.           | . Service Comp  | p. Date (Leave)              |  |               |                  |                               |                | 33. Part-Ti     | me Hours l<br>Biweekly | Per                 |
| KR FERS-RA                            |                                   | 03            | 3/13/2017   |                              | F 1  | FULL-TIN      | 1E               |                               |                |                 | Pay Period             |                     |
| POSITION D                            |                                   |               |   |                              | 1  |               |                  |                               |                |                 |                        |                     |
| 34. Position Occupi                   |                                   | 35.           | 5. FLSA Catego  | ory                          | 36. Approp   | oriation Coo  | le               |                               |                | 37. Bargain     | ing Unit St            | atus                |
| 2 1 - Competitive<br>2 - Excepted Ser |                                   | ]             | E E - Exer  |                              |  |               |                  |                               |                | 8888            |                        |                     |
| 38. Duty Station Co<br>11-0010-001    | de                                | - 1           | •   | (City – County<br>N,DISTRICT |  |               | cation)          |                               |                |                 |                        |                     |
| 40. Agency Data<br>FUNC CLS 00        | 41.<br>VET STAT X                 | 42.<br>EDUC I | LVL   | 43.<br>SUPV ST               | TAT 8  | 44.<br>POS    | TION S           | SENSITIVIT                    | Y MODER        | ATE RISK        |                        |                     |
|                                       |                                   | 1             |   |                              |  |               |                  |                               |                |                 |                        |                     |
| CORRECTS I                            | TEM NUMBER 15 FR                  | MC            |   |                              |  |               |                  |                               |                |                 |                        |                     |
|                                       |                                   |               |   |                              |  |               |                  |                               |                |                 |                        |                     |
|                                       |                                   |               |   |                              |  |               |                  |                               |                |                 |                        |                     |
|                                       |                                   |               |   |                              |  |               |                  |                               |                |                 |                        |                     |
|                                       |                                   |               |   |                              |  |               |                  |                               |                |                 |                        |                     |
|                                       |                                   |               |   |                              |  |               |                  |                               |                |                 |                        |                     |
|                                       |                                   |               |   |                              |  |               |                  |                               |                |                 |                        |                     |
|                                       |                                   |               |   |                              |  |               |                  |                               |                |                 |                        |                     |
|                                       |                                   |               |   |                              |  |               |                  |                               |                |                 |                        |                     |
|                                       |                                   |               |   |                              |  |               |                  |                               |                |                 |                        |                     |
|                                       |                                   |               |   |                              |  |               |                  |                               |                |                 |                        |                     |
|                                       |                                   |               |   |                              |  |               |                  |                               |                |                 |                        |                     |
| 46 Em-1 P                             | utmont on A                       |               |   |                              | 50. Signature/Authentication and Title of Approving Official |               |                  |                               |                |                 |                        |                     |
| 46. Employing Depa                    | rtment or Agency MENTAL PROTECTIO |               |   |                              | _  |               |                  | and Title of Ap<br>ICALLY SIG |                | ciai            |                        |                     |
| 47. Agency Code                       | 48. Personnel Office ID           | A.C           | 9. Approval Da  | ato                          | _  | MIN H. PI     |                  |                               | THE DI.        |                 |                        |                     |
| EP00                                  | 3216                              |               | 9. Approvai Da<br>07/12/2017  | acc                          |  |               |                  | URCES DIV                     | , OHR          |                 |                        |                     |

| SF 52 (E*For                              | ms 4.4)        |               |                 |                        |  | Š                  |                     |                     |                      | SRO  | ) Approval       |            |                   |                     |
|---|----------------|---------------|-----------------|------------------------|--|--------------------|---------------------|---------------------|----------------------|--|------------------|------------|-------------------|---------------------|
| U.S. Office of<br>FPM Supp. 29            |                |               | rnt .           |                        | REQU   | EST                | FOR PE              | RSON                | NEL AC               |  |                  | J          | ohn E Reed        | der                 |
| The state of the state of the state of    | A- Per         | <b>MeStir</b> |                 | e 60000<br>nversion of | nolete Part  | B, Hems            | 귀하다 [편안된 원래대 [입니 ]라 |                     |                      |  | 3 - V.           |            | Request Num       | ber                 |
| 3. For Add                                | ditional In    | formation     | on Call         | (Name and Tel          |  |                    |                     | · ·                 | Local Tra            | cking No:                                    |                  | -          | roposed Eff       |                     |
| 5. Action F                               | Requested      | By (7         | Typed Nan       | ne, Title, Signái      |  | IR-<br>st Date     | )                   | 6. Action A         | uthorized            | By A SON                                     | me, Title, Signa | ature, an  | d Con arrence     | Date)               |
| Ryan T. J                                 |                |               |                 | Ø a                    | < X(   | ~~                 |                     |                     |                      | lministrato                                  | Celi             | re         | W                 | 8/16/17             |
| PART E                                    | - For f        | repai         | ations          | TEST Y                 | Usufonly bo  | des in F           | PM Supple           |                     | Show all decurity Nu | mber 3 Da                                    | h day yaar o     |            | ffective Date     | e                   |
|   | and the second | A. A. C. 15   | n syntago es    | <b>~</b>               |  |                    |                     |                     |                      |  |                  | t          | <del>3</del> 9-03 |                     |
| FIRST /<br>5-A Code                       |                | ature of      | Action          |                        |  | <b>S</b>           |                     | SECONI<br>6-A. Code |                      | IN<br>ure of Action                          | for the season   |            | 10 18             |                     |
| クリン<br>5-C. Code                          |                | 74 4          |                 | XC A                   | pt   |                    |                     | 6.C. Code           | 601                  | al Authoritu                                 |                  |            | 1.0               |                     |
| 27 m                                      | 5B.L           | gai Au        | 5-              | 190                    | · ·  |                    |                     | 6-C. Code           | 6-D. Leg             | al Authority                                 |                  |            |                   |                     |
| 5-E. Code                                 | 5-F. Le        | gal Aut       | hority          |                        |  |                    |                     | 6-E. Code           | 6-F. Lega            | al Authority                                 |                  |            |                   |                     |
| 7. FROM:                                  | Position '     | Title an      | d Numbe         | er                     |  | - 337              | _                   | 15. TO: P           | osition Title        | e and Number                                 |                  |            |                   |                     |
|   |                |               |                 |                        |  |                    |                     |                     |                      |  |                  |            |                   |                     |
| 200.000                                   | 9. Occ. Code   | 10. G         |                 | el 11. Step or<br>Rate | 12. Total Salar  | 7.0                |                     | 16. Pay Plan        |                      | 53   | Rate             | 330        | Salary/Award      | 21. Pay Basis       |
| AD<br>12A. Basic Pa                       | 0301           | 12B. Loc      | cality Adj.     | 12C. Adj.              | \$94,79<br>Basic Pay   | 96.00<br>120. Othe | PA.                 | AD 20A. Basic Pay   | 0301                 | OB. Locality Adj.                            | 20C. Adj.        |            | 00,981.00         | PA<br>ner Pay       |
|   |                |               |                 |                        | and the second s |                    |                     |                     |                      |  |                  | v. ( **)   |                   |                     |
| 14. Name an<br>US, EPA, O<br>Office of Po | Office of t    | he Adm        |                 | nization<br>AOG00000   | 0  |                    |                     | A000000             |                      | f Position's Orga<br>A, Office of th<br>0460 |                  | or         |                   |                     |
| EMPLO<br>23. Veterans                     |                | e<br>3 - 10-P | Point/Disabili  |                        | -Point/Other   | aharanz            |                     | 24. Tenure          | 0 - None             | 2 - Conditional                              | 25. Ager         | ncy Use    | 26. Veteran       | s Preference        |
| 27. FEGLI                                 |                |               |                 |                        |  |                    |                     | 28. Annuitan        | t Indicator          |  |                  |            | 29. Pay Rat       | te<br>eterminant    |
| 30. Retireme                              | ent Plan       |               |                 | 0.11500                |  |                    | omp. Date           | 32. Work Sc         | hedule               |  |                  |            |                   | ne Hours Per        |
| POSITIO                                   | OM DAT         |               | - 100 <b>建設</b> | Ray arthur             | (Lea   | ive)               |                     | I I                 | 2 at 14 .            |  | 03 of 100        | 4.00 mm    |                   | weekly<br>av Period |
| 34. Position                              | Occupied       | tive Servic   | ce 3-SE         |                        | 7  | FLSA Cate          | egory               | 36. Appropri        |                      | B 11A ZZZ                                    | ME8              |            | 37. Bargaini      | ng Unit Status      |
| 38. Duty Stat                             | tion Code      |               |                 |                        | 39. [  | Duty Static        | on<br>gton, DC 2    | 0460                | 0                    |  |                  |            |                   |                     |
| 40. Agency D                              | Oata           | 41.           |                 | 42                     |  | washing            | 43.                 | 0400                | 44.                  |  |                  |            |                   |                     |
| 45. Education                             | nal Level      | 46. \         | rear Degre      | e Attained 47          | . Academic D   | iscipline          | 48. Function        | nal Class           | 49. Citizen          | ship   | 50. Veterans S   | latus      | 51. Superviso     | ory Status          |
|   |                | esen mas      | Para salanta    | san are vivou          | Name Salar Salar Salar   | 3 <b>5.4</b> 50    |                     |                     | 1 - U                | SA 8 - Other                                 |                  |            |                   |                     |
|   | /Function      |               |                 | nitials/Signat         |  | d by req           | Date                |                     | unction              | 1  | nitials/Signat   | ture       | 1                 | Date                |
| Α.  |                |               |                 |                        |  |                    | 22508               | D.                  |                      |  |                  |            |                   |                     |
| В.  |                |               |                 |                        | *  |                    |                     | E.                  |                      |  |                  |            |                   |                     |
| C.  |                |               |                 |                        |  |                    |                     | F.                  |                      |  |                  | A140       |                   |                     |
|   |                |               |                 | ntered on this f       |  |                    | at the              | Signature           | 1                    | w  | 0                |            | 2                 | proval Date         |
| CONTINUE                                  | D ON NE        | EXT PA        | GE              |                        | 3 3  |                    |                     | 1                   |                      |  | Editions         | s Prior to | 7/91 Are Not Usa  | ble After 6/30/93   |

|  |                                   |  |   |                                       |                                       |                       | ·  |  |  |
|--|-----------------------------------|--|---|---------------------------------------|---------------------------------------|-----------------------|--|--|--|
| (Note to Supervisors   | s: Do vou kn                      | ow of additional   | or conflicting re                       | asons for the em-                     | olovee's resignatio                   | n/retirement?         |  |  |  |
| <b>,</b>   | If "YES", plea                    | ase slate these  | facts on a sepa                         | rate sheet and att                    | ach to SF 52.)                        |                       | ☐ YES  | NO   |  |
|  |                                   |  |   | -                                     |                                       | •                     | <b>ķ</b> s   |  |  |
|  | €.,                               |  |   |                                       |                                       |                       |  |  |  |
| 005 450  |                                   | A PARTY AND A PART |   |                                       |                                       |                       |  |  |  |
| 🐞 <del>ামিকা</del> রটো সমস্ত ও 💥   | Not Required                      |  |   |                                       | 1                                     |                       |  |  |  |
| OGE 450  | Required                          | No.  |   |                                       |                                       |                       |  |  |  |
| Signed: _  | \$                                | ***  | , DEO                                   |                                       |                                       |                       |  |  |  |
|  |                                   |  |   | 79 <b>a</b>                           |                                       |                       |  | <u> </u>   |  |
|  |                                   | ,  |   |                                       |                                       | r                     |  |  |  |
|  | <u>.</u>                          |  |   | Data and Act                          | Chalaman                              |                       |  |  |  |
| You are requested to fu  | ımish a specific                  | reason for your n  | esignation or retire                    | Privacy Act<br>ment and a             |                                       | slowment of individua | als in the Federal service                               | and their records, while                                 |  |
| forwarding address. Yo   | our reason may                    | be considered in   | any future decision                     | n regarding your                      | section 6506 requi                    | ires agencies to furn | ish the specific reason fo<br>State agency in connection | r termination of Federal                                 |  |
| re-employment in the Federal service and may also be used to determine yo<br>unemployment compensation benefits. Your forwarding address will be used<br>you copies of any documents you should have or any pay or compensation to |                                   |  | ed primarily to mail                    |                                       | mpensation program                    |                       | a agency in compactor, with administration of            |  |  |
| entitled.  | inchis you allo                   | una mater on early pe  | ly or compensation                      | i to which you are                    |                                       |                       |  | o provide it may result in<br>uld have; (2) pay or other |  |
| This information is required. Sections 301 and   | ested under au<br>nd 3301 authori | thority of sections<br>ze OPM and agen   | 301, 3301, and 8<br>cies to issue regul | 506 of title 5, U.S.<br>lations       |                                       |                       | employment compensati                                    |  |  |
| 1. Reasons for Resi  | anation/Retin                     | ement (NOTE: \   | Your reasons an                         | e used in determin                    | nino possible uner                    | molovment benefi      | its. Please be specific                                  | and avoid  |  |
| generalizations.   | Your resigna                      | tion/retirement l  | s effective at the                      | e entit of the day #                  | midnight - unless                     | you specify other     | wise.)   |  |  |
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| 2 Effective Date   | la Varra Ciar                     |  |   | 14 D-4- 6:                            | le Farmadia                           | - Add (Ab             | Ol Oit - Otata   | 710.00-40  |  |
| 2. Effective Date  | 3. Your Sign                      | nature   |   | 4. Date Signed                        | 5. Forwardin                          | g Address (Num        | ber, Street, City, State                                 | , ZIP Code)  |  |
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SF 52 (E\*Forms 4.4) Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296-33, Subch. 3 SRO Approval

F75/16/17

### REQUEST FOR PERSONNEL ACTION

John E Reeder

| 1. Actions Requested  | Administratively I   | Determined App                          | pointmen     | t                               |                       |                    |  | 2. Re                                 | equest Num<br>IO-2017    |                                      |
|---|--|---|--------------|---------------------------------|-----------------------|--------------------|--|---------------------------------------|--------------------------|--------------------------------------|
| 3. For Additional Information Call (Name and Telephone Number)                        |  |   |              | Local Tracking No:              |                       |                    |  | 4. Proposed Effective Date 03/05/2017 |                          |                                      |
| 5. Action Requested By /<br>Michael Flynn Acting I                                    | Melialific   | nd Request Date                         | 17           | 7                               |                       | By (Trans)         |  | iture, 20                             | W                        |                                      |
| 1. Name   |  | /                                       |              | 2. Social S                     | ecurity Nu            | mber 3. Da         | te of Birth                                |                                       | fective Date             |                                      |
| 5-A. Code   5-B. Nature of  | Action Appt.   | ā.                                      | •            | 6-A. Code                       | 6-B. Natu             | ure of Action      | 10 - 4 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 | o .                                   | Ø 8                      | , ,                                  |
| ZLM P. L. q   | 5-190  |   |              | 6-C. Code                       | 6-D. Lega             | al Authority       | 24   | à                                     | - 10                     | 780.50                               |
| 5-E. Code 5-F. Legal Au   | thority  | 9                                       |              | 6-E. Code                       | 6-F. Lega             | al Authority       |  | -                                     |                          |                                      |
| 7. FROM: Position Title at  | nd Number  |   | *            | 15. TO: P                       | osition Title         | and Number         |  |                                       |                          | \$ 700 e                             |
| 8. Pery Plan 9. Occ. Code 10. 0   | Grade or Level 11. Step or 12. 1                                     | otal Salary                             | 13. Pay Beal | s 16. Pay Plan                  | 17. Occ. Code<br>0301 | 18. Grade or Lave  | el 19. Step or<br>Rate 00                  | 20. Total                             | Salary/Award             | 21. Pay Basis<br>PA                  |
| 12A Basic Pay 12B. Lo   | cellity Adj. 12C. Adj. Besic   | Pay 12D. Other                          | Pay          | 20A Basic Pay                   |                       | 08. Locality Adj.  |  | Basic Pay                             | 20D. Oth                 |                                      |
| 27. FEGLI   | Point/Disability 5 - 10-Point<br>Print/Companyshis A - 10-Print/     | Cirmnengohla/2014                       |              | 24. Tenure<br>3<br>28. Annuiter |                       | 2 - Conditional    | 25. Ager                                   | icy Use                               | 29. Pay Rat              | sterminant                           |
| 30. Retirgment Plan   | (A   | 31. Service Co<br>(Leave)               |              | 32. Work Sc                     | hedule                | SVINSA             |  | ă                                     | 777 Bi                   | ne Hours Per<br>weekly<br>w Period   |
| 34. Position Occupied 1 - Competitive Serv 2 - Franched Service 38. Dury Station Code |  | 35. FLSA Cate  39. Duty Statio  Washing | n            | 36, Appropri                    |                       | В 11H ZZZ          | ME8  | e                                     |                          | ng Unit Status<br>多名名                |
| 40. Agency Data 41.   | 42.  | x)                                      | 43.          |                                 | 44.                   |                    | 18   |                                       | ****                     | F3                                   |
| 45. Educational Lével . 48.   | Year Degree Attained 47. Aca   | demic Discipline                        | 48. Function | onal Class                      | 49. Citizen           | ship<br>SA 8-Other | 50. Veterans S                             | Stetus                                | 51. Superviso            |                                      |
| 1. Office/Function  | Initials/Signature   |   | Date         | Office/                         | Function              |                    | nitjala/Signat                             | ture                                  | 5                        | / Date                               |
| A   | 20   |   |              | o. N                            | The same              | a.                 | east                                       | 4                                     | 3/                       | 10/17                                |
| c 130 E   | 2 Par  | - 31                                    | 17/17        | ) E.<br>F.                      |                       |                    | 0  |                                       |                          |                                      |
| 2. Approval: I certify that the in  | formation entered on this form i<br>ance with statutory and regulate |   | the          | Signature                       | 0                     | Den                | ien  | 4                                     | 3                        | doval Date                           |
| CONTINUED ON NEXT PA  | AGE.   |   |              | -                               | tw                    |                    | Edition                                    | s Prior to 7/                         | 91 Are Not Usa<br>NSN 75 | ble After 6/30/93<br>540-01-333-6239 |

| If "YES", please state these fact  | conflicting reasons for the empty son a separate sheet and att   | ployee's resignation/retine<br>ach to SF 52.)  | ement?                                     | YES                 | NO                            |               |  |
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| OGE 450 Not Required   |  |  |  |                     |                               |               |  |
| OGE #50 Required   | ÷  | **   |  | .9                  | ••                            |               |  |
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|  | Privacy Act  | Statement  |  |                     |                               |               |  |
| You are requested to furnish a specific reason for your resign<br>forwarding address. Your reason may be considered in any<br>re-employment in the Federal service and may also be used<br>unemployment compensation benefits. Your forwarding address<br>to the proper service and the property of th | nation or retirement and a<br>future decision regarding your<br>to determine your eligibility for<br>reas will be used primarily to mail | with regard to employmen<br>section 8506 requires age<br>service to the Secretary of<br>unemployment compensar   | ncies to furnish the<br>Labor or a State a | specific reason for | rtermination of I             | Federal       |  |
| you copies of any documents you should have or any pay or<br>entitled.  This information is requested under authority of sections 301  |  | The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other |  |                     |                               |               |  |
| Code. Sections 301 and 3301 authorize OPM and agencies   | to issue regulations   | may be entitled.   | o (s) any unompo                           | Amenr combeneer     | NI DOLIGINO M <sup>'</sup> AL | nen you       |  |
| <ol> <li>Reasons for Resignation/Retirement (NOTE: Your<br/>generalizations. Your resignation/retirement is eff</li> </ol>   | ective at the end of the day -   | midnight - unless you sp   | ecify otherwise.                           | )                   |                               |               |  |
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