Stevens v. U.S. Department of Health and Human Services et al. 2024-cv-05072 DHHS 2020-00435-FOIA-OS https://deportationresearchclinic.org/

Lauren A. Underwood

Present Address:	(b)(6)	Permanent Address:
(b)(6)	(b)(6) [cel])	(b)(6)
Education	Johns Hopkins University Master of Science in Nursing/Master of Public Health Concentrations: Public Health Nursing and Health Policy GPA 3.8/4.0 Specialized training in policy analysis, program development and evaluation, nursing leadership and management, nursing advocacy, health disparities, emergency preparedness, and population-level health interventions.	December 2009
	University of Michigan at Ann Arbor Bachelor of Science in Nutsing Major: Nursing GPA 3.60/4.0 Magna Cum Laude Participant in the Honors Program Clivical placements in various settings including discharge planning, local health department, psychiatric partial program, and pediatric intensive care	
Professional Experience	Senior Syndicated Research Analyst The Advitory Board Company-Washington, DC Conduct qualitative interviews with senior-level hospital executives to inform best practice research publications Topical expertise on health IT privacy and security including HIPAA and HITECH Acts.	January 2010-present
	Research Nurse/Study Coordinator Johns Hapkins University- Baltimore, MD School of Nursing—Department of Acute and Chronic Care Coordinated subject recruitment and data collection for a pilot quantitative study examining Symptom Prevention and Management in African American Women with Breast Cancer. Pacilitated communication with appropriate Institutional Review Boards and clinical research pattners.	
	Registered Nurse Mallen Immunization Clinics- Various locations, Maryland Administered seasonal influenza vaccine at community-based clinics. Maintained customer records and prepare billing information for insurance claims submission.	Aug. 2009-Jan. 2010
	Flu Shot Registered Nurse Johns Hopkins Hospital IntraStaff Staffing-Baltimora, MD Johns Hopkins Health System—Office of Community Health Administered vaccinations at community-based influenza clinics. Provided relevant teaching to clients and caregivers.	Oct. 2009-Dec. 2009
	Public Health Intern District of Columbia Government- Washington, DC Dept. of Health—Health Emergency Preparedness and Response Administration Evaluated agency efforts to vaccinate priority populations across the District with the novel H1N1 influenza vaccine. Provided targeted recommendations to improve community outreach and internal operations for the remainder of the 2009-2010 flu season.	Sept. 2009- Dec. 2009



Lauren A. Underwood Page 2

> Government Affairs Pellow (MKN/MPH (Dioical Placement).

Jan 2009- Aug 2009"

American Assertation of Colleges of Nursing-Washington, DC

Engrand in federal lobbying activities to support nursing education appropriations and policy development.

· (Completed several research, policy analysis and advocacy projects.

Post Baccalaureate Intramural Research Training Fellow National Intilizates of Health- Betherds, MD

Clinical Center Nursing Research and Practice Development Service

Research assistant on a qualitative HIV study examining clinical trial Uparticipation among minority HIV+ patients.

Assisted Senior Research Scientist in preparing research findings for dissemination and department-wide adentific evaluation.

NBC News- Denver, CO

Democratic National Convention Runner

Nightly News, MSNBC political unit, and Today Show on-site production activities and administrative tasks,

Project IMHOTEP Intern

Centers for Disease Control and Prevention- Atlanta, GA

Coordinating Center for Environmental Health and Injury Presention

Assisted with the research & development of a health disparities assessment tool for internal use related to FY 2007 agency activities.

· Presented findings before an audience at CDC and developed a scientific manuscript discussing findings and related analysis

Congressional Black Caucus Foundation Intern

Office of U.S. Senator Berack Obama- Washington, DC

Health and education intern with experience in constituent services and ·· legislative duties.

Helped coordinate major legislative event and prepared key talking points for the Senator.

Licensure & Professional Affiliations

Maryland Registered Nurse License # [/h//61]

American Heart Association Barle Life Support (BLS)

Membership in Sigma Thera Tau International, American Nutses 'Association, American Public Health Association

Activities

Alpha Kappa Alpha Sorority, Inc.

Jacide Robinson Foundation Alumni Association

Sept 2008-June 2009

August 2008

Sammer 2007

Summer 2006

Expires 10/2011 Expires 10/2011

REQUEST FOR PERSONNEL ACTION. Standard Form 52 Rev 7/91 U.S. Office of Personnel Management Guide to Processing Personnel Actions, Chapter 4 PART A - Requesting Office (Also complete Part B, Items 1.7-22,32,33,36 and 39) 1. Actions Requested 2. Request Number 3. For Additional Information Call (Name and Telephone Number) 4, Proposed Eff. Date 06-01-2010 Action Requested By (Typed Name, Title, Signature, and Request Date) WILLIAMSON, ELVIRA 06-02-2010 5. Action Requested By 6. Action Authorized By (Typed Name, Title, Signature, and Date) Human Resources Assistant PART B - For Preparation of SF 50 (Use only codes in The Guide to Personnel Data Standards. Show all dates in month-day-year order.) 1, Name (Last, First, Middle) UNDERWOOD, LAUREN A 3. Date of Birth 2. Social Security Number 4. Effective Date 06-01-2010 FIRST ACTION SECOND ACTION 5-B. Nature of Action 5-A. Code 6-A. Code 6-B, Nature of Action 101 Career-Cond Appt 5-D. Legal Authority Reg. 337.201. 5-C. Code 6-C, Code 6-D, Legal Authority AYM 6-F. Legal Authority 5-E. Code 5-F. Legal Authority 6-E. Code OPM Approved Single Agy HHS001HCRDHA DTD 3/23/10 BYO 15. TO: Position Title and Number 7. FROM: Position Title and Number **Policy Coordinator** PD: 10AA05 Position: 00244797 19.Step/Rate 20.Tot, Salary/Award 10 \$67,114.00 21.Pay Basis PA 8.Pay Plan 9.Occ. CD 10.Grd/Lvl 11.Step/Rate | 12.Tot. Salary 13.Pay Basis 16,Pay Plan 17,Occ. CD 18.Grd/LvI 0301 GS 09 12D. Other Pay 12B. Locality Adj. 20A. Basic Pay \$54,028:00 20B. Locality Adj. \$13,086.00 20C. Adj. Basic Pay \$67,114.00 12A. Basic Pay 12C. Adj. Basic Pay 20D. Other Pay 22. Name and Location of Position's Organization
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Editions Prior to 7/91 Are Not Usable After 6/30/93

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NOTIFICATION OF PERSONNEL ACTION

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5-C. Code Y7M	5-D. Legal Authority SCH C, 213.3301a		nique Sched	ule C auth.	6-C. Cod	le	6-D	. Legal A	uthority			
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NOTIFICATION OF PERSONNEL ACTION

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Policy Coordinator (Program Specialist) GS-0301-11

Serves as a Program Specialist with responsibility to perform a wide variety of administrative and program functions which may involve matters related to budget, property, travel, procurement, human resources, or other program activities. The incumbent supports the organization through analyzing, planning, developing, coordinating, and monitoring administrative and program activity. The incumbent establishes and maintains procedural and reporting requirements to measure the utilization of all administrative services. Exercises judgment in determining applicable procedures and effecting changes in the administrative tasks being performed.

Reviews and analyzes directives and policies to determine impact on operations. The employee independently identifies the need for, plans, organizes, and conducts analytical studies based on examination of management needs. Analysis conducted may involve researching sensitive issues, analyzing and presenting results, and recommending administrative strategies or changes in internal operating procedures to incorporate new legislative requirements. Develops position papers to explain study findings and recommendations. Implementation may require that the incumbent write operating procedures.

Prepares special reports, presentations, and summaries. Obtains and verifies information through research of various sources. Evaluates, analyzes, and correlates all information relevant to the subject and compiles data and presents information in the appropriate written format or oral forum.

Personally responds to inquiries addressing program management issues and frequently requested program-specific technical information that would otherwise require the supervisor's personal attention. Obtains the necessary information from appropriate sources. Prepares responses/ papers that represents the organization's views, policies and procedures.

The incumbent assists in planning for and arranging the agenda of meetings and/or conferences. Assures all appropriate parties are notified and prepares specific background information about the speakers to include with the agenda.

KNOWLEDGE REQUIRED BY THE POSITION/LEVEL 1-7/1250 POINTS

Comprehensive knowledge of various administrative areas, such as: budget and financial management; contract administration; purchasing; procurement; human resources; and general administration as they are performed to conduct the business of DHHS, the OP/DIV and the immediate organization.

Knowledge of a wide range of specialized program analysis tools and techniques, and skill in applying this knowledge in the independent performance of difficult and complex work assignments.

Knowledge of the major issues, program goals and objectives, and work processes of the organization. Knowledge and skill in applying analytical and evaluation methods and techniques, administrative requirements, and operating procedures to plan, schedule, and conduct studies to evaluate the efficiency and effectiveness of programmatic operations. These studies and the resulting recommendations require knowledge of the laws, regulations, policies, and precedents that impact the program and its related administrative services. Ability develop, and implement strategies related to the administrative processes and policies.

The work requires skill in preparing project papers and staff reports and skill in organizing and delivering briefings to managers to encourage understanding and acceptance of findings and recommendations.

SUPERVISORY CONTROLS/LEVEL 2-4/450 POINTS

The supervisor provides general supervision. Deviations from accepted practice are made when necessary. Completed work is reviewed for effectiveness and conformance with overall policy. The incumbent keeps the supervisor abreast of unusual problems, controversial or precedent-setting issues.

GUIDELINES/LEVEL 3-3/275 POINTS

Guidelines consist of general agency administrative policies and manuals, OMB Circulars, and regulations relating to budget formulation and execution; Federal Procurement Laws; Comptroller General Decisions; DHHS rules, regulations, policies, procedures, and instructions relating to procurement, contracting, budget, and human resources. Judgment must be used to choose, interpret, and adapt guidelines and techniques when necessary.

COMPLEXITY/LEVEL 4-4/225 POINTS

Duties cover a wide range of administrative functions and analytical processes. Decisions regarding what needs to be done include the assessment of unusual circumstances, variations in approach, and incomplete or conflicting data to achieve the most advantageous solution for the benefit of the organization. The work requires making many decisions concerning such things as interpretation of considerable data, planning of the work, and/or the refinement of the methods and techniques to be used. The incumbent confers with program, administrative, and executive staff to resolve unusual problems and answer questions. Work involves analyzing variations in approach and resolving incomplete or conflicting data

SCOPE AND EFFECT/LEVEL 5-3/150 POINTS

The employee identifies, analyzes, and makes recommendations to resolve conventional problems and situations in the line work of the organization. The employee may be

assigned portions of broader studies or participate in the evaluation of program effectiveness at the operating level. The activities of the incumbent directly ensure the most appropriate use of funds, personnel, and other resources that are critical to fulfilling the organization's mission. Work may involve developing detailed procedures and guidelines to supplement established program guidance. Completed reports and recommendations influence decisions by managers. The work also may involve identifying problems, studying and analyzing and making recommendations concerning the efficiency and productivity of operations in different components of an organization.

PERSONAL CONTACTS/LEVEL 6-3/60 POINTS

The incumbent's primary contacts are with staff within the organization, members of other federal agencies and the private sector in order to provide information, resolve problems and clarify issues. The position requires considerable interaction with program managers and staff as well as support services. Most contacts are unplanned and require quick and decisive action.

PURPÓSE OF CONTACTS/LEVEL 7-3/120 POINTS

Personal contacts are to plan, coordinate, or advise on work efforts or to resolve problems by influencing or motivating individuals or groups who are working toward mutual goals and who have basically cooperative attitudes. The incumbent exchanges information, provides technical and regulatory guidance, presents recommendations and resolves administrative and related problems.

PHYSICAL DEMANDS/LEVEL 8-1/5 POINTS

Work is primarily sedentary, although some slight physical effort may be required.

WORK ENVIRONMENT/LEVEL 9-1/5 POINTS

Typically performs work in an adequately lighted and climate controlled office. Assignments may require occasional travel.

FACTOR POINT TOTAL - 2470

GS-0301, Miscellaneous Administration and Program Series, TS-34, Jan. 1979 GS-0341, Administrative Officer Series, Flysheet, TS-72, Feb. 1968, TS-63, Aug. 1966 Administrative Analysis Grade-Evaluation Guide (8/90)

REQUEST FOR PERSONNEL ACTION

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Guide to Processing Personnel	Actions, Chapter 4

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REQUEST FOR PERSONNEL ACTION

Rev 7/91

U.S. Office of Personnel Management

Guide to Processing Personnel Actions, Chapter 4 (Also complete Part B, Items 1,7-22,32,33,36 and 39) PART A - Requesting Office 1. Actions Requested 2. Request Number 4. Proposed Eff. Date 06-01-2010 3. For Additional Information Call (Name and Telephone Number) 5. Action Requested By (Typed Name, Title, Signature, and Request Date) 6. Action Authorized By (Typed Name, Title, Signature, and Date) PART B - For Preparation of SF 50 (Use only codes in The Guide to Personnel Data Standards. Show all dates in month-day-year order.) 1. Name (Last, First, Middle) 2. Social Security Number 3. Date of Birth 4. Effective Date UNDERWOOD, LAUREN A FIRST ACTION 08-02-2010 (b)(6)(b)(6)SECOND CTION 5-A. Code 5-B. Nature of Action 6-B. Nature of Action 6-A. Code 980 CAN Change 5-C. Code 5-D. Legal Authority 6-C. Code 6-D. Legal Authority 5-E. Code 5-F. Legal Authority 6-E. Code 6-F. Legal Authority 7. FROM: Position Title and Number 15. TO: Position Title and Number Policy Coordinator Policy Coordinator PD: 10AA05 Position: 00244797 PD: 10AA05 Position: 00244797 8.Pay Plan GS 10.Grd/Lyl 16.Pay Plan GS 18.Grd/Lvl 20, Tot. Salary/Award 9.Occ. CD 11.Step/Rate 12.Tot. Salary 13.Pay Basis 17.0cc, CD 19.Step/Rate 21.Pay Basis 0301 10 \$67,114.00 0301 09 10 \$67,114.00 12B. Locality Adj. \$13,086.00 12C. Adj. Basic Pay \$67,114.00 20A. Basic Pay \$54,028.00 20B. Locality Adj. \$13,086.00 20C. Adj. Basic Pay \$67,114.00 12A. Basic Pay 12D. Other Pay 20D. Other Pay \$54,028.00 22. Name and Location of Position's Organization 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Office of the Secretary of Health and Human Services Immediate Office Of The Secretary Immediate Office Of The Secretary WASHINGTON DC USA WASHINGTON DC USA EMPLOYEE DATA 23. Veterans Preference 24. Tenure 25. Agency Use 26. Veterans Preference for RIF 5-10 Point/Other 0-None I-None 3-10 Point/Disability 2-Conditional (b)(6)(b)(6)2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% 1-Permanent 3-Indefinite NO 27_FEGLI 28. Annuitant Indicator 29. Pay Rate Determinant (b)(6)Not Applicable Regular Rate 31. Service Comp. Date (Leave) 32. Work Schedule 30. Retirement Plan 33. Part-Time Hours Per Biweekly Pay Period (b)(6)(b)(6)F Full Time POSITION DATA 35. FLSA Category 37. Bargaining Unit Status 34. Position Occupied 36. Appropriation Code 1-Competitive Service 3-SES General E-Exempt 0199RE09 8888 2-Excepted Service 4-SES Career Reserved N-Nonexempt 39. Duty Station 38. Duty Station Code (City-County-State or Overseas Location) 110010001 WASHINGTON Dist Columbia DC USA 40. Agency Data 41. 44 46. Yr. Degr. Aitd 2009 51. Supervisory Status 8 All Other 48. Func Class 45. Edu. Lvl. 47. Acad. Discipl. 49. Citizenship 50. Veterans Status 513808 1-USA 8-Other (b)(6)PART C - Reviews and Approvals (Not to be used by requesting office.) 1. Office/Function Initials/Signature Date 1. Office/Function Initials/Signature Date A. B. E. C F 2. Approval: I certify that the information entered on this form is accurate and App8val Bn2010 Signature

Name: UNDERWOO	D,LAUREN A			PAR Number:	
PAKT D - Remarks	by Requesting Office				
	you know of additional or conflict ase state these facts on a separate			·	YES NO
Payroll Related Action	on				
PART E - Employe	e Resignation/Retirement				
a forwarding address. Your your re-employment in the eligibility for unemploymen used primarily to mail you compensation to which you This information is requested	h a specific reason for your resignation reason may be considered in any ful Federal service and may also be usent compensation benefits. Your forw copies of any documents you should are entitled. ed under authority of sections 301, 3 abd 3301 authorize OPM and agence	ture decision regarding d to determine your arding address will be have or any pay or 301, and 8506 of title	regulations with regard to emprecords, while section 8506 re termination of Federal service tion with administation of une The furnishing of this informa in your not receiving: (1) your	oloyment of individuals in the Fede quires agencies to furnish the speci to the Secretary of Labor or a State imployment compensation program tion is voluntary; however, failure copies of those documents you sho u; (3) any unemployment compensa	fic reason for e agency in connec- s. to provide it may result ould have; (2) pay
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2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Co	de)
PART F - Remarks	for SF 50				

REQUEST FOR PERSONNEL ACTION

U.S. Office of Personnel Management

Guide to Proc	Cessing Person	nel Actions, Ch	hapter 4	lso complete F	Dant D. Stame 1	7 22 22 2	1 16 and	20)					
1. Actions F		ding Offic	C (A	iso compiete r	ari b, items	1,1-44,043.	5,30 and	39)				2. Re	quest Number
3. For Addi	tional Informa	tion Call (N	ame and Teleph	one Number)								4. Pro	oposed Eff. Date 6-01-2010
5. Action R	equested By	(Туре	d Name, Title,	Signature, and Re	equest Date)	6. Action	Authorized	Ву	(Typed	Name, Title, S	ignature, and E		5 01 2010
			of SF 50	(Use only code	es in The Guid								
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5-C. Code	5-D. Legal	Authority				6-C. Coc	le	6-D.1	egal Authority				
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Name: UNDERWOO	D,LAUREN A			PAR Number:	
PAKT D - Remarks	by Requesting Office				
	you know of additional or conflict ase state these facts on a separate			·	YES NO
Payroll Related Action	on				
PART E - Employe	e Resignation/Retirement				
a forwarding address. Your your re-employment in the eligibility for unemploymen used primarily to mail you compensation to which you This information is requested	h a specific reason for your resignation reason may be considered in any ful Federal service and may also be usent compensation benefits. Your forw copies of any documents you should are entitled. ed under authority of sections 301, 3 abd 3301 authorize OPM and agence	ture decision regarding d to determine your arding address will be have or any pay or 301, and 8506 of title	regulations with regard to emprecords, while section 8506 re termination of Federal service tion with administation of une The furnishing of this informa in your not receiving: (1) your	oloyment of individuals in the Fede quires agencies to furnish the speci to the Secretary of Labor or a State imployment compensation program tion is voluntary; however, failure copies of those documents you sho u; (3) any unemployment compensa	fic reason for e agency in connec- s. to provide it may result ould have; (2) pay
Please be specific and	n/Retirement (NOTE: Your reason avoid generalizations. ment is effective at the end of the o			nefits.	
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Co	de)
PART F - Remarks	for SF 50				

REQUEST FOR PERSONNEL ACTION

Rev 7/91

U.S. Office of Personnel Management

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Name: UNDERWOO				PAR Number:
PART D - Remarks	by Requesting Office			
(Note to Supervisors: Do If ""YES"", ple	you know of additional or conflic ase state these facts on a separate	ting reasons for the empl sheet and attach to SF52	oyee's resignation/retirement).	YES NO
Data Change				
PART E - Employe	e Resignation/Retirement			
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Reasons for Resignatio Please be specific and	n/Retirement (NOTE: Your reason	ns are used in determinin	g possible unemployment be	nefits.
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Code)
PART F - Remarks	for SF 50			
PART F - Remarks	for SF 50			

REQUEST FOR PERSONNEL ACTION

U.S. Office of Personnel Management	1

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Name: UNDERWOO	D,LAUREN A		PAR Number:						
PAKT D - Remarks	by Requesting Office								
	you know of additional or conflict ase state these facts on a separate			·	YES NO				
Payroll Related Action	on								
PART E - Employe	e Resignation/Retirement								
a forwarding address. Your your re-employment in the eligibility for unemploymen used primarily to mail you compensation to which you This information is requested	h a specific reason for your resignation reason may be considered in any ful Federal service and may also be usent compensation benefits. Your forw copies of any documents you should are entitled. ed under authority of sections 301, 3 abd 3301 authorize OPM and agence	on or retirement and ture decision regarding d to determine your arding address will be have or any pay or 301, and 8506 of title	regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administation 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; (3) any unemployment compensation benefits to 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.)									
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Co	de)				
PART F - Remarks	for SF 50								

REQUEST FOR PERSONNEL ACTION

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Name: UNDERWOO			PAR Number:					
PART D - Remarks	by Requesting Office							
	you know of additional or conflic ase state these facts on a separate		yee's resignation/retirement	?	YES NO			
Status Change Automatic Conversion	on of Tenure Processed							
PART E - Employe	e Resignation/Retirement							
		Privacy Act S						
a forwarding address. Your your re-employment in the eligibility for unemploymen used primarily to mail you compensation to which you This information is requested.	n a specific reason for your resignati reason may be considered in any fur Federal service and may also be use the compensation benefits. Your forw copies of any documents you should are entitled. ed under authority of sections 301, 3 abd 3301 authorize OPM and agence	ture decision regarding d to determine your arding address will be I have or any pay or is 3301, and 8506 of title	regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administation 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; (3) any unemployment compensation benefits to 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.) 								
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, Z	IP Code)			
PART F - Remarks	for CF 50							
TAKI F - Kelliarks	101 31 30							
- Completed service	e requirement for career	tenure						

REQUEST FOR PERSONNEL ACTION

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U.S. Office of Personnel Management

	- Reque	anel Actions, C sting Office		so complete Part B, Items	1,7-22,32,33,36	and 39)				2. Requ	est Number
	ional Informa	tion Call C	Name and Telepho	nne Number)						27353	osed Eff. Date
5. Action Re		0.037.00	THE CHARLE	ignature, and Request Date)	C Antimy Anthon	and Di-	/Timed	Mana Tila S	Signature, and	06-	01-2011
5. Action Re	equested by	(тур	ed Name, Title, S	ignature, and Request Date)	6. Action Author	izeu by	(Typeu	ivame, Title, S	ngnature, and	Date)	
			of SF 50	Use only codes in The Guid					in month-da		
UNDER	Last, First, M RWOOD, ACTION	iddle) LAUREN	A		2. Social Security (b)(6) SECOND			3. Date of	b)(6)		ective Date 5-15-2011
5-A. Code	5-B. Natu	re of Action			6-A. Code		Nature of Action				
980		Change									
5-C. Code	5-D. Lega	l Authority			6-C. Code	6-D.1	Legal Authority				
5-E. Code 5-F. Legal Authority					6-E. Code	6-F. I.	egal Authority				
	osition Title : Coordinal		Position	: 00244797	15. TO: Position Policy Coo PD: 10AA	ordinato		Po	osition:	0024479	7
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45, Edu, Lvl 17	200	2009	47. Acad. Discipl 513808		48, Func. Clas	49	Citizenship 1-USA 8		/eterans Status (b)(6)		Supervisory Status All Other
1. Office/Fu		vs and Ap		(Not to be used by requ	esting office.) 1. Office/Function	m	Initials/Sign	ature	Date		
Α.					D.						
B.					E.						
C.					F.						
				on this form is accurate and		ature	1			App	6val Ba2011
		is in complia EVERSE SI		ory and regulatory requirement	OVER		Edi	ions Prior to	7/91 Are No	ot Usable A	fter 6/30/93

Name: UNDERWOO	D,LAUREN A		PAR Number:						
PAKT D - Remarks	by Requesting Office								
	you know of additional or conflict ase state these facts on a separate			·	YES NO				
Payroll Related Action	on								
PART E - Employe	e Resignation/Retirement								
a forwarding address. Your your re-employment in the eligibility for unemploymen used primarily to mail you compensation to which you This information is requested	h a specific reason for your resignation reason may be considered in any ful Federal service and may also be usent compensation benefits. Your forw copies of any documents you should are entitled. ed under authority of sections 301, 3 abd 3301 authorize OPM and agence	on or retirement and ture decision regarding d to determine your arding address will be have or any pay or 301, and 8506 of title	regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administation 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; (3) any unemployment compensation benefits to 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.)									
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Co	de)				
PART F - Remarks	for SF 50								

Rev 7/91

U.S. Office of Personnel Management

REQUEST FOR PERSONNEL ACTION

Guide to Processing Personnel Actions, Chapter 4 (Also complete Part B, Items 1,7-22,32,33,36 and 39) PART A - Requesting Office 1. Actions Requested 2. Request Number 3. For Additional Information Call 4. Proposed Eff. Date 09-25-2011 (Name and Telephone Number) 5. Action Requested By (Typed Name, Title, Signature, and Request Date) 6. Action Authorized By (Typed Name, Title, Signature, and Date) PART B - For Preparation of SF 50 (Use only codes in The Guide to Personnel Data Standards. Show all dates in month-day-year order.) 4. Effective Date 09-25-2011 1. Name (Last, First, Middle) 2. Social Security Number 3. Date of Birth UNDERWOOD, LAUREN A FIRST ACTION (b)(6)SECOND CTION 5-A. Code 5-B. Nature of Action 6-B: Nature of Action 6-A. Code 980 CAN Change 5-C. Code 5-D. Legal Authority 6-C. Code 6-D. Legal Authority 5-E. Code 5-F. Legal Authority 6-E. Code 6-F. Legal Authority 7. FROM: Position Title and Number 15. TO: Position Title and Number Policy Coordinator Policy Coordinator PD: 10AA05 Position: 00244797 PD: 10AA05 Position: 00244797 8.Pay Plan GS 10.Grd/Lyl 16.Pay Plan GS 17.Occ, CD 18.Grd/Lvl 20, Tot. Salary/Award 9.Occ. CD 11.Step/Rate 12.Tot. Salary 13.Pay Basis 19.Step/Rate 21.Pay Basis 0301 10 \$67,114.00 0301 09 10 \$67,114.00 12B. Locality Adj. \$13,086.00 12C. Adj. Basic Pay \$67,114.00 20A. Basic Pay \$54,028.00 20B. Locality Adj. \$13,086.00 20C. Adj. Basic Pay \$67,114.00 12A. Basic Pay 12D. Other Pay 20D. Other Pay \$54,028.00 14. Name and Location of Position's Organization 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Office of the Secretary of Health and Human Services Immediate Office Of The Secretary Immediate Office Of The Secretary WASHINGTON DC USA WASHINGTON DC USA EMPLOYEE DATA 23. Véterans Preference 24. Tenure 25. Agency Use 26. Veterans Preference for RIF 3-10 Point/Disability 5-10 Point/Other 0-None 2-Conditional I-None (b)(6)(b)(6)4-10 Point/Compensable 2-5 Point 6-10 Point/Compensable/30% 1-Permanent 3-Indefinite 27. FEGLI 29. Pay Rate Determinant 28 Annuitant Indicator (b)(6)Not Applicable Regular Rate 30. Retirement Plan 31. Service Comp. Date (Leave) 32. Work Schedule 33. Part-Time Hours Per Biweekly Pay Period (b)(6)(b)(6)F Full Time POSITION DATA 35. FLSA Category 37. Bargaining Unit Status 34. Position Occupied 36. Appropriation Code 1-Competitive Service 3-SES General E-Exempt 21990362 8888 2-Excepted Service 4-SES Career Reserved N-Nonexempt 39. Duty Station 38. Duty Station Code (City-County-State or Overseas Location) 110010001 WASHINGTON Dist Columbia DC USA 40. Agency Data 41. 44 46. Yr. Degr. Aitd 2009 51. Supervisory Status 8 All Other 45. Edu. Lvl. 48. Func. Class 47. Acad. Discipl. 49. Citizenship 50. Veterans Status 513808 1-USA 8-Other (b)(6)PART C - Reviews and Approvals (Not to be used by requesting office.) 1. Office/Function Initials/Signature Date 1. Office/Function Initials/Signature Date A. B. E. C F Ap609v24bn2011 2. Approval: I certify that the information entered on this form is accurate and Signature the proprosed action is in compliance with statutory and regulatory requirements

Name: UNDERWOO				PAR Number:					
PART D - Remarks	by Requesting Office								
(Note to Supervisors: Do If ""YES"", ple	you know of additional or conflic ase state these facts on a separate	ting reasons for the empl sheet and attach to SF52	oyee's resignation/retirement).	YES NO					
Data Change									
PART E - Employe	e Resignation/Retirement								
a forwarding address. Your your re-employment in the eligibility for unemployment used primarily to mail you compensation to which you This information is request	h a specific reason for your resignative reason may be considered in any further federal service and may also be usent compensation benefits. Your forw copies of any documents you should are entitled. ed under authority of sections 301, 3 abd 3301 authorize OPM and agence	ion or retirement and ture decision regarding and to determine your tarding address will be all have or any pay or 3301, and 8506 of title	regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administation 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; (3) any unemployment compensation benefits to 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.)									
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Code)					
PART F - Remarks	for SF 50								
PART F - Remarks	for SF 50								

REQUEST FOR PERSONNEL ACTION

Standard Form 52 Rev 7/91

U.S. Office of Personnel Management

Action Req HACKL Supervis ART B Name (La UNDER	onal Informat					1,7-22,32,33,36					2. Rec	juest Number
HACKL Supervis ART B - Name (La UNDER		ion Call (Nan	ne and Telepho	one Number)								posed Eff. Date 2-18-2011
Name (La UNDER	5. Action Requested By (Typed Name, Title, Signature, and Request Date) HACKLEY, WENDY L 12-21-2011 Supervisory HR Specialist					6. Action Autho HACKLE Superviso	Y, WEN	DYL	Name, Title, Si	gnature, and Da	ate)	2-21-2011
UNDER	- For Pre	paration of	f SF 50	Use only codes	in The Guid	le to Personnel	Data Sta	ndards. Sh				
UNDERWOOD, LAUREN A FIRST ACTION						2. Social Secu (b)(6)	ity Numbe	er.	3. Date of B)(6)		2-18-2011
	CTION					SECOND ACTION						
A. Code 702	5-B. Nature Promo					6-A. Code 6-B. Nature of Action						
C. Code N6M		Authority 35,102 Cared promotion.				6-C. Code	6-D.	Legal Authority				
E, Code	5-F. Legal	Authority				6-E. Code	6-F. I	egal Authority				
	sition Title ar Coordinate A05		Position	n: 00244797	7	15. TO: Position Policy Co PD: 10AA	ordinate		Pos	sition: (002815	06
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	(b)(6)		06	-01-2010		F Full Time Pay Period						
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	ion Code					r Overseas Locati						
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Duty Stati 1100100 Agency D. Edu, Lvl. 17	46. Yr. I	2009		NAME OF STREET	sed by ream	esting office.)		-				
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Name: UNDERWOO				PAR Number:					
	by Requesting Office								
	you know of additional or conflic ase state these facts on a separate			?	YES NO				
Career Ladder Promo	otion								
PART E - Employee	e Resignation/Retirement								
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. This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 abd 3301 authorize OPM and agencies to issue Privacy Act Statement regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administation of unemployment compensation programs. The furnishing of this information is voluntary; however, failure to provide it may resul in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (3) any unemployment compensation benefits to which you may be entitled.									
1. 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.) 2. Effective Date 3. Your Signature 4. Date Signed 5. Forwarding Address (Number, Street, City, State, ZIP Code)									
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State	, ZIP Code)				
PART F - Remarks	for SF 50								
- Full performance	level of employee's pos	ition is GS-12.							

REQUEST FOR PERSONNEL ACTION Standard Form 52 Rev 7/91 U.S. Office of Personnel Management Guide to Processing Personnel Actions, Chapter 4 (Also complete Part B, Items 1,7-22,32,33,36 and 39) PART A - Requesting Office 1. Actions Requested 2. Request Number 3. For Additional Information Call (Name and Telephone Number) 4. Proposed Eff. Date 01-18-2012 5. Action Requested By (Typed Name, Title, Signature, and Request Date) 6. Action Authorized By (Typed Name, Title, Signature, and Date) PART B - For Preparation of SF 50 (Use only codes in The Guide to Personnel Data Standards. Show all dates in month-day-year order.) 1. Name (Last, First, Middle) 2. Social Security Number 3. Date of Birth 4. Effective Date UNDERWOOD, LAUREN A 01-18-2012 (b)(6)SECOND FIRST ACTION CTION 5-A. Code 5-B. Nature of Action 6-B. Nature of Action 6-A. Code Home Address Change 5-C. Code 5-D. Legal Authority 6-C. Code 6-D. Legal Authority 5-E. Code 5-F. Legal Authority 6-E. Code 6-F. Legal Authority 7. FROM: Position Title and Number 15. TO: Position Title and Number Policy Coordinator Policy Coordinator PD: 10AA06 Position: 00281506 PD: 10AA06 00281506 Position: 21.Pay Basis PA 8.Pay Plan GS 10.Grd/Lyl 12.Tot. Salary \$70,794.00 16.Pay Plan GS 18.Grd/Lvl 20.Tot. Salary/Award 9.Occ. CD 11.Step/Rate 13.Pay Basis 17.0cc, CD 19.Step/Rate 0301 0301 11 \$70,794.00 12B. Locality Adj. \$13,803.00 20A. Basic Pay \$56,991.00 20B. Locality Adj. \$13,803,00 20C. Adj. Basic Pay \$70,794.00 12A. Basic Pay 12C. Adj. Basic Pay 12D. Other Pay 20D. Other Pay \$56,991.00 \$70,794.00 14. Name and Location of Position's Organization 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA WASHINGTON DC USA EMPLOYEE DATA 23. Veterans Preference 24. Tenure 25. Agency Use 26. Veterans Preference for RIF 3-10 Point/Disability 5-10 Point/Other 0-None 2-Conditional I-None (b)(6)(b)(6)2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% 1-Permanent 3-Indefinite 27. FEGLI 29. Pay Rate Determinant 28 Annuitant Indicator (b)(6)Not Applicable Regular Rate 31. Service Comp. Date (Leave) 32. Work Schedule 30. Retirement Plan 33. Part-Time Hours Per Biweekly Pay Period (b)(6)06-01-2010 F Full Time POSITION DATA 35. FLSA Category 37. Bargaining Unit Status 34. Position Occupied 36. Appropriation Code 1-Competitive Service 3-SES General E-Exempt 21990362 8888 2-Excepted Service 4-SES Career Reserved N-Nonexempt 39. Duty Station 38. Duty Station Code (City-County-State or Overseas Location) 110010001 WASHINGTON Dist Columbia DC USA 40. Agency Data 41. 44

46. Yr. Degr. Aitd 2009

PART C - Reviews and Approvals

47. Acad. Discipl.

Initials/Signature

2. Approval: I certify that the information entered on this form is accurate and

513808

Date

45. Edu. Lvl.

A. B.

C

1. Office/Function

E.

F

(Not to be used by requesting office.)

48. Func. Class

1. Office/Function

Signature

49. Citizenship

1-USA 8-Other

Initials/Signature

50: Veterans Status

(b)(6)

Date

51. Supervisory Status 8 All Other

Applicat 8 n2012

Name: UNDERWOO	D,LAUREN A		PAR Number:						
PAKT D - Remarks	by Requesting Office								
	you know of additional or conflict ase state these facts on a separate			·	YES NO				
Payroll Related Action	on								
PART E - Employe	e Resignation/Retirement								
a forwarding address. Your your re-employment in the eligibility for unemploymen used primarily to mail you compensation to which you This information is requested	h a specific reason for your resignation reason may be considered in any ful Federal service and may also be usent compensation benefits. Your forw copies of any documents you should are entitled. ed under authority of sections 301, 3 abd 3301 authorize OPM and agence	on or retirement and ture decision regarding d to determine your arding address will be have or any pay or 301, and 8506 of title	regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administation 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; (3) any unemployment compensation benefits to which you may be entitled.						
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2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Co	de)				
PART F - Remarks	for SF 50								

REQUEST FOR PERSONNEL ACTION

Rev 7/91

U.S. Office of Personnel Management Guide to Processing Personnel Actions, Chapter 4

I. Actions R		anig Offic	(A	iso complete i	ari is, nems	1,1" au,04,00	ASO ANU S	2)				2. Re	quest Number
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			of SF 50	(Use only code	es in The Guid	de to Person	nnel Data	Stand	lards. Sh				
	RWOOD.	LAUREN	A			2. Social : (b)	Security Nu (6)	mber		3. Date of E	5)(6)		O4-17-2012
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-E, Code	E. Code 5-F. Legal Authority					6-E. Code	6	-F. Leg	al Authority				
FROM: P	osition Title a	nd Number				15. TO: Po:	sition Title a	and Nu	mber				
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. OWIGHTE	KAGRCE	Human	Resources	Specialist (LE LE	1. Office/Fo	unction		Initials/Sign	nature	Date		
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						E,					1111		
						P.							
Approva	d: I certify th	nat the inform	ation entered	on this form is	accurate and		Signature					A	p05v02n2012
the propr	osed action	is in complia	ice with statu	tory and regula	tory requireme						27.0		
CONTINU	UED ON RI	EVERSE SII)E			OVER			Edi	tions Prior to	7/91 Are No	ot Usable	After 6/30/93

Name: UNDERWOO				PAR Number:					
PART D - Remarks	s by Requesting Office								
(Note to Supervisors: Do If ""YES"", ple	you know of additional or conflic ase state these facts on a separate	ting reasons for the empl sheet and attach to SF52	oyee's resignation/retirement).	YES NO					
Individual Time Off									
PART E - Employe	e Resignation/Retirement								
a forwarding address. Your your re-employment in the eligibility for unemployme used primarily to mail you compensation to which you This information is request	h a specific reason for your resignative reason may be considered in any further federal service and may also be usent compensation benefits. Your forw copies of any documents you should a ree entitled. ed under authority of sections 301, 3 abd 3301 authorize OPM and agence	ion or retirement and ture decision regarding d to determine your arding address will be I have or any pay or 3301, and 8506 of title	regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administation 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; (3) any unemployment compensation benefits to which you may be entitled.						
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2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Code)					
PART F - Remarks	for SF 50								
PART F - Remarks	for SF 50								

Rev 7/91

U.S. Office of Personnel Management Guide to Processing Personnel Actions

REQUEST FO	R PERSONNEL	ACTION

	- Reques	sting Office		Iso complete	Part B, Items 1	1,7-22,32,33.	,36 and	39)				2. Re	quest Number
	ional Informa	tion Call (N	ame and Teleph	none Number)									oposed Eff. Date
5. Action Re	quested By	1000		Signature, and I	Request Date)	6. Action A	thorized	By	(Typed Na	me. Title, Si	ignature, and I		5-03-2012
	10,000	1124			4-30,-30,-	1, 400 - 100		-/			G		
	- For Pr		of SF 50	(Use only co	des in The Guid	le to Person 2. Social S				all dates i	in month-da		rder.) ffective Date
UNDER	RWOOD,	LAUREN.	A			(b)(6)				b)(6)		05-03-2012
5-A. Code	5-B, Natur	e of Action	0.002			6-A. Code		6-B. Nature of	of Action				
840		dual Cash A s-Based	Award RB										
5-C. Code		Authority				6-C. Code		6-D. Legal A	athority				
5-E, Code	5-F. Legal	Authority				6-E. Code	-	6-F. Legal A	uthority				
2111.2035						0.40.000							
	osition Title a Coordinat AA06		Positio	n: 00281	506	Policy PD: 10	Coordi	and Number nator		Po	sition:	002815	506
8.Pay Plan GS	9.Occ, CD 0301	10,Grd/Ly1 11	11.Step/Rate 05	12.Tot. Salary \$70,794.		16.Pay Plan GS	17.0cc 030		rd/Lvl 1	9.Step/Rate 05		ry/Award 82.00	21.Pay Basis
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30. Retireme			31. Service	e Comp. Date (Leave)	32. Work Sc	hedule					t-Time Ho Pay Perio	urs Per Biweekly
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34. Position 1-Co	Occupied	vice 3-SES Ger	neral eer Reserved	35. FLSA Car E-Exc E N-No		36. Appropr 219903		de				gaining U	nit Status
38. Duty Sta	tion Code		39. Du	ty Station (C	ity-County-State o	r Overseas Lo	cation)						
40. Agency I		41.	WA	SHINGTO 42.	N Dist Colu	mbia DC	USA	44.					
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Name: UNDERWOO	D,LAUREN A			PAR Number:	
PART D - Remarks	by Requesting Office				
(Note to Supervisors: Do If ""YES"", plea	you know of additional or conflic ase state these facts on a separate	ting reasons for the employ sheet and attach to SF52).	yee's resignation/retirement	?	YES NO
Individual Cash Awa *HE_AWARDS: Ins	ard RB erted via Mass Mask Empl	oyee Awards process			
PART E - Employe	e Resignation/Retirement				
TART E - Employe	e Resignation/Retirement				
a forwarding address. Your your re-employment in the eligibility for unemploymen used primarily to mail you compensation to which you This information is requested	h a specific reason for your resignative reason may be considered in any fur Federal service and may also be usent compensation benefits. Your forward copies of any documents you should are entitled. ed under authority of sections 301, 3 abd 3301 authorize OPM and agence	ture decision regarding d to determine your arding address will be that have or any pay or is 301, and 8506 of title	egulations with regard to em- ecords, while section 8506 re ermination of Federal service ion with administation of une	equires agencies to furnish the to the Secretary of Labor of employment compensation pation is voluntary; however, r copies of those documents u; (3) any unemployment co	he specific reason for or a State agency in connec- programs. , failure to provide it may result s you should have; (2) pay
Please be specific and	n/Retirement (NOTE: Your reason avoid generalizations. ment is effective at the end of the			nefits.	
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State	s, ZIP Code)
D. D. D. D.	A 073 = 0				
PART F - Remarks	for SF 50				

REQUEST FOR PERSONNEL ACTION Standard Form 52

	f Personnel M		ListWise 40										
		nel Actions, Clarifications of Christian Office		so complete Pa	art B, Items 1	1,7-22,32,33	,36 and	39)				The second	
1. Actions R												2. Re	equest Number
3. For Addit	tional Informa	tion Call (N	ame and Telepho	ne Number)									oposed Eff. Date 5-30-2012
	NG,ANT	ONETTE (es Specialis	0	ignature, and Req 05-30-20	uest Date) 12	6. Action A SEYM Budget	ORE, D	DAN		Name, Title, S	ignature, and	Date)	5-30-2012
PART B	- For Pr	eparation	of SF 50	Use only codes	s in The Guid	le to Person	mel Dat	a Sta		ow all dates			
	Last, First, Mi	ddle) LAUREN	٨			2. Social S (b)(Security N	lumbe	r	3. Date of	Birth (b)(6)		O5-30-2012
	ACTION	LAUKEN	Α			SECO		TIC	ON	-	(0)(0)		03-30-2012
5-A. Code 846		re of Action dual Time	Off			6-A. Code	- 1		Nature of Actio	at.			
5-C. Code 5-D. Legal Authority						6-C. Code 6-D.		Legal Authority					
5-E, Code	5-F. Legal	Authority				6-E. Code		6-F. I.	egal Authority				
	Position Title a Coordinat AA06		Position	: 0028150	06	Policy PD: 10.	Coordi			Po	sition:	00281	506
8.Pay Plan GS	9.0cc, CD 0301	10,Grd/Lyl 11	11.Step/Rate 05	12.Tot. Salary \$70,794.00	13.Pay Basis PA	16.Pay Plan	17.0cc 030		18.Grd/Lvl 11	19,Step/Rate 05	20,Tot. Sa 24.00	lary/Award	21.Pay Basis
12A. Basic 1 \$56,	Pay 991,00	12B. Locality \$13,80			D. Other Pay	20A. Basic \$50	Pay 5,991.0	00	20B. Locality \$13,80.		lj. Basic Pay 0,794.00	20D. Othe \$0	
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23. Veterans	A Printer of the Park of the P	LIA				24, Tenure			- 13	25. Agency Use	26. V	eterans Prefe	erence for RIF
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1-Co		rvice 3-SES Ge	neral reer Reserved	E-Exemp E N-Nonex	pt	36. Appropriation Code 21990362						37. Bargaining Unit Status 8888	
38. Duty Sta			39. Duty		County-State o	r Overseas Lo	cation)						
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I. OWORL	KAGRCE	FLEM		NEDGE 05-3	used by reque 30-2012	1. Office/Fu			Initials/Sig	nature	Date		
Α.				Specialist (L		D.							
В.						E.							
C						P.					1111		

2. Approval: I certify that the information entered on this form is accurate and

Signature

Approval Ba2012

Name: UNDERWOO				PAR Number:			
PART D - Remarks	s by Requesting Office						
(Note to Supervisors: Do If ""YES"", ple	you know of additional or conflic ase state these facts on a separate	ting reasons for the empl sheet and attach to SF52	oyee's resignation/retirement).	YES NO			
Individual Time Off							
PART E - Employe	e Resignation/Retirement						
a forwarding address. Your your re-employment in the eligibility for unemployme used primarily to mail you compensation to which you This information is request	h a specific reason for your resignative reason may be considered in any further federal service and may also be usent compensation benefits. Your forw copies of any documents you should a ree entitled. ed under authority of sections 301, 3 abd 3301 authorize OPM and agence	ion or retirement and ture decision regarding and to determine your tarding address will be at have or any pay or 3301, and 8506 of title	regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administation 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; (3) any unemployment compensation benefits to which you may be entitled.				
Reasons for Resignation Please be specific and	on/Retirement (NOTE: Your reason	ns are used in determinin	g possible unemployment be	nefits.			
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Code)			
PART F - Remarks	for SF 50						
PART F - Remarks	for SF 50						

REQUEST FOR PERSONNEL ACTION

Rev 7/91

U.S. Office of Personnel Management Guide to Processing Personnel Actions, Chapter 4

	lequested							2. Request Number			
For Addit	ional Informat	ion Call (Nam	e and Teleph	none Number)				4. Proposed Eff. Date 06-03-2012			
. Action Re	equested By	(Typed M	Name, Title,	Signature, and Request Date	6. Action Author	ized By (Ty	ped Name, Title, Sig				
PART B	- For Pre	paration of	SF 50	(Use only codes in The	Guide to Personnel	Data Standards.	Show all dates in	month-day-year order.)			
. Name (I	Last, First, Mic	fdle)			2. Social Secur		3. Date of Bi				
UNDER	RWOOD,I ACTION	LAUREN A	_		(b)(6) SECOND	ACTION	(b)(6) 06-03-2012			
-A. Code	5-B, Nature	e of Action			6-A. Code	6-B. Nature of A	ction				
800	Chg in	Data Eleme	nt		100						
-C. Code	5-D. Legal	Authority			6-C. Code	C. Code 6-D. Legal Authority					
CGM 5 U.S.C. 552a(e)(5), Accu											
racy of personnel actions -E. Code 5-F. Legal Authority					6-E. Code	6-F. Legal Autho	rity				
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	osition Title ar					Title and Number					
Policy C PD: 10	Coordinate AA06	or	Positio	n: 00281506	Policy Coo PD: 10AA	ordinator 06	Pos	ition: 00281506			
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ame: UNDERWOOD,LAUREN A PAR Number:											
	by Requesting Office										
(Note to Supervisors: Do If ""YES"", plea	you know of additional or conflic ase state these facts on a separate	ting reasons for the emplo sheet and attach to SF52).	yee's resignation/retirement	?	YES NO						
Payroll Related Action	on										
PART E - Employee Resignation/Retirement											
Privacy Act 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 Privacy Act Statement regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administation of unemployment compensation programs. The furnishing of this information is voluntary; however, failure to provide it may result											
-	ed under authority of sections 301, 3	3301, and 8506 of title		-							
This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 abd 3301 authorize OPM and agencies to issue or other compensation due you; (3) any unemployment compensation benefits to which you may be entitled. 1. 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.)											
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State	e, ZIP Code)						
	ū										
PART F - Remarks	for SF 50										
- Changes data elem	ment in block 48.										

Standard Form 52 Rev 7/91

REQUEST FOR PERSONNEL ACTION

U.S.	Office of	Personnel	Management	
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Guide to Processing Personnel Actions, Chapter 4
PART A - Requesting Office (Also complete Part B, Items 1,7-22,32,33,36 and 39) 1. Actions Requested 2. Request Number 4. Proposed Eff. Date 09-23-2012 3. For Additional Information Call (Name and Telephone Number) 5. Action Requested By (Typed Name, Title, Signature, and Request Date) 6. Action Authorized By (Typed Name, Title, Signature, and Date) PART B - For Preparation of SF 50 (Use only codes in The Guide to Personnel Data Standards. Show all dates in month-day-year order.) 1. Name (Last, First, Middle) 2. Social Security Number 3. Date of Birth 4. Effective Date UNDERWOOD, LAUREN A FIRST ACTION 09-23-2012 (b)(6)(b)(6)SECOND CTION 5-A. Code 5-B. Nature of Action 6-B: Nature of Action 6-A. Code 980 CAN Change 5-C. Code 5-D. Legal Authority 6-C. Code 6-D. Legal Authority 5-E. Code 5-F. Legal Authority 6-E. Code 6-F. Legal Authority 7. FROM: Position Title and Number 15. TO: Position Title and Number Policy Coordinator Policy Coordinator PD: 10AA06 Position: 00281506 PD: 10AA06 00281506 Position: 21.Pay Basis PA 8.Pay Plan GS 10.Grd/Lyl 12.Tot. Salary \$70,794.00 16.Pay Plan GS 18.Grd/Lvl 20, Tot. Salary/Award 9.Occ. CD 11.Step/Rate 13.Pay Basis 17.0cc, CD 19.Step/Rate 0301 11 0301 11 05 \$70,794.00 12B. Locality Adj. \$13,803.00 20A. Basic Pay 20B. Locality Adj. \$13,803,00 20C. Adj. Basic Pay \$70,794.00 12A. Basic Pay 12C. Adj. Basic Pay 12D. Other Pay 20D. Other Pay \$56,991.00 \$70,794.00 \$56,991.00 14. Name and Location of Position's Organization 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA WASHINGTON DC USA EMPLOYEE DATA 23. Veterans Preference 24. Tenure 25. Agency Use 26. Veterans Preference for RIF 3-10 Point/Disability 5-10 Point/Other 0-None I-None 2-Conditional (b)(6)(b)(6)2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% 1-Permanent 3-Indefinite 27 FEGLI 28. Annuitant Indicator 29. Pay Rate Determinant (b)(6)Not Applicable Regular Rate 30. Retirement Plan 31. Service Comp. Date (Leave) 32. Work Schedule 33. Part-Time Hours Per Biweekly Pay Period (b)(6)(b)(6)F Full Time POSITION DATA 34. Position Occupied 35. FLSA Category 37. Bargaining Unit Status 36. Appropriation Code 1-Competitive Service 3-SES General E-Exempt 31990362 8888 2-Excepted Service 4-SES Career Reserved N-Nonexempt 39. Duty Station 38. Duty Station Code (City-County-State or Overseas Location) 110010001 WASHINGTON Dist Columbia DC USA 40. Agency Data 41. 44. 46. Yr. Degr. Aitd 2009 51. Supervisory Status 8 All Other 45. Edu. Lvl. 48. Func. Class 49. Citizenship 50. Veterans Status X Non Ve 47. Acad. Discipl. 513808 1-USA 8-Other Non Vet PART C - Reviews and Approvals (Not to be used by requesting office.) 1. Office/Function Initials/Signature Date 1. Office/Function Initials/Signature Date A. B. E. C F Ap 00 2 2 2 2012 2. Approval: I certify that the information entered on this form is accurate and Signature

Name: UNDERWOO				PAR Number:
PART D - Remarks	by Requesting Office			
(Note to Supervisors: Do If ""YES"", ple	you know of additional or conflic ase state these facts on a separate	ting reasons for the empl sheet and attach to SF52	oyee's resignation/retirement).	YES NO
Data Change				
PART E - Employe	e Resignation/Retirement			
a forwarding address. Your your re-employment in the eligibility for unemployment used primarily to mail you compensation to which you This information is request	h a specific reason for your resignative reason may be considered in any further federal service and may also be usent compensation benefits. Your forw copies of any documents you should are entitled. ed under authority of sections 301, 3 abd 3301 authorize OPM and agence	ture decision regarding and to determine your sarding address will be at have or any pay or 3301, and 8506 of title	regulations with regard to em records, while section 8506 re termination of Federal service tion with administation of une The furnishing of this inform- in your not receiving: (1) you	ployment of individuals in the Federal service and their equires agencies to furnish the specific reason for to the Secretary of Labor or a State agency in connectional compensation programs. It is a soluntary; however, failure to provide it may result recopies of those documents you should have; (2) pay u; (3) any unemployment compensation benefits
Reasons for Resignatio Please be specific and	n/Retirement (NOTE: Your reason	ns are used in determinin	g possible unemployment be	nefits.
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Code)
PART F - Remarks	for SF 50			
PART F - Remarks	for SF 50			

Rev 7/91

REQUEST FOR PERSONNEL ACTION

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Actions R	equested												2.	Request Number
For Addit	ional Informat	ion Call (N	ame and Tele	ephone N	umber)								4.	Proposed Eff. Date 11-29-2012
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		LAUREN.	A				(b)(6		nber	3. Da	te of Bir (b)			4. Effective Date 11-29-2012
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-C. Code 5-D. Legal Authority						6-C. Code	6-1	D. Legal Author	ity					
-E, Code	5-F. Legal	Authority					6-E. Code	6-1	F. Legal Authori	ty				
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2A. Basic I \$56,	Pay 991,00	12B. Locality \$13,80		Adj. Bas \$70,79		2D. Other Pay \$0	20A. Basic P \$56	² ay ,991.00	20B. Localit \$13,80			Basic Pay 794.00		Other Pay \$0
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Name: UNDERWOO				PAR Number:
PART D - Remarks	s by Requesting Office			
(Note to Supervisors: Do If ""YES"", ple	you know of additional or conflic ase state these facts on a separate	ting reasons for the empl sheet and attach to SF52	oyee's resignation/retirement).	YES NO
Individual Time Off				
PART E - Employe	e Resignation/Retirement			
a forwarding address. Your your re-employment in the eligibility for unemployme used primarily to mail you compensation to which you This information is request	h a specific reason for your resignative reason may be considered in any further federal service and may also be usent compensation benefits. Your forw copies of any documents you should a ree entitled. ed under authority of sections 301, 3 abd 3301 authorize OPM and agence	ture decision regarding d to determine your arding address will be I have or any pay or 3301, and 8506 of title	regulations with regard to em- records, while section 8506 re- termination of Federal service tion with administation of une The furnishing of this informa- in your not receiving: (1) you	ployment of individuals in the Federal service and their quires agencies to furnish the specific reason for to the Secretary of Labor or a State agency in connecmployment compensation programs. It tion is voluntary; however, failure to provide it may result recipies of those documents you should have; (2) pay u; (3) any unemployment compensation benefits
Reasons for Resignation Please be specific and	on/Retirement (NOTE: Your reason	ns are used in determinin	g possible unemployment be	nefits.
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Code)
PART F - Remarks	for SF 50			
PART F - Remarks	for SF 50			

Rev 7/91 U.S. Office of Personnel Management

R	ΕQ	UEST	FOR	PERSONNEL ACTION

	- Reques	ting Offic		so complete I	art B, Items I	,7-22,32,33,	36 and	39)				2. Rec	quest Number
3. For Additi	ional Informa	tion Call (N	ame and Telepho	one Number)									posed Eff. Date 2-16-2012
5. Action Re	quested By	(Туре	d Name, Title, S	ignature, and Re	quest Date)	6. Action Au	thorized	Ву	(Typed	Name, Title, Si	gnature, and	Date)	
			of SF 50	Use only code	es in The Guid					ow all dates i			
	ast, First, Mic	ddle) LAUREN .	A			2. Social So (b)(6		Number		3. Date of F)(6)		fective Date 2-16-2012
FIRST ACTION						SECOND ACTION					2 10 2012		
5-A. Code 702 S-B. Nature of Action Promotion						6-A. Code		6-B. N	ature of Actio	ıı.			
5-C. Code N6M		Authority 35,102 Car promotion				6-C. Code		6-D. L.	egal Authority				
5-E, Code	5-F. Legal					6-E. Code		6-F. Le	egal Authority				
	osition Title a Coordinate AA06		Position	: 002815	06	15. TO: Posi Policy O PD: 10/	Coord			Po	sition:	002982	70
8.Pay Plan GS	9.0cc, CD 0301	10.Grd/Ly1 11	11.Step/Rate 05	12.Tot. Salary \$70,794.0	O PA Basis	16.Pay Plan GS	17.0cc 030		18.Grd/L,v1 12	19.Step/Rate 02	20.Tot. Sal \$77,	ary/Award 368.00	21.Pay Basis PA
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40. Agency I	Data	41.		42.	43.			44.					
45. Edu, Lvl. 17	1000	2009	7. Acad. Discipl 513808			48, Func, C 00		49.	Citizenship 1-USA		terans Status (b)(6)	51 8	Supervisory Status All Other
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			nation entered nce with status		accurate and tory requireme		Signatuı	e				Ap	d.2val Da2012

Name: UNDERWOO				PAR Number:
PART D - Remarks	by Requesting Office			
	you know of additional or conflic ase state these facts on a separate			YES NO
Career Ladder Prom	otion			
DA DO C				
PARI E - Employe	e Resignation/Retirement			
You are requested to furnisi	h a specific reason for your resignati	Privacy Act S		ployment of individuals in the Federal service and their
a forwarding address. Your your re-employment in the eligibility for unemploymen used primarily to mail you compensation to which you This information is requested.	reason may be considered in any fur Federal service and may also be use and compensation benefits. Your forw copies of any documents you should	ture decision regarding d to determine your arding address will be I have or any pay or 3301, and 8506 of title	records, while section 8506 retermination of Federal service tion with administation of una The furnishing of this information of the furnishing of this information your not receiving: (1) you	equires agencies to furnish the specific reason for e to the Secretary of Labor or a State agency in connecemployment compensation programs. ation is voluntary; however, failure to provide it may result or copies of those documents you should have; (2) payou; (3) any unemployment compensation benefits
Please be specific and	n/Retirement (NOTE: Your reason avoid generalizations. ment is effective at the end of the			nefits.
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Code)
PART F - Remarks	for SF 50			
TAKIT - Kelliai Ks	101 51 50			
- Position is at t	he full performance leve	l or hand		
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REQUEST FOR PERSONNEL ACTION

Sta	ndard	Form	5.
	See See 5		

Rev 7/91 U.S. Office of Personnel Management

1. Actions Requested											quest Number	
For Addit	tional Informa	tion Call (N	ame and Telepl	hone Number)							4. Pro 0	oposed Eff. Date 8-23-2013
. Action Re	equested By	(Type	d Name, Title,	Signature, and F	(equest Date)	6. Action Author	rized By	(Type	d Name, Title, S	signature, and		
ARTB	- For Pro	eparation	of SF 50	(Lise only co	des in The Guid	le to Personnel	Data Sta	indards. Sl	now all dates	in month-d	av-vear o	rder.)
Name (I	Last, First, Mi	ddle)				2. Social Secu			3. Date of	Birth	4. E	ffective Date
UNDE	RWOOD,	LAUREN	<u>A</u>			(b)(6)	A PROPERTY.	ON	(b)(6)		08-23-2013
A. Code 5-B. Nature of Action						SECOND ACTION 6-A. Code 6-B. Nature of Action						
Individual Time Off						orn code		Trucket (M. Precis	an .			
C. Code 5-D. Legal Authority						6-C. Code	6-D.	Legal Authorit	ý			
E. Code	5-F. Legal	Authority				6-E. Code	6-F. I	Legal Authority	(= -			
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	Coordinate		Positio	n: 00298	270	Policy Co PD: 10AA	ordinate		Po	sition:	002982	270
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Name: UNDERWOO	D,LAUREN A			PAR Number:	
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PARI E - Employe	e Resignation/Retirement				
a forwarding address. Your your re-employment in the eligibility for unemploymen used primarily to mail you compensation to which you This information is requested.	h a specific reason for your resignati reason may be considered in any ful Federal service and may also be use in compensation benefits. Your forw copies of any documents you should are entitled. ed under authority of sections 301, 3 abd 3301 authorize OPM and agence	ture decision regarding d to determine your arding address will be I have or any pay or 3301, and 8506 of title	regulations with regard to em records, while section 8506 re termination of Federal service tion with administation of une	equires agencies to furnish the to the Secretary of Labor or employment compensation pration is voluntary; however, for copies of those documents y	e specific reason for a State agency in connec- ograms. ailure to provide it may result you should have; (2) pay
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2.5%				A. J. G. G. G.	
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State,	ZIP Code)
PART F - Remarks	for SF 50				

Rev 7/91

REQUEST FOR PERSONNEL ACTION

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	lequested	ung Ome	(21)	so complete Part B, Items	ty/-wwicejooriou ii	uu 22)				2. Re	quest Number
3. For Additi	ional Informat	ion Call (N	ame and Telepho	ne Number)						4. Pr	oposed Eff. Date 9-22-2013
5. Action Rec	equested By	(Type	ed Name, Title, Si	gnature, and Request Date)	6. Action Authori	zed By	(Typed	Name, Title, Si	gnature, and D		9-22-2013
			of SF 50 (Use only codes in The Guid				ow all dates i			
UNDER	Last, First, Mic RWOOD, I	LAUREN	A		2. Social Securi (b)(6)	y Number		3. Date of E	0)(6)		O9-22-2013
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5-C. Code	5-D. Legal	Authority			6-C. Code	6-D. 1.	egal Authority				
5-E, Code	5-F. Legal	Authority			6-E. Code	6-F. La	egal Authority	-			
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Policy C PD: 10A	Coordinate AA07	or	Position	: 00298270	Policy Coo PD: 10AA	rdinator		Po	sition:	002982	270
8.Pay Plan GS	9.0cc, CD 0301	10.Grd/Lyl 12	11.Step/Rate 02	12.Tot. Salary \$77,368.00 PA		Oce, CD 301	18.Grd/Lv1 12	19.Step/Rate 02	20.Tot, Salar \$77,3	y/Award 58.00	21.Pay Basis PA
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Name: UNDERWOO				PAR Number:						
PART D - Remarks	by Requesting Office									
(Note to Supervisors: Do If ""YES"", ple	you know of additional or conflic ase state these facts on a separate	ting reasons for the empl sheet and attach to SF52	oyee's resignation/retirement).	YES NO						
Data Change										
PART E - Employe	e Resignation/Retirement									
a forwarding address. Your your re-employment in the eligibility for unemployment used primarily to mail you compensation to which you This information is request	ed under authority of sections 301, 3	ture decision regarding and to determine your sarding address will be at have or any pay or 3301, and 8506 of title	regulations with regard to em records, while section 8506 re termination of Federal service tion with administation of une The furnishing of this information your not receiving: (1) you or other compensation due you	ployment of individuals in the Federal service and their equires agencies to furnish the specific reason for to the Secretary of Labor or a State agency in connectional compensation programs. It is a soluntary; however, failure to provide it may result recopies of those documents you should have; (2) pay u; (3) any unemployment compensation benefits						
This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 abd 3301 authorize OPM and agencies to issue or other compensation due you; (3) any unemployment compensation benefits to which you may be entitled. 1. 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.)										
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Code)						
PART F - Remarks	for SF 50									
PART F - Remarks	for SF 50									

REQUEST FOR PERSONNEL ACTION

Rev 7/91

U.S. Office of Personnel Management

Guide to Processing Personnel Actions, Chapter 4

(Also complete Part B, Items 1,7-22,32,33,36 and 39) PART A - Requesting Office 1. Actions Requested 2. Request Number 4. Proposed Eff. Date 12-15-2013 3. For Additional Information Call (Name and Telephone Number) 5. Action Requested By (Typed Name, Title, Signature, and Request Date) 6. Action Authorized By (Typed Name, Title, Signature, and Date) PART B - For Preparation of SF 50 (Use only codes in The Guide to Personnel Data Standards. Show all dates in month-day-year order.) 1. Name (Last, First, Middle) 2. Social Security Number 3. Date of Birth 4. Effective Date UNDERWOOD, LAUREN A 12-15-2013 (b)(6)(b)(6)SECOND FIRST ACTION CTION 5-A. Code 5-B. Nature of Action 6-B. Nature of Action 6-A. Code Within-range Increase Provided on Regular Cycle 893 5-D. Legal Authority Reg 531,404. Within 5-C. Code 5-C Code 6-D. Legal Authority Q7M grade increase. 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 Policy Coordinator Policy Coordinator PD: 10AA07 00298270 PD: 10AA07 Position: Position: 00298270 8.Pay Plan GS 10.Grd/Lyl 16.Pay Plan GS 18.Grd/Lvl 20, Tot. Salary/Award 21.Pay Basis PA 9.Occ. CD 11.Step/Rate 12.Tot. Salary 13.Pay Basis 17.0cc, CD 19.Step/Rate 0301 02 \$77,368.00 0301 12 03 \$79,864.00 12A. Basic Pay \$62,283,00 12B. Locality Adj. \$15,085.00 12C. Adj. Basic Pay \$77,368.00 20A. Basic Pay \$64,292.00 20B. Locality Adj. \$15,572,00 12D. Other Pay 20C. Adj. Basic Pay 20D. Other Pay \$79,864.00 22. Name and Location of Position's Organization 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA WASHINGTON DC USA EMPLOYEE DATA 23. Veterans Preference 24. Tenure 25. Agency Use 26. Veterans Preference for RIF 3-10 Point/Disability 5-10 Point/Other 0-None I-None 2-Conditional (b)(6)(b)(6)2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% 1-Permanent 3-Indefinite 27. FEGLI 28. Annuitant Indicator 29. Pay Rate Determinant (b)(6)Not Applicable Regular Rate 30. Retirement Plan 31. Service Comp. Date (Leave) 32. Work Schedule 33. Part-Time Hours Per Biweekly Pay Period (b)(6)(b)(6)F Full Time POSITION DATA 35. FLSA Category 37. Bargaining Unit Status 34. Position Occupied 36. Appropriation Code 1-Competitive Service 3-SES General E-Exempt 41990362 8888 2-Excepted Service 4-SES Career Reserved N-Nonexempt 39. Duty Station 38. Duty Station Code (City-County-State or Overseas Location) 110010001 WASHINGTON Dist Columbia DC USA 40. Agency Data 41. 44 46. Yr. Degr. Aitd 2009 51. Supervisory Status 8 All Other 45. Edu. Lvl. 48. Func. Class 47. Acad. Discipl. 49. Citizenship 50. Veterans Status 513808 1-USA 8-Other (b)(6) PART C - Reviews and Approvals (Not to be used by requesting office.) 1. Office/Function Initials/Signature Date 1. Office/Function Initials/Signature Date A. D B. E. C F 2. Approval: I certify that the information entered on this form is accurate and Appliaval 5m2013 Signature

Name: UNDERWOO				PAR Number:
PART D - Remarks	by Requesting Office			
(Note to Supervisors: Do If ""YES"", ple	you know of additional or conflic ase state these facts on a separate	ting reasons for the emplo sheet and attach to SF52).	yee's resignation/retirement	t? YES NO
WITHIN GRADE II Automatic Within G	NCREASE rade Increase Processed			
PART E - Employe	e Resignation/Retirement			
		Privacy Act 8		
a forwarding address. Your your re-employment in the eligibility for unemploymen used primarily to mail you compensation to which you This information is request	h a specific reason for your resignati reason may be considered in any fur Federal service and may also be use it compensation benefits. Your forw copies of any documents you should are entitled. ed under authority of sections 301, 3 abd 3301 authorize OPM and agence	ture decision regarding d to determine your arding address will be have or any pay or 301, and 8506 of title	records, while section 8506 retermination of Federal service tion with administation of una The furnishing of this information of the furnishing of this information your not receiving: (1) you	uployment of individuals in the Federal service and their equires agencies to furnish the specific reason for e to the Secretary of Labor or a State agency in connecemployment compensation programs. ation is voluntary; however, failure to provide it may result ar copies of those documents you should have; (2) pay bu; (3) any unemployment compensation benefits
Please be specific and	on/Retirement (NOTE: Your reason avoid generalizations. ment is effective at the end of the			nefits.
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Code)
PART F - Remarks	for SF 50			
- Work performance	is at an acceptable leve	el of competence.		

REQUEST FOR PERSONNEL ACTION

Rev 7/91

U.S. Office of Personnel Management

Guide to Processing Personnel Actions, Chapter 4 (Also complete Part B, Items 1,7-22,32,33,36 and 39) PART A - Requesting Office 1. Actions Requested 2. Request Number 3. For Additional Information Call (Name and Telephone Number) 4. Proposed Eff. Date 01-12-2014 5. Action Requested By (Typed Name, Title, Signature, and Request Date) 6. Action Authorized By (Typed Name, Title, Signature, and Date) PART B - For Preparation of SF 50 (Use only codes in The Guide to Personnel Data Standards. Show all dates in month-day-year order.) 1. Name (Last, First, Middle) 2 Social Security Number 3. Date of Birth 4. Effective Date UNDERWOOD, LAUREN A FIRST ACTION (b)(6)01-12-2014 (b)(6)SECOND ACTION 5-A. Code 5-B. Nature of Action 6-A. Code 6-B. Nature of Action 894 Gen Adj 5-D. Legal Authority Reg 531,207 5-C. Code 6-C. Code 6-D. Legal Authority **QWM** 5-F. Legal Authority EO 13655 dated December 5-E. Code 6-E. Code 6-F. Legal Authority ZLM 7. FROM: Position Title and Number 15. TO: Position Title and Number Policy Coordinator Policy Coordinator PD: 10AA07 00298270 PD: 10AA07 Position: Position: 00298270 8.Pay Plan GS 10.Grd/Lyl 16.Pay Plan GS 18.Grd/Lvl 20. Tot. Salary/Award 21.Pay Basis PA 9.Occ. CD 11.Step/Rate 12.Tot. Salary 13.Pay Basis 17.0cc, CD 19.Step/Rate 0301 \$79,864.00 0301 12 03 \$80,662.00 12A. Basic Pay \$64,292.00 12B. Locality Adj. \$15,572.00 20A. Basic Pay \$64,935.00 20B. Locality Adj. \$15,727.00 12C. Adj. Basic Pay 12D, Other Pay 20C. Adj. Basic Pay 20D. Other Pay \$79,864.00 \$80,662.00 22. Name and Location of Position's Organization 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA WASHINGTON DC USA EMPLOYEE DATA 23. Veterans Preference 24. Tenure 25. Agency Use 26. Veterans Preference for RIF 3-10 Point/Disability 5-10 Point/Other 0-None I-None 2-Conditional (b)(6)(b)(6)2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% 1-Permanent 3-Indefinite 27 FEGLI 29. Pay Rate Determinant 28 Annuitant Indicator (b)(6)Not Applicable Regular Rate 30. Retirement Plan 32. Work Schedule 31. Service Comp. Date (Leave) 33. Part-Time Hours Per Biweekly Pay Period (b)(6)(b)(6)F Full Time POSITION DATA 34. Position Occupied 35. FLSA Category 37. Bargaining Unit Status 36. Appropriation Code 1-Competitive Service 3-SES General E-Exempt 41990362 8888 2-Excepted Service 4-SES Career Reserved N-Nonexempt 38. Duty Station Code 39. Duty Station (City-County-State or Overseas Location) 110010001 WASHINGTON Dist Columbia DC USA 40. Agency Data 41. 44 46. Yr. Degr. Aitd 2009 51 Supervisory Status 8 All Other 45. Edu. Lvl. 48. Func. Class 47. Acad. Discipl. 49. Citizenship 50. Veterans Status 513808 1-USA 8-Other (b)(6)PART C - Reviews and Approvals (Not to be used by requesting office.) 1. Office/Function Initials/Signature Date 1. Office/Function Initials/Signature Date A. D B. E. C F Applicat Dazo14 2. Approval: I certify that the information entered on this form is accurate and Signature

	Name: UNDERWOOD,LAUREN A PAR Number:								
PART D - Remarks	by Requesting Office								
	you know of additional or conflic ase state these facts on a separate		yee's resignation/retiremen	?	YES NO				
Adjustment									
PART E - Employe	e Resignation/Retirement								
		Privacy Act 8							
a forwarding address. Your your re-employment in the	h a specific reason for your resignat reason may be considered in any fu Federal service and may also be use	ture decision regarding ed to determine your	records, while section 8506 re	equires agencies to furnish	n the Federal service and their n the specific reason for r or a State agency in connec-				
	nt compensation benefits. Your forw copies of any documents you should		tion with administation of un-		n programs. er, failure to provide it may result				
compensation to which you	are entitled.	i	n your not receiving: (1) you or other compensation due yo	r copies of those documen	nts you should have; (2) pay				
-	ed under authority of sections 301, 3 abd 3301 authorize OPM and agend		to which you may be entitled		compensation benefits				
	on/Retirement (NOTE: Your reaso	ns are used in determining	possible unemployment be	nefits.					
Please be specific and Your resignation/retires	avoid generalizations. ment is effective at the end of the	day - midnight - unless yo	u specify otherwise.)						
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, Sta	ate, ZIP Code)				
PART F - Remarks	for SF 50								
- Calary includes a lee	anlity-based payment of 24 22%	(in block 20D)							
	cality-based payment of 24.22% as authorized by E.O. 1		3						

REQUEST FOR PERSONNEL ACTION

Rev 7/91

Actions R	Requested	sting Offic		iso complete		1,7-22,32,33,		32)					2. Re	quest Number
For Addit	tional Informa	tion Call (N	lame and Teleph	none Number)										oposed Eff. Date 1-12-2014
. Action Re	equested By	(Туре	ed Name, Title,	Signature, and	Request Date)	6. Action Au	thorized	Ву	(Typed N	Vame, Titl	e, Signa	ature, and	_	1-12-2014
			of SF 50	(Use only co	des in The Gui	de to Person	nel Data	a Standard	s. Sho					
	Last, First, Mi RWOOD.	iddle) LAUREN	A			2, Social S (b)(umber		3. Date	of Birth (b)(6			O1-12-2014
TRST	ACTION			SECOND ACTION										
-A. Code 002	Correc	re of Action Ction					6-B. Nature Gen Ad	1-136-114						
-C. Code	Code 5-D. Legal Authority					6-C. Code QWM		6-D. Legal A Reg 531						
-E, Code	5-F. Legal	Authority				6-E. Code ZLM		6-F. Legal A EO 136 23, 201	55 date	d Dece	mbe	Ċ'		
	Position Title a Coordinat AA07		Positio	n: 00298	3270	Policy OPD: 10A	Coordi	and Number			Posit	ion:	002983	270
Pay Plan GS	9.0cc, CD 0301	10.Grd/Lyl 12	11.Step/Rate 03	12.Tot. Salar \$80,662		GS 16.Pay Plan	17.0cc, 0301		rd/Lvl 12	19.Step/F 03	tate 2		ary/Award 562.00	21.Pay Basis PA
2A. Basic 1 \$64,	Pay 935,00	12B. Locality \$15,72		dj. Basic Pay 80,662.00	12D, Other Pay \$0	20A. Basic I \$64	Pay 1,935.0	0 20B. I	ocality A 15,727.			asic Pay 62.00	20D. Oth \$0	
						Immedi	iate Of	fice Of T	he Sec	retary				
	INGTON	DC USA						ON DC U		retary		·		
3. Veterans 1-No 2-5	OYEE DA s Preference one 3-			10 Point/Other 10 Point/Comp		WASHI	INGTO	2-Condition 3-Indefinite	SA 25	. Agency	Use		(b)	
MPLC 3. Veterans (6) 1-No 2-5) 7. FEGLI	S Preference one 3- Point 4-	TA 10 Point/Disabi				WASHI 24. Tenure 0-Non	INGTO	2-Condition 3-Indefinite	SA 25		Use			6)
MPLC 3. Veterans (6) 1-No 2-5) 7. FEGLI	S Preference one 3- Point 4-	TA 10 Point/Disabi	ensable 6-	10 Point/Comp	ensable/30%	24. Tenure 0-Non 1 1-Perr 28. Annuitar	INGTO	2-Condition 3-Indefinite	SA 25		Use	29. Pa	(b)(Rate Dete Regula	6) erminant er Rate
MPLC 3. Veterans 1-No 2-5 j 7. FEGLI D. Retireme	by EE DA s Preference one 3- Point 4 (b)(6) ent Plan (b)(6)	aTA 10 Point/Disabi 10 Point/Compo	ensable 6-		ensable/30%	24. Tenure 0-Non 1 1-Perr 28. Annuitar 9 N 32. Work Sc	INGTO	2-Condition 3-Indefinition	SA 25		Use	29. Pa	(b)(Rate Dete Regula	6) erminant ur Rate urs Per Biweekly
2.5 (a) Retirement 4. Position	(b)(6) ON DAT Occupied	ATA 10 Point/Disabi 10 Point/Compo	31. Service	to Point/Comp re Comp. Date (6-01-2010	(Leave)	24. Tenure 0-Non 1 1-Perr 28. Annuitar 9 N 32. Work Sc	INGTO	2-Condition 3-Indefinition plicable	SA 25		Use	29. Pa 0 33. Pa	(b) Rate Dete Regula rt-Time Ho	6) erminant er Rate urs Per Biweekly d
2.5 1-No 1-No 2-5 7. FEGL1 1-Co	(b)(6) ON DAT Occupied	A rvice 3-SES Ge	31. Service Of	e Comp. Date (6-01-2010) 35. FLSA Ca E-Ex N-No	ensable/30%	24. Tenure 1	INGTO	2-Condition 3-Indefinition plicable	SA 25		Use	29. Pa 0 33. Pa 37. Ba	(b)(y Rate Dete Regula rt-Time Ho Pay Perio	6) erminant er Rate urs Per Biweekly d
2.5 J. Veterans (1-N. 2-5) (6) 1-N. 2-5 J. 7. FEGLI (1-N. 2-5) (1-	(b)(6) ent Plan (b)(6) Occupied ompetitive Serviceation Code	A rvice 3-SES Ge	31. Service 00 meral reer Reserved 39. Du	e Comp. Date (6-01-2010 35. FLSA Ca E-Ex E-N-No ty Station (C	casable/30% (Leave) alegory campt beexempt city-County-State of	24. Tenure 0-Non 1 1-Perr 28. Annuitar 9 N 32. Work Sc F F 36. Appropri	ne manent at Indicate Not Apprhedule Full Timitation Coc 62	2-Condition 3-Indefinition plicable	SA 25		Use	29. Pa 0 33. Pa 37. Ba	(b)(y Rate Determined Pay Perior rgaining U	6) erminant er Rate urs Per Biweckly d
MPLC 3. Veterans ()(6) 1-N 2-51 7. FEGLI 3. Retirement 4. Position 1-Cc 1 2-Ex 8. Duty Sta 110010	(b)(6) ent Plan (b)(6) Occupied ompetitive Serviceation Code	A rvice 3-SES Ge	31. Service 00 meral reer Reserved 39. Du	e Comp. Date (6-01-2010 35. FLSA Ca E-Ex E-N-No ty Station (C	Leaves	WASHI 24. Tenure 0-Non 1 -Perr 28. Annuitar 9 N 32. Work Sc F F 36. Appropri 419903 or Overseas Location DC	ne manent at Indicate Not Apprhedule Full Timitation Coc 62	2-Condition 3-Indefinition plicable	SA 25		Use	29. Pa 0 33. Pa 37. Ba	(b)(y Rate Determined Pay Perior rgaining U	6) erminant er Rate urs Per Biweekly d
MPLC 5. Veterans (6) 1-Nc 2-5.1 7. FEGLI D. Retireme OSTIT 1-Cc 1 2-Ex 3. Duty Sta 110010 1. Agency 5. Edu, Lvi 17	(b)(6) ent Plan (b)(6) Occupied Occupied ation Code OO1 Data 1. 46, Yr.	A Point/Disabi 10 Point/Compo A rvice 3-SES Ge 24-SES Ca 41. Degr. Attd 4 2009	31. Service 00 menal reer Reserved 39. Du WA	e Comp. Date (6-01-2010 35. FLSA Ca E-Ex E N-No ty Station (C SHINGTO 42.	T.eave) ategory compt onexempt DN Dist Columns 43.	WASHI 24. Tenure 0-Non 1 1-Perr 28. Annuitar 9 N 32. Work Sc F F 419903 or Overseas Location DC	INGTO me manent at Indicate Not App thedule Full Tim tation Coc 62 cation) USA	2-Conditio 3-Indefinite or plicable ne de	SA 25	. Agency	D. Veter	29. Pa 0 33. Pa 37. Ba	(b)(v Rate Determined Pay Perior Pay Pay Pay Perior Pay Pay Perior Pay Pay Perior Pay Perior Pay Pay Perior Pay	6) erminant Ir Rate Ir Rate
MPLC 3. Veterans (6) 1-N 2-5 1 7. FEGLI 0. Retirem 1. Cost 1 2-Ex 8. Duty Sta 110010 0. Agency 5. Edu, Lvi 17 ART C	(b)(6) ent Plan (b)(6) Occupied competitive Service ation Code 1. 46. Yr.	A Point/Disabi 10 Point/Compo A rvice 3-SES Ge 24 - SES Ca 41. Degr. Attd 2009 vs and App	31. Service 00 neral reer Reserved 39. Du WA 47. Acad. Discip 513808 provals	e Comp. Date (6-01-2010 35. FLSA Ca E-Ex E N-No ty Station (C SHINGTO 42.	case) (Leave) (Leave)	WASHI 24. Tenure 0-Non 1 -Perr 28. Annuitar 9 N 32. Work Sc F F 419903 or Overseas Location DC 48. Func C 00 nesting office.	INGTO The manent of Indicate Not Appliedule Full Timitation Code (62 cation) USA	2-Conditio 3-Indefinite or plicable ne de 44. 49. Citize	auship	Agency	D. Veter	29. Par 0 33. Par 37. Ba 37. Ba 39.06)	(b)(v Rate Determined Pay Perior Pay Pay Pay Perior Pay Pay Perior Pay Pay Perior Pay Perior Pay Pay Perior Pay	6) erminant er Rate urs Per Biweekly d
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MPLC 3. Veterans ()(6) 1-N 2-51 7. FEGLI 1. Position 1-Cc 1 2-Ex 8. Duty Sta 110010 0. Agency 17 ART C Office/Fu	(b)(6) ent Plan (b)(6) Occupied competitive Service ation Code 1. 46. Yr.	A Point/Disabi 10 Point/Compo A rvice 3-SES Ge 24 - SES Ca 41. Degr. Attd 2009 vs and App	31. Service 00 neral reer Reserved 39. Du WA 47. Acad. Discip 513808 provals	e Comp. Date (6-01-2010 35. FLSA Ca E-Ex E N-No ty Station (C SHINGTO 42.	T.eave) ategory compt onexempt DN Dist Columns 43.	WASHI 24. Tenure 0-Non 1 -Perr 28. Annuitar 9 N 32. Work Sc F F 419903 or Overseas Location DC 48. Func. 6 00 nesting office. 1. Office/Fun	INGTO The manent of Indicate Not Appliedule Full Timitation Code (62 cation) USA	2-Conditio 3-Indefinite or plicable ne de 44. 49. Citize	auship	. Agency	D. Veter	29. Par 0 33. Par 37. Ba 37. Ba 39.06)	(b)(v Rate Determined Pay Perior Pay Pay Pay Perior Pay Pay Perior Pay Pay Perior Pay Perior Pay Pay Perior Pay	6) erminant Ir Rate Ir Rate
2.5 J. Veterans (1-Nc 2-5) (6) 1-Nc 2-5 J. 7. FEGLI (1-Cc 1-2-5) 8. Duty State (110010) 0. Agency (17) 1. Cc	(b)(6) ent Plan (b)(6) Occupied competitive Service ation Code 1. 46. Yr.	A Point/Disabi 10 Point/Compo A rvice 3-SES Ge 24 - SES Ca 41. Degr. Attd 2009 vs and App	31. Service 00 neral reer Reserved 39. Du WA 47. Acad. Discip 513808 provals	e Comp. Date (6-01-2010 35. FLSA Ca E-Ex E N-No ty Station (C SHINGTO 42.	T.eave) ategory compt onexempt DN Dist Columns 43.	WASHI 24. Tenure 0-Non 1 1-Perr 28. Amunitar 9 N 32. Work Sc F F 36. Appropri 419903 or Overseas Loc timbia DC 48. Func 0 00 testing office. 1. Office/Fu D.	INGTO The manent of Indicate Not Appliedule Full Timitation Code (62 cation) USA	2-Conditio 3-Indefinite or plicable ne de 44. 49. Citize	auship	. Agency	D. Veter	29. Par 0 33. Par 37. Ba 37. Ba 39.06)	(b)(v Rate Determined Pay Perior Pay Pay Pay Perior Pay Pay Perior Pay Pay Perior Pay Perior Pay Pay Perior Pay	6) erminant Ir Rate Ir Rate

Name: UNDERWOOD,LAUREN A PAR Number:								
PART D - Remarks by Requesting Office								
(Note to Supervisors: Do you know of additional or confliction of the second of the se	cting reasons for the emplo sheet and attach to SF52).	yee's resignation/retiremen	1?	YES NO				
Adjustment								
PART E - Employee Resignation/Retiremen	t							
	Privacy Act S	Statement						
You are requested to furnish a specific reason for your resignal	tion or retirement and	regulations with regard to en		in the Federal service and their				
a forwarding address. Your reason may be considered in any fu		records, while section 8506 r						
your re-employment in the Federal service and may also be us eligibility for unemployment compensation benefits. Your forv		tion with administation of un		oor or a State agency in connec- ion programs.				
used primarily to mail you copies of any documents you shoul	d have or any pay or	The furnishing of this inform	ation is voluntary; howe	ever, failure to provide it may result				
compensation to which you are entitled. This information is requested under authority of sections 301,		in your not receiving: (1) you or other compensation due yo		ents you should have; (2) pay nt compensation benefits				
5, U.S. Code. Sections 301 abd 3301 authorize OPM and agen		to which you may be entitled		ni compensation concerns				
Reasons for Resignation/Retirement (NOTE: Your reasons)	ons are used in determining	possible unemployment be	enefits.					
Please be specific and avoid generalizations.								
Your resignation/retirement is effective at the end of the	day - midnight - unless yo	u specify otherwise.)						
2 Februius Data 2 Vans Signature	4 Data Siana 4	5 Fermandina Address	Olember Street City	State ZID Code)				
2. Effective Date 3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, S	State, ZIP Code)				
PART F - Remarks for SF 50								
0								
- Corrects item 37 from 8888 Salary increased as authorized by E.O. 1	.3655, dtd 12/23/201	.3						

REQUEST FOR PERSONNEL ACTION

Rev 7/91

U.S. Office of Personnel Management

Guide to Processing Personnel Actions, Chapter 4 (Also complete Part B, Items 1,7-22,32,33,36 and 39) PART A - Requesting Office 1. Actions Requested 2. Request Number 4. Proposed Eff. Date 01-26-2014 3. For Additional Information Call (Name and Telephone Number) 5. Action Requested By (Typed Name, Title, Signature, and Request Date) 6. Action Authorized By (Typed Name, Title, Signature, and Date) PART B - For Preparation of SF 50 (Use only codes in The Guide to Personnel Data Standards. Show all dates in month-day-year order.) 1. Name (Last, First, Middle) 2. Social Security Number 3. Date of Birth 4. Effective Date UNDERWOOD, LAUREN A 01-26-2014 (b)(6)(b)(6)ECOND FIRST ACTION CTION 5-A. Code 5-B. Nature of Action 6-B. Nature of Action 6-A. Code 702 Promotion 5-D. Legal Authority Reg 335,102 Comp. Comp-5-C. Code 6-C. Code 6-D. Legal Authority N₃M etitive prom/reas/CLG 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 Policy Coordinator Policy Coordinator PD: 10AA07 00298270 PD: 13AA10 Position: Position: 00321493 8.Pay Plan GS 10.Grd/Lyl 16.Pay Plan GS 20. Tot. Salary/Award 21.Pay Basis 9.Occ. CD 11.Step/Rate 12.Tot. Salary 13.Pay Basis 17.0cc, CD 18.Grd/Lvl 19.Step/Rate 0301 \$80,662.00 0301 13 01 \$89,924.00 12B. Locality Adj. \$15,727.00 20A. Basic Pay \$72,391.00 12A. Basic Pay 12C. Adj. Basic Pay 12D, Other Pay 20B. Locality Adj. 20C. Adj. Basic Pay 20D. Other Pay \$89,924.00 \$64,935.00 \$17,533.00 \$80,662.00 22. Name and Location of Position's Organization 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Office of the Secretary of Health and Human Services Immediate Office Of The Secretary Immediate Office Of The Secretary WASHINGTON DC USA WASHINGTON DC USA EMPLOYEE DATA 23. Veterans Preference 24. Tenure 25. Agency Use 26. Veterans Preference for RIF 3-10 Point/Disability 5-10 Point/Other 0-None I-None 2-Conditional (b)(6)(b)(6)4-10 Point/Compensable 2-5 Point 6-10 Point/Compensable/30% 1-Permanent 3-Indefinite 27 FEGLI 28. Annuitant Indicator 29. Pay Rate Determinant (b)(6)Not Applicable Regular Rate 31. Service Comp. Date (Leave) 32. Work Schedule 30. Retirement Plan 33. Part-Time Hours Per Biweekly Pay Period (b)(6)(b)(6)F Full Time POSITION DATA 35. FLSA Category 37. Bargaining Unit Status 34. Position Occupied 36. Appropriation Code 1-Competitive Service 3-SES General E-Exempt 41990362 0017 2-Excepted Service 4-SES Career Reserved N-Nonexempt 39. Duty Station (City-County-State or Overseas Location) 38. Duty Station Code 110010001 WASHINGTON Dist Columbia DC USA 40. Agency Data 41. 46. Yr. Degr. Aitd 2009 51. Supervisory Status 8 All Other 45. Edu. Lvl. 48. Func. Class 49. Citizenship 47. Acad. Discipl. 50. Veterans Status 513808 1-USA 8-Other (b)(6)PART C - Reviews and Approvals (Not to be used by requesting office.) 1. Office/Function Initials/Signature Date 1. Office/Function Initials/Signature Date A. D B. E. C F Appliva 9.2014

2. Approval: I certify that the information entered on this form is accurate and

Signature

Name: UNDERWOOD,LAUREN A PAR Number:												
	by Requesting Office											
	you know of additional or conflic ase state these facts on a separate			2	YES NO							
Competitive Promot	ion											
PART E - Employe	e Resignation/Retirement											
a forwarding address. Your your re-employment in the eligibility for unemployme used primarily to mail you compensation to which you This information is request	ed under authority of sections 301, 3	ture decision regarding but to determine your varding address will be at have or any pay or 3301, and 8506 of title	regulations with regard to em- records, while section 8506 re- termination of Federal servic- tion with administation of un The furnishing of this inform in your not receiving: (1) you or other compensation due you	equires agencies to furnish e to the Secretary of Labor employment compensation ation is voluntary; howeven our copies of those documen ou; (3) any unemployment	or or a State agency in connec- on programs. er, failure to provide it may result ents you should have; (2) pay							
Reasons for Resignation Please be specific and	compensation to which you are entitled. This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 abd 3301 authorize OPM and agencies to issue 1. 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.)											
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, Sta	ate, ZIP Code)							
PART F - Remarks	for SF 50											
- Selected from DF-14-1	.Ro-15739S0 dated 01/16/14 hhs-											

REC

REQUEST FOR PERSONNEL ACTION

Rev	7/91	
11.5	Office of Personnel	Management

U.S. Office of Personnel Management Guide to Processing Personnel Actions, Chapter 4

	Requested										21313	quest Number
For Addit	tional Informat	tion Call (N	ame and Teleph	none Number)							4. Pro	posed Eff. Date 1-26-2014
Action Re	equested By	(Type	d Name, Title,	Signature, and I	Request Date)	6. Action Auth	orized By	(Typed)	Name, Title, S	ignature, and l		20-2014
	44.											
	- For Pro Last, First, Mi	eparation	of SF 50	(Use only co	des in The Gui	de to Personne 2. Social Sec			w all dates 3. Date of l	in month-da		rder.) ffective Date
UNDE	RWOOD,	LAUREN	A			(b)(6)	A			0)(6)		11-26-2014
	ACTION					SECON			9-1			
A. Code 002								Nature of Action Omotion				
C. Code	. Code 5-D. Legal Authority						Re	Legal Authority g 335,102 (Comp. Co	mp-		
E. Code	5-F. Legal	Authority				6-E. Code		tive prom/re	as/CLG	220.		
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Name: UNDERWOOD, LAUREN A PAR Number:								
	by Requesting Office							
	you know of additional or conflic ase state these facts on a separate		yee's resignation/retirement	?	YES NO			
Competitive Promoti	ion							
PART E - Employe	e Resignation/Retirement							
		Privacy Act S						
a forwarding address. Your your re-employment in the eligibility for unemploymen	n a specific reason for your resignati reason may be considered in any fu Federal service and may also be use nt compensation benefits. Your forw copies of any documents you should are entitled.	ture decision regarding and to determine your arding address will be thave or any pay or	regulations with regard to emprecords, while section 8506 re- termination of Federal service ion with administation of une The furnishing of this information of une in your not receiving: (1) you	quires agencies to furnish the to the Secretary of Labor of imployment compensation p tion is voluntary; however,	ne specific reason for r a State agency in connec- orograms. failure to provide it may result			
This information is requested	ed under authority of sections 301, 3 abd 3301 authorize OPM and agenc	3301, and 8506 of title	or other compensation due yo to which you may be entitled.	-				
Please be specific and	n/Retirement (NOTE: Your reason avoid generalizations. nent is effective at the end of the	-		nefits.				
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State,	ZIP Code)			
2. Encerte Buie	5. Four organical	T. Dute Signed	3. For warding Address	(rumber, succe, city, succe	Za Cody			
PART F - Remarks	for SF 50							
TAKI F - Kemarks	101 51 50							
- Corrects item 37	from 0017.							

Standard Form 52 Rev 7/91

REQUEST FOR PERSONNEL ACTION

	- Reques	ting Offi		Iso complete Part B, Items	1,7-22,32,33,36 an	d 39)			2. Request Number
									D. V. OF CO. 1-1740
2.0.300.00	ional Informat	ion Call (Name and Teleph	one Number)					4. Proposed Eff. Date 03-26-2014
5. Action Rec	quested By	(Ty _I	oed Name, Title, S	fignature, and Request Date)	6. Action Authoriz	ed By (Ty	yped Name, Title, S	ignature, and Date)	
			of SF 50	(Use only codes in The Guid				in month-day-ve	
UNDER	ast, First, Mic RWOOD, I		A		2. Social Security (b)(6)	1	3. Date of I	3)(6)	4. Effective Date 03-26-2014
FIRST A		- F. Y A A.			SECOND A 6-A. Code				
5-A. Code 980						6-B. Nature of A	ction		
5-C. Code	5-D. Legal	Authority			6-C. Code	6-D. Legal Auth	ority		
5-E. Code	5-F. Legal	Authority			6-E. Code	6-F. Legal Autho	ority		
	osition Title a Coordinate AA10		Position	n: 00321493	15. TO: Position T Policy Coor PD: 13AA1	dinator	Po	sition: 003	21493
8.Pay Plan GS	9.0ce, CD 0301	10,Grd/Lyl 13	11.Step/Rate 01	12.Tot. Salary \$89,924.00 PA		cc, CD 18.Grd/L 01 13		20.Tot. Salary/Av \$89,924.0	
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	(b)(6)		06	-01-2010	F Full 7	Time		Pay	Period
	ON DATA					****			
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38. Duty State 1100100			10.72	y Station (City-County-State of SHINGTON Dist Colu					
40. Agency I		41.		42. 43.		44.			
45. Edu, Lvl. 17	2.7	Degr. Aitd	47. Acad. Discip 513808	,	48. Func. Class 00	49. Citizensh	ip 50, V SA 8-Other	eterans Status (b)(6)	51. Supervisory Status 8 All Other
	- Review			(Not to be used by requ		4.55.4	/C:	l bas	
1. Office/Fur A.	nction	Initials/S	ugnature	Date	Office/Function D.	Imuals	/Signature	Date	
В.					E.				
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Name: UNDERWOO	DD,LAUREN A			PAR Number:
PAKI D - Kemarks	s by Requesting Office			
	you know of additional or conflict ease state these facts on a separate			YES NO
Payroll Related Acti Inserted via Employ	on ee CAN Update process.			
PART E - Employe	e Resignation/Retirement			
	**			
a forwarding address. Your your re-employment in the eligibility for unemployme used primarily to mail you compensation to which you This information is request	h a specific reason for your resignation reason may be considered in any ful Federal service and may also be use int compensation benefits. Your forw copies of any documents you should a are entitled. The dedunder authority of sections 301, 3 abd 3301 authorize OPM and agence	ture decision regarding d to determine your arding address will be I have or any pay or 3301, and 8506 of title	regulations with regard to emprecords, while section 8506 retermination of Federal service tion with administation of une The furnishing of this informatin your not receiving: (1) your	ployment of individuals in the Federal service and their quires agencies to furnish the specific reason for to the Secretary of Labor or a State agency in connectmployment compensation programs. Ition is voluntary; however, failure to provide it may result copies of those documents you should have; (2) pay u; (3) any unemployment compensation benefits
Please be specific and	on/Retirement (NOTE: Your reason avoid generalizations. ment is effective at the end of the o	·		nefits.
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Code)
PART F - Remarks	for SF 50			

Rev 7/91

REQUEST FOR PERSONNEL ACTION

L. Carrie	1031	
11 6	Office of Bernamus Management	

Actions Requested Por Additional Information Call (Name and Telephone Number)														
For Addit	tional Informa	tion Call (N	ame and T	elephon	ie Number)								4. P	roposed Eff. Date 06-17-2014
Action Re	equested By	(Type	d Name, T	itle, Sig	gnature, and	Request Date)	6. Action Author	ized By	(Typed	l Name, Tit	tle, Signa	ture, and I		30-17-2014
		eparation	of SF 5	I) (I	se only c	odes in The Gu	ide to Personnel			iow all da				
	Last, First, Mi	ddle) LAUREN	A				2. Social Secur (b)(6)	ity Number		3. Date	of Birth (b)(6)		4.	O6-17-2014
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340		s-Based	-ward r	XD.										
C. Code 5-D. Legal Authority						6-C. Code	6-D. L.	egal Authority	y					
E. Code	5 E Yand	A curtical State					6-E. Code	e E Ta	and Australia					
s. Code	5-F. Legal	Authority					0-E. Code	b-P. Le	gal Authority					
	Position Title a						15. TO: Position							
Policy (PD: 13)	Coordinat AA10	or	Pos	ition:	0032	1493	Policy Coo				Positi	ion:	00321	493
Pay Plan GS	9.0ce. CD 0301	10.Grd/Lyl 13	11.Step/I		12.Tot. Sala \$89,924			Occ. CD 301	18.Grd/Lv1 13	19,Step/ 01		0,Tot, Sala \$1,3	ry/Award 58,00	1 21.Pay Basis
A. Basic 1 \$72,	Pay ,391,00	12B. Locality \$17,53			Basic Pay ,924.00	12D. Other Pay \$0	20A. Basic Pay \$72,39	1.00	20B. Locality \$17,53		Adj. B:		20D. Od \$6	
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ame: UNDERWOOD,LAUREN A PAR Number:												
PART D - Remarks	by Requesting Office											
(Note to Supervisors: Do If ""YES"", plea	you know of additional or conflic ase state these facts on a separate	ting reasons for the employ sheet and attach to SF52).	yee's resignation/retirement	?	YES NO							
Individual Cash Awa *HE_AWARDS: Ins	ard RB erted via Mass Mask Empl	oyee Awards process										
PART E - Employe	PART E - Employee Resignation/Retirement											
TIRT E - Employe	e Resignation/Retifement											
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Please be specific and	n/Retirement (NOTE: Your reason avoid generalizations. nent is effective at the end of the			nefits.								
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State	e, ZIP Code)							
PART F - Remarks	for SF 50											

REQUEST FOR PERSONNEL ACTION

		nel Actions, Cl		Also complete F	Part R Itame	7 22 32 33	1 16 and 30)				_	
1. Actions I		ding Office	. (2	uso complete i	arr b, nems	Ly / * Say Jay Je	5,30 and 32)				2. Re	quest Number
3. For Addi	tional Informa	tion Call (N	Name and Telepl	none Number)							4. Pro	oposed Eff. Date 9-21-2014
5. Action R	equested By	(Туре	ed Name, Title,	Signature, and Re	quest Date)	6. Action A	athorized By	(Typed	Name, Title, S	Signature, and D		21.2011
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	Last, First, Mi		01 31 30	(Use only code	es in The Guid		Security Num		3. Date of			raer.) Effective Date
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980						6-A. Cod	e 6-1	s. Nature of Action	n.			
5-C. Code	5-D. Lega	Authority				6-C. Code	e 6-E	D. Legal Authority				
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2 America	al. Langify t	hat the inform	nation autora	on this form is	abanyata and		Signature				1.4	D9-20-2014

Name: UNDERWOO				PAR Number:
PART D - Remarks	by Requesting Office			
(Note to Supervisors: Do If ""YES"", ple	you know of additional or conflic ase state these facts on a separate	ting reasons for the empl sheet and attach to SF52	oyee's resignation/retirement).	YES NO
Data Change				
PART E - Employe	e Resignation/Retirement			
a forwarding address. Your your re-employment in the eligibility for unemployment used primarily to mail you compensation to which you This information is request	h a specific reason for your resignative reason may be considered in any fur Federal service and may also be usent compensation benefits. Your forw copies of any documents you should are entitled. Ed under authority of sections 301, 3 abd 3301 authorize OPM and agence	ture decision regarding and to determine your sarding address will be at have or any pay or 3301, and 8506 of title	regulations with regard to em records, while section 8506 re termination of Federal service tion with administation of une The furnishing of this inform- in your not receiving: (1) you	ployment of individuals in the Federal service and their equires agencies to furnish the specific reason for to the Secretary of Labor or a State agency in connectional compensation programs. It is a soluntary; however, failure to provide it may result recopies of those documents you should have; (2) pay u; (3) any unemployment compensation benefits
Reasons for Resignatio Please be specific and	n/Retirement (NOTE: Your reason	ns are used in determinin	g possible unemployment be	nefits.
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Code)
PART F - Remarks	for SF 50			
PART F - Remarks	for SF 50			

Rev 7/91

REQUEST FO	OR PERSONN	ELACTION

1. Actions F	A - Request Requested	ding office		riso compie	ic rais by sicino	1,7-22,32,33,3	9 and 22)				2. Re	quest Number
3. For Addi	tional Informa	tion Call (Na	ame and Telep	hone Number)								posed Eff. Date 1-16-2014
5. Action R	equested By	(Type	d Name, Title,	Signature, and	Request Date)	6. Action Auth	orized By	(Турес	Name, Title, S	ignature, and		10 2014
			of SF 50	(Use only c	odes in The Guid				ow all dates			
UNDE	Last, First, Mi RWOOD, ACTION	ddle) LAUREN /	4			2. Social Sec (b)(6) SECON			3. Date of	Birth (b)(6)		ffective Date 11-16-2014
5-A. Code 570	5-B. Natur	e of Action to Exc App	t			6-A. Code		Nature of Actio	n.			
5-C Code Y7M SCH C, 213.3301a Agency- unique Schedule C auth.						6-C. Code	6-D.	Legal Authority				
5-E. Code ZLM	5-F. Legal OPM 1 11/10/	form 1019	dated			6-E. Code	6-F. I	Legal Authority				
	Position Title a Coordinat AA10		Positio	on: 0032	1493	Special A PD: HHS	Assistant	Number to the ASP		sition:	003329	980
8.Pay Plan GS	9.0ce, CD 0301	10.Grd/Lyl 13	11.Step/Rate 01	12.Tot. Sala \$89,924		16.Pay Plan GS	17.0cc, CD 0301	18.Grd/Lvl 13	19.Step/Rate 01	20,Tot. Sal \$89,	lary/Award 924.00	21.Pay Basis PA
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Name: UNDERWOO	D,LAUREN A			PAR Number:	
PAKT D - Remarks	by Requesting Office				
	you know of additional or conflict ase state these facts on a separate			? 	YES NO
Conversion					
PART E - Employe	e Resignation/Retirement				
		Privacy Act	Statement		
a forwarding address. Your your re-employment in the eligibility for unemployment used primarily to mail you compensation to which you This information is requested.	n a specific reason for your resignati reason may be considered in any fut Federal service and may also be use at compensation benefits. Your forw copies of any documents you should are entitled. and under authority of sections 301, 3 abd 3301 authorize OPM and agence	ture decision regarding d to determine your arding address will be have or any pay or 301, and 8506 of title	records, while section 8506 re termination of Federal service tion with administation of une The furnishing of this informa in your not receiving: (1) your	ployment of individuals in the Fed- quires agencies to furnish the spec- to the Secretary of Labor or a Star mployment compensation progran tion is voluntary; however, failure copies of those documents you shar; (3) any unemployment compens	ific reason for te agency in connec- ns. to provide it may result tould have; (2) pay
Please be specific and	n/Retirement (NOTE: Your reason avoid generalizations. ment is effective at the end of the o			nefits.	
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP C	ode)
PART F - Remarks	for SF 50				

Rev 7/91

REQUEST FOR PERSONNEL ACTION

	11.31	
1 5	Office of Bernanyal Manage	*********

Actions Re	- Reques equested											2,1	Request Number
For Additi	ional Informat	ion Call (N	ame and Tele	ephone Number)	-							4.1	Proposed Eff. Date 12-09-2014
Action Rec	quested By	(Туре	d Name, Title	e, Signature, and	Request Date)	6. Action	Authorized	Ву	(Typed)	Name, Title,	Signature, and	d Date)	12-09-2014
ART B	- For Pre	eparation	of SF 50	(Use only c	odes in The Guid	de to Pers	onnel Dat	a Standard	is. Sho	w all date	s in month-	day-vear	order.)
	ast, First, Mic	ddle) LAUREN	Δ				al Security N	Vumber		3. Date o	(b)(6)	4	Effective Date 12-09-2014
	CTION	Situlcit					OND A	CTION			(0)(0)		12-07-2014
A. Code 5-B. Nature of Action CAN Change C. Code 5-D. Legal Authority						6-A. Code 6-B. Nature of Action							
						6-C. Co	ode.	6-D. Legal A	Authority				
E, Code	5-F. Legal	Authority				6-E. Co	xle	6-F. Legal A	uthority				
	osition Title a Assistant IS120	nd Number to the ASI	PR Positi	ion: 0033	2980	Speci		e and Number tant to the			osition:	0033	2980
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Name: UNDERWOO	DD,LAUREN A			PAR Number:
PAKI D - Kemarks	s by Requesting Office			
	you know of additional or conflict ease state these facts on a separate			YES NO
Payroll Related Acti Inserted via Employ	on ee CAN Update process.			
PART E - Employe	e Resignation/Retirement			
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a forwarding address. Your your re-employment in the eligibility for unemployme used primarily to mail you compensation to which you This information is request	h a specific reason for your resignation reason may be considered in any ful Federal service and may also be use int compensation benefits. Your forw copies of any documents you should a are entitled. The dedunder authority of sections 301, 3 abd 3301 authorize OPM and agence	ture decision regarding d to determine your arding address will be I have or any pay or 3301, and 8506 of title	regulations with regard to emprecords, while section 8506 retermination of Federal service tion with administation of une The furnishing of this informatin your not receiving: (1) your	ployment of individuals in the Federal service and their quires agencies to furnish the specific reason for to the Secretary of Labor or a State agency in connectmployment compensation programs. Ition is voluntary; however, failure to provide it may result copies of those documents you should have; (2) pay u; (3) any unemployment compensation benefits
Please be specific and	on/Retirement (NOTE: Your reason avoid generalizations. ment is effective at the end of the o	·		nefits.
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Code)
PART F - Remarks	for SF 50			

REQUEST FOR PERSONNEL ACTION

Rev 7/91

U.S. Office of Personnel Management

Guide to Processing Personnel Actions, Chapter 4 (Also complete Part B, Items 1,7-22,32,33,36 and 39) PART A - Requesting Office 1. Actions Requested 2. Request Number 4. Proposed Eff. Date 01-11-2015 3. For Additional Information Call (Name and Telephone Number) 5. Action Requested By (Typed Name, Title, Signature, and Request Date) 6. Action Authorized By (Typed Name, Title, Signature, and Date) PART B - For Preparation of SF 50 (Use only codes in The Guide to Personnel Data Standards. Show all dates in month-day-year order.) 1. Name (Last, First, Middle) 2. Social Security Number 3. Date of Birth 4. Effective Date UNDERWOOD, LAUREN A FIRST ACTION 01-11-2015 (b)(6)SECOND CTION 5-A. Code 5-B. Nature of Action 6-B. Nature of Action 6-A. Code 894 Gen Adj 5-D. Legal Authority Reg 531,207 5-C. Code 6-C. Code 6-D. Legal Authority **QWM** 5-F. Legal Authority EO 13686 dated December 5-E. Code 6-E. Code 6-F. Legal Authority ZLM 19, 2014 7. FROM: Position Title and Number 15. TO: Position Title and Number Special Assistant to the ASPR Special Assistant to the ASPR PD: HHS120 PD: HHS120 Position: 00332980 Position: 00332980 20.Tot. Salary/Award \$90,823.00 8.Pay Plan GS 10.Grd/Lvl ló.Pay Plan GS 17.Occ, CD 21.Pay Basis PA 9.Occ. CD 11.Step/Rate 12.Tot. Salary 13.Pay Basis 18.Grd/Lvl 19.Step/Rate 0301 13 \$89,924.00 0301 13 01 12B. Locality Adj. \$17,533.00 20A. Basic Pay \$73,115,00 20B. Locality Adj. 12A. Basic Pay 12C. Adj. Basic Pay 12D, Other Pay 20C. Adj. Basic Pay 20D. Other Pay \$72,391.00 \$89,924.00 \$17,708.00 \$90,823.00 14. Name and Location of Position's Organization 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE Office of the Secretary of Health and Human Services
OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA WASHINGTON DC USA EMPLOYEE DATA 23. Veterans Preference 24. Tenure 25. Agency Use 26. Veterans Preference for RIF 3-10 Point/Disability 5-10 Point/Other 0-None 2-Conditional I-None (b)(6)(b)(6)2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% 1-Permanent 3-Indefinite 27. FEGLI 28. Annuitant Indicator 29. Pay Rate Determinant (b)(6)Not Applicable Regular Rate 31. Service Comp. Date (Leave) 30. Retirement Plan 32. Work Schedule 33. Part-Time Hours Per Biweekly Pay Period (b)(6)(b)(6)F Full Time POSITION DATA 35. FLSA Category 37. Bargaining Unit Status 34. Position Occupied 36. Appropriation Code 1-Competitive Service 3-SES General E-Exempt 51991002 8888 4-SES Career Reserved 2-Excepted Service N-Nonexempt 38. Duty Station Code 39. Duty Station (City-County-State or Overseas Location) 110010001 WASHINGTON Dist Columbia DC USA 40. Agency Data 41. 44 46. Yr. Degr. Aitd 2009 51 Supervisory Status 8 All Other 45. Edu. Lvl. 48. Func. Class 49. Citizenship 47. Acad. Discipl. 50. Veterans Status 513808 1-USA 8-Other (b)(6)PAR C - Reviews and Approvals (Not to be used by requesting office.) 1. Office/Function Initials/Signature Date 1. Office/Function Initials/Signature Date A. B. E. C F Applicat Dazo15 2. Approval: I certify that the information entered on this form is accurate and Signature

the proprosed action is in compliance with statutory and regulatory requirements

Name: UNDERWOO			PAR Number:						
PART D - Remarks by Requesting Office									
(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement? If ""YES"", please state these facts on a separate sheet and attach to SF52). YES NO									
Adjustment									
PART E - Employe	e Resignation/Retirement								
		Privacy Act S	Statement						
a forwarding address. Your your re-employment in the eligibility for unemployme used primarily to mail you compensation to which you	h a specific reason for your resignat reason may be considered in any fu Federal service and may also be use it compensation benefits. Your forw copies of any documents you should are entitled. ed under authority of sections 301, 3	ture decision regarding and to determine your arding address will be thave or any pay or	regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administation 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; (3) any unemployment compensation benefits						
-	abd 3301 authorize OPM and agence		to which you may be entitled		compensation bene	Alto			
Please be specific and	on/Retirement (NOTE: Your reaso avoid generalizations. ment is effective at the end of the	-		nefits.					
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, Sta	te, ZIP Code)				
PART F - Remarks	for SF 50								
	cality-based payment of 24.22% as authorized by E.O. 1		4						
- Sarary Increased	as authorized by E.O. I	3000, aca 12/19/201	4						

REQUEST FOR PERSONNEL ACTION Standard Form 52

Rev 7/91 U.S. Office of Personnel Management

PART A - Requesting Office (Also complete Part B, Items 1,7-22,32,33,36 and 39) 1. Actions Requested									2. Request Number			
3. For Additional Information Call (Name and Telephone Number)								4. Proposed Eff. Date 01-25-2015				
5. Action Requested By (Typed Name, Title, Signature, and Request Date)						6. Action Authorized By (Typed Name, Title, Signature, and Date)					2010	
ADTI	R - For Dr	anaration	of SF 50	(Lico anhy aoid	es in The Guid	o to Borgon	nal Data Sta	ndonds Ch	ow all dates i	la month d	av Voak o	ed on)
. Name (Last, First, Mi	ddle)		(Use only cod	es in The Guid	2. Social S	ecurity Number		3. Date of B	Right	4. E	ffective Date
UNDE	ERWOOD, LAUREN A						(b)(6) (b)(6) 01-25-2					
A. Code 893	5-B. Natur Within	e of Action 1-range Inc led on Reg	rease ular Cvcle		6-A. Code 6-B. Nature of Action							
C. Code Q7M	5-D. Legal Reg 53	Provided on Regular Cycle 5-D. Legal Authority Reg 531.404. Within grade increase.					6-C. Code 6-D. Legal Authority					
-E. Code	5-F. Legal					6-E. Code 6-F. Legal Authority						
	Position Title a l Assistant HS120	nd Number to the ASF	PR Position	n: 003329	980		Assistant IS120	Number to the ASP	R Po	sition:	003329	80
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2A. Basic \$73.	Pay ,115.00	12B. Locality \$17,70			2D. Other Pay \$0	20A. Basic I \$75	,552.00	20B. Locality \$18,299		j. Basic Pay 3,851.00	20D. Othe \$0	
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Name: UNDERWOO			PAR Number:					
PART D - Remarks	by Requesting Office							
(Note to Supervisors: Do If ""YES"", ple	you know of additional or conflic ase state these facts on a separate	ting reasons for the emplo sheet and attach to SF52).	yee's resignation/retirement	t? ☐ YES ☐ NO				
WITHIN GRADE II Automatic Within G	NCREASE rade Increase Processed							
PART E - Employe	e Resignation/Retirement							
		Privacy Act S						
a forwarding address. Your your re-employment in the eligibility for unemploymen used primarily to mail you compensation to which you This information is request	h a specific reason for your resignati reason may be considered in any fur Federal service and may also be use it compensation benefits. Your forw copies of any documents you should are entitled. ed under authority of sections 301, 3 abd 3301 authorize OPM and agence	ture decision regarding d to determine your arding address will be have or any pay or 301, and 8506 of title	regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administation 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; (3) any unemployment compensation benefits to which you may be entitled.					
Please be specific and	on/Retirement (NOTE: Your reason avoid generalizations. ment is effective at the end of the			nefits.				
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Code)				
PART F - Remarks	for SF 50							
- Work performance	is at an acceptable leve	el of competence.						

REQUEST FOR PERSONNEL ACTION

Rev 7/91

U.S. Office of Personnel Management

Guide to Proc	cessing Person	nel Actions, Cl	hapter 4	leo complete Pe	et B Itame 1	7 22 37 3	1 16 and 10	Y.			_	
PART A - Requesting Office (Also complete Part B, Items 1,7-22,32,33,36 and 39) 1. Actions Requested										2. Request Number		
3. For Additional Information Call (Name and Telephone Number)								4. Proposed Eff. Date 09-20-2015				
5. Action Requested By (Typed Name; Title, Signature, and Request Date)							6. Action Authorized By (Typed Name, Title, Signature, and Date)					
DADET	Fee De		FCEFO		4 mm - 21 - 12							1975A
			01 SF 50	Use only codes	in The Guid				3. Date of l			rder.) Effective Date
1. Name (Last, First, Middle) UNDERWOOD, LAUREN A						(b)(6) (b)				b)(6)		09-20-2015
	IRSTACTION						SECOND ACTION					
5-A. Code 980	5-B. Nature of Action CAN Change					6-A. Code 6-B. Nature of Action						
5-C. Code	. Code 5-D. Legal Authority					6-C. Code 6-D. Legal Authority						
5-E, Code	5-F. Legal	Authority				6-E. Code 6-F. Legal Authority						
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8.Pay Plan GS	9.0ce, CD 0301	10,Grd/Lvl 13	11.Step/Rate 02	12.Tot. Salary \$93,851.00	13.Pay Basis PA	16.Pay Pla GS	17.0cc, C 0301	D [8.Grd/Lvl 13	19.Step/Rate 02	20,Tot. Salar \$93,83		21.Pay Basis PA
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30. Retirem	(b)(6)		31. Service	(b)(6)	ve)		Full Time				Pay Perio	
	ON DAT	A				1						
34. Position Occupied 35. FLSA Category 1-Competitive Service 3-SES General E-Exempt 2 2-Excepted Service 4-SES Career Reserved E N-Nonexempt N-Nonexempt 1-2					36. Appropriation Code 61991002					37. Bargaining Unit Status 8888		
38. Duty St					County-State o							
40. Agency		41.	WAS	SHINGTON 42.	Dist Colu	mbia DC		44.				
45. Edu, Lv	1. 46. Yr.	Degr. Aitd	47. Acad. Discipl			48. Func.	Class	49. Citizenship		eterans Status		Supervisory Status
PART C	- Review	vs and Ap	513808 provals	(Not to be a	sed by requ	00 esting offic	e.)	1 1-USA	8-Other	(b)(6)	8	All Other
1. Office/Ft		Initials/Si		Date		1. Office/F		Initials/Sign	nature	Date		
A.						D.						
В.						E.		11		1111		
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2 Annual	al. Landifica	hat the inform	nation automad	on this form is s	ioannata de l		Cimostros				1.4	.00.19.2015

the proprosed action is in compliance with statutory and regulatory requirements.

Name: UNDERWOO				PAR Number:
PART D - Remarks	by Requesting Office			
(Note to Supervisors: Do If ""YES"", ple	you know of additional or conflic ase state these facts on a separate	ting reasons for the empl sheet and attach to SF52	oyee's resignation/retirement).	YES NO
Data Change				
PART E - Employe	e Resignation/Retirement			
a forwarding address. Your your re-employment in the eligibility for unemployment used primarily to mail you compensation to which you This information is request	h a specific reason for your resignative reason may be considered in any fur Federal service and may also be usent compensation benefits. Your forw copies of any documents you should are entitled. Ed under authority of sections 301, 3 abd 3301 authorize OPM and agence	ture decision regarding and to determine your sarding address will be at have or any pay or 3301, and 8506 of title	regulations with regard to em records, while section 8506 re termination of Federal service tion with administation of une The furnishing of this inform- in your not receiving: (1) you	ployment of individuals in the Federal service and their equires agencies to furnish the specific reason for to the Secretary of Labor or a State agency in connectional compensation programs. It is a soluntary; however, failure to provide it may result recopies of those documents you should have; (2) pay u; (3) any unemployment compensation benefits
Reasons for Resignatio Please be specific and	n/Retirement (NOTE: Your reason	ns are used in determinin	g possible unemployment be	nefits.
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Code)
PART F - Remarks	for SF 50			
PART F - Remarks	for SF 50			

REQUEST FOR PERSONNEL ACTION

Rev 7/91

U.S. Office of Personnel Management Guide to Processing Personnel Actions, Chapter 4

I. Actions R	- Request equested	mg Office	(A	lso complete Part B, Item	18 1,7-22,32,33,30	and 39)				2. Rec	quest Number
3. For Addit	ional Informati	on Call (Na	ime and Teleph	one Number)							posed Eff. Date 1-10-2016
5. Action Re	equested By	(Турес	J Name, Title, S	Signature, and Request Date)	6. Action Auth	orized By	(Туре	ed Name, Title,	Signature, and Da		-10-2010
PART B	- For Pre	paration (of SF 50	(Use only codes in The G	uide to Personne	l Data Sta	andards. S	how all date	s in month-day	vear o	rder.)
1. Name (I	Last, First, Mid	dle)			2. Social Sec			3. Date o	Righ	4. E	ffective Date
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5-A. Code	5-B. Nature				6-A. Code						
894	Gen Ad	lj				-					
5-C. Code QWM S-D. Legal Authority Reg 531.207					6-C. Code	6-D.	Legal Authori	ty			
5-E. Code ZLM	5-F. Legal A EO 137 18, 201	15 dated I	December		6-E. Code	6-F.	Legal Authorit	У			
	osition Title an	d Number	n		15. TO: Positio			an.			
PD: HH	Assistant t IS120	to the ASP	Position	n: 00332980	PD: HHS	issistant 120	to the ASI	P P	osition: 0	03329	80
8.Pay Plan GS	9.0cc. CD 0301	10.Grd/Lvl 13	11.Step/Rate 02	12.Tot. Salary \$93,851.00 PA	sis 16.Pay Plan	7.0ce, CD 0301	18.Grd/Lvl 13	19.Step/Ra 02	20,Tot. Salary \$95,21		21.Pay Basis PA
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EMPLO	YEE DAT	ΓA									
23. Veterans		in the second	3	(vm.)	24. Tenure			25. Agency U	se 26. Veter	ins Prefe	rence for RIF
(b)(6) 1-No 2-5 I		Point/Disabil Point/Compe		0 Point/Other 0 Point/Compensable/30%	3 0-None 1-Perma		Conditional indefinite	-		(b)(d	3)
27. FEGLI					28. Annuitant			-	29. Pay R	ate Dete	rminant
	(b)(6)				9 No	t Applic	able		0 R	eoula	r Rate
30. Retireme	ent Plan		31. Service	Comp. Date (Leave)	32. Work Sche						ars Per Biweekly
	(b)(6)		11111	(b)(6)	F Fu	ll Time			P	ay Perioc	
34. Position	Occupied			35. FLSA Category	36. Appropriat	ion Code			37. Barga	ining Ur	it Status
1-Co	ompetitive Serv ccepted Service			E-Exempt N-Nonexempt	6199100				888		
38. Duty Sta 110010				y Station (City-County-States HINGTON Dist Co	e or Overseas Local	4					
40. Agency		41.	, un		3.	44	4.				
45. Edu. Lvl 17		egr. Attd 4'	7. Acad. Discip 513808		48. Func. Cla	ss 49	9. Citizenship	S-Other	Veterans Status (b)(6)	51	Supervisory Status All Other
PART C	- Reviews	and App	rovals	(Not to be used by re-	questing office.)					1.0	- m omor
1. Office/Fu A.	nction	Initials/Sig	nature	Date	1. Office/Func	tion	Initials/Si	gnature	Date		
В.					E.						
C.					F.		4				
	404 2 344 3 1	- 1								-1	01.10.2017
				on this form is accurate an tory and regulatory require		gnature				Ar	Paral 0-2016

Name: UNDERWOOD,LAUREN A PAR Number:									
PART D - Remarks	by Requesting Office								
	(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement? If ""YES"", please state these facts on a separate sheet and attach to SF52). YES NO								
Adjustment									
PART E - Employe	e Resignation/Retirement								
		Privacy Act S	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 This information is request	ed under authority of sections 301, 3		in your not receiving: (1) you or other compensation due yo						
5, U.S. Code. Sections 301	abd 3301 authorize OPM and agenc	cies to issue	to which you may be entitled						
Please be specific and	on/Retirement (NOTE: Your reason avoid generalizations. ment is effective at the end of the	-		nefits.					
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, Sta	ate, ZIP Code)				
PART F - Remarks	for SF 50								
	ality-based payment of 24.78%. as authorized by E.O. 1		015						

Standard Form 52 REQUEST Rev 7/91	FOR PERSONNEL ACTION	
U.S. Office of Personnel Management		
Guide to Processing Personnel Actions, Chapter 4		
PART A - Requesting Office (Also complete P	Part B, Items 1,7-22,32,33,36 and 39)	from the same
1. Actions Requested		2. Request Number
3. For Additional Information Call (Name and Telephone Number)		4. Proposed Eff. Da 01-24-2016
5. Action Requested By (Typed Name, Title, Signature, and Red	quest Date) 6. Action Authorized By (Typed Name, Title, Signature,	and Date)
	es in The Guide to Personnel Data Standards. Show all dates in month	
1. Name (Last, First, Middle) UNDERWOOD,LAUREN A	2. Social Security Number 3. Date of Birth (b)(6)	4. Effective Date 01-24-201
FIRST ACTION	SECOND ACTION	

SECOND ACTION SECOND ACTION SAL Code SAL Sale SAL Code SAL Code SAL Sale SA	3. Poi Adoli	ionai informa	non can tre	ame and resept	ione (vuittoer)								1-24-2016	
LName (Last, First, Middle)	5. Action Re	equested By	(Type	d Name, Title,	Signature, and l	Request Date)	6. Action A	uthorized By	(Type)	l Name, Title, S	ignature, and Da	te)		
1. Name Clast, First, Middle 2. Social Security Number 3. Date of Berth 4. Effective De (DNDERWOOD) LACREN 6. Color 6	PART B	- For Pr	eparation	of SF 50	(Use only co	des in The Guid	le to Person	inel Data St	andards. Sh	iow all dates	in month-day	vear or	rder.)	
SECOND ACTION	1. Name (I	Last, First, Mi	ddle)	4-1-1-								4. E	ffective Date	-
S-A Code S-B. Nature of Action S-B Nature of Action S-Provided on Regular Cycle S-C Code S-Provided on Regular Cycle S-Provided			LAUREN	A						1 (b)(6)	()1-24-2010	6
Second S														
Secondary Seco		Within-range Increase					6-A. Code 6-B. Nature of Action							
Section Position	5.C Code						5.C. Coda 5.D. Lecal Amborin.							
5-E. Code 5-F. Legal Authority 6-E. Code 6-F. Legal Authority		77M Reg 531.404. Within					ti-c. code	6-10	. Legal Authority					
Special Assistant to the ASPR PD: HHS120	5-E. Code						6-E. Code	6-F	Legal Authority					
Special Assistant to the ASPR PD: HHS120	7 EPOM: P	recition Title 2	nd Nombae				15 TO: Pos	sition Title and	1 Number					
Comparison Com	Special	Assistant			n: 00332	980	Special	Assistan			sition: 0	03329	80	
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Solution	2-51	Point 4-	0 Point/Compe	msable 6-	10 Point/Compo	ensable/30%			Indefinite		20 Post P	1000	., c	
30. Retirement Plan 31. Service Comp. Date (Leave) 32. Work Schedule 33. Part-Time Hours Per Biw Pay Period Pay Period 34. Position Occupied 1- Competitive Service 3-SES General 2-Excepted Service 35. FLSA Category 1-Competitive Service 3-SES General 2-Excepted Service 36. Appropriation Code 37. Bargaining Unit Status 8888 8888 8888 8888 8888 8888 8888	27. FEGLI		_				.28, Annuita	nt Indicator			29. Pay R	tate Dete	cminant	
31. Service Comp. Date (Leave) 32. Work Schedule 33. Part-Time Hours Per Biw (b)(6) F Full Time Pay Period		(b)(6)					9 1	Not Appli	cable		0 R	eoula	r Rate	
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A	COLUMN COLUMN			-	of We	1								-3
31. Position Occupied 32. Position Occupied 1-Competitive Service 3-SES General 2 E-Exempt 5 E-Exempt 61991002 8888	POSITI		A .		(D)(b)		F 1	Full Time						
1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved E N-Nonexempt 51991002 8888 38. Duty Station Code 39. Duty Station (City-County-State or Overseas Location)					35. FLSA Ca	tegory	36. Appropr	riation Code			37. Barga	ining Un	iit Status	
39. Duty Station (City-County-State or Overseas Location) 110010001	1-Co	ompetitive Ser	vice 3-SES Ger	neral	E-Ex	empt	510016	100			noc	10		
110010001			e 4-SES Car								888	88		
40. Agency Data								2.77 4.03						
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17 2009 513808 00 1 1-USA 8-Other X Non Vet 8 All Ot PART C - Reviews and Approvals 1. Office/Function Initials/Signature Date 1. Office/Function D. B. E. E.	45. Edu. Lvl	1. 46. Yr.	Degr. Aitd 4	7 Acad Discir	L		48. Func	Class	19. Citizenship	50. V	elerans Status	51	Supervisory '	Status
1. Office/Function Initials/Signature Date A. D. B. E.	17		2009	513808	7		00							
A. D. E. E.						ne used by requi								
B. E.		nction	Initials/Sig	gnature	Date			metion	Initials/Sig	nature	Date			
	73.		1		-		D.							
C. P.	B.						E,				1111			
	C.						P.							
2. Approval: I certify that the information entered on this form is accurate and the proprosed action is in compliance with statutory and regulatory requirements.								Signature	1			Ap	Q1v24n20	16

Name: UNDERWOO				PAR Number:
PART D - Remarks	by Requesting Office			
(Note to Supervisors: Do If ""YES"", ple	you know of additional or conflic ase state these facts on a separate	ting reasons for the emplo sheet and attach to SF52).	yee's resignation/retirement	t? YES NO
WITHIN GRADE II Automatic Within G	NCREASE rade Increase Processed			
PART E - Employe	e Resignation/Retirement			
		Privacy Act S		
a forwarding address. Your your re-employment in the eligibility for unemploymen used primarily to mail you compensation to which you This information is request	h a specific reason for your resignati reason may be considered in any fur Federal service and may also be use it compensation benefits. Your forw copies of any documents you should are entitled. ed under authority of sections 301, 3 abd 3301 authorize OPM and agence	ture decision regarding d to determine your arding address will be have or any pay or 301, and 8506 of title	records, while section 8506 retermination of Federal service tion with administation of una The furnishing of this information of the furnishing of this information your not receiving: (1) you	uployment of individuals in the Federal service and their equires agencies to furnish the specific reason for e to the Secretary of Labor or a State agency in connecemployment compensation programs. ation is voluntary; however, failure to provide it may result ar copies of those documents you should have; (2) pay bu; (3) any unemployment compensation benefits.
Please be specific and	on/Retirement (NOTE: Your reason avoid generalizations. ment is effective at the end of the			nefits.
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Code)
PART F - Remarks	for SF 50			
- Work performance	is at an acceptable leve	el of competence.		

REQUEST FOR PERSONNEL ACTION

Rev 7/91

U.S. Office of Personnel Management

PART A	- Reques	nel Actions, Ch sting Offic		lso complete Part	B, Items	1,7-22,32,33,	36 and 39)					4
1. Actions R	Requested										- 1	quest Number
3. For Addit	tional Informa	tion Call (N	ame and Telepho	one Number)								9-18-2016
5. Action Re	equested By	(Туре	ed Name, Title, S	ignature, and Reque	st Date)	6. Action Ac	thorized By	(Турес	Name, Title, S	ignature, and D	ate)	
PART B	- For Pr	eparation	of SF 50	Use only codes in	n The Guid	le to Person	nel Data St	andards. Sh			-vear o	rder.)
	Last, First, Mi RWOOD.	ddle) LAUREN	A			2. Social S (b)(6) Numb	er	3. Date of E	3irth 5)(6)		ffective Date 19-18-2016
FIRST	IRST ACTION					SECO	VDACTI					17. 32. 32.32
-A. Code 980 CAN Change					6-A. Code	6-B.	Nature of Actio	d.				
5-C. Code	5-D. Lega	Authority				6-C. Code	6-D.	Legal Authority				
5-E, Code	5-F. Legal	Authority				6-E. Code	6-F.	Legal Authority	=			
	1											
		to the ASI	PR Position	: 00332980			tion Title and Assistant IS120	to the ASP	R Po	sition: (003329	980
8.Pay Plan GS	9.0cc, CD 0301	10.Grd/Lvl 13	11.Step/Rate 03	\$98,289.00	13.Pay Basis PA	16.Pay Plan GS	17.0cc, CD 0301	18.Grd/Lv1 13	19.Step/Rate 03	20.Tot. Salar \$98,28		21.Pay Basis PA
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23. Veterans	s Preference	T. 200 () ()	70. 14	apotato -		24. Tenure		The second secon	25. Agency Use	26. Veter	rans Prefe	erence for RIF
b)(6) 1-No		[0] Point/Disabi [0] Point/Compe		0 Point/Other 0 Point/Compensabl	e/30%	3 0-Non 1-Perr		Conditional ndefinite			(b)(6	
27. FEGLI	7-1701					.28, Annuitai	nt Indicator			29. Pay	Rate Dete	rminant
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30. Retirem	(b)(6)		31. Service	(b)(6)	,	32. Work Sc	full Time				Time Ho Pay Perio	urs Per Biweekiy d
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_	ompetitive Ser	vice 3-SES Ge		35. FLSA Category E-Exempt		36. Appropr						iit Status
38. Duty Sta	xcepted Servic ation Code	e 4-SES Ca	reer Reserved 39. Duty	E N-Nonexen		r Overseas Lo				88	00	
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40. Agency	Data	41.		42:	43.		-4	4,_				
45. Edu, Lv 17	1.00	2009	17. Acad. Discipl 513808			48. Func. 0		9. Citizenship 1 1-USA		eterans Status Non Vet		All Other
PART C 1. Office/Fu		vs and App		(Not to be use Date	ed by requ	esting office 1. Office/Fu		Initials/Sign	nature	Date		
A.	224 634 14	anamin's	gerettista w			D.		anomur 11g		a same		
В.						E.						
C.						F.						
2. Approva	al: I certify t	hat the inforn	nation entered	on this form is acc	curate and		Signature	-			A	010 mil Bar 16

Name: UNDERWOO				PAR Number:
PART D - Remarks	by Requesting Office			
(Note to Supervisors: Do If ""YES"", ple	you know of additional or conflic ase state these facts on a separate	ting reasons for the empl sheet and attach to SF52	oyee's resignation/retirement).	YES NO
Data Change				
PART E - Employe	e Resignation/Retirement			
a forwarding address. Your your re-employment in the eligibility for unemployment used primarily to mail you compensation to which you This information is request	h a specific reason for your resignative reason may be considered in any fur Federal service and may also be usent compensation benefits. Your forw copies of any documents you should are entitled. Ed under authority of sections 301, 3 abd 3301 authorize OPM and agence	ture decision regarding and to determine your sarding address will be at have or any pay or 3301, and 8506 of title	regulations with regard to em records, while section 8506 re termination of Federal service tion with administation of une The furnishing of this inform- in your not receiving: (1) you	ployment of individuals in the Federal service and their equires agencies to furnish the specific reason for to the Secretary of Labor or a State agency in connectional compensation programs. It is a soluntary; however, failure to provide it may result recopies of those documents you should have; (2) pay u; (3) any unemployment compensation benefits
Reasons for Resignatio Please be specific and	n/Retirement (NOTE: Your reason	ns are used in determinin	g possible unemployment be	nefits.
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Code)
PART F - Remarks	for SF 50			
PART F - Remarks	for SF 50			

Rev 7/91

U.S. Office of Personnel Management

Actions R		ting Office		Iso complete F		,, -2,62,82	Do tind Dy				2. Rec	uest Number
For Addit	tional Informa	tion Call (Na	ame and Teleph	one Number)								posed Eff. Date 0-16-2016
Action Re	equested By	(Туре	J Name, Title,	Signature, and Re	equest Date)	6. Action Au	thorized By	(Typed	Name, Title, Si	ignature, and Da		10 2010
ARTE	3 - For Pro	eparation	of SF 50	(Use only code	es in The Guid	le to Person	nel Data Sta	andards. She	ow all dates i	in month-day-	vear or	der.)
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IRST	JNDERWOOD, LAUREN A IRST ACTION					SECOND ACTION						
A. Code Promotion 5-B. Nature of Action Promotion					6-A. Code 6-B. Nature of Action							
C. Code Y7M SCH C, 213.3301a Agency-unique Schedule C auth.						6-C. Code	6-D.	Legal Authority				
E. Code ZLM	5-F. Legal OPM	Authority Form 1019 er 18, 2016	Dated			6-E. Code	6-F. I	Legal Authority				
	Position Title a Assistant			n: 003329	80		ition Title and Advisor 6054	Number	Po	sition: 0	03735	25
Pay Plan GS	9.0ce, CD 0301	10.Grd/Lvl 13	11.Step/Rate 03	12.Tot. Salary \$98,289.0	13.Pay Basis PA	16.Pay Plan GS	17.0cc, CD 0301	18.Grd/Lv1 14	19.Step/Rate 01	20.Tot. Salary. \$108,88		21.Pay Basis PA
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REQUEST FOR PERSONNEL ACTION

Name: UNDERWOO	DD,LAUREN A			PAR Number:
PAKT D - Remarks	by Requesting Office			
	you know of additional or conflic ase state these facts on a separate			YES NO
Promotion				
PART E - Employe	e Resignation/Retirement			
		Privacy Act	Statement	
a forwarding address. Your your re-employment in the eligibility for unemployment used primarily to mail you compensation to which you This information is requested.	h a specific reason for your resignation reason may be considered in any fur Federal service and may also be usent compensation benefits. Your forward copies of any documents you should are entitled. ed under authority of sections 301, 3 abd 3301 authorize OPM and agence	on or retirement and ture decision regarding d to determine your arding address will be I have or any pay or 301, and 8506 of title	regulations with regard to emprecords, while section 8506 retermination of Federal service tion with administation of une The furnishing of this informatin your not receiving: (1) your	ployment of individuals in the Federal service and their quires agencies to furnish the specific reason for to the Secretary of Labor or a State agency in connecting the secretary of Labor or a State agency in connecting to the secretary of Labor o
Please be specific and	n/Retirement (NOTE: Your reason avoid generalizations. ment is effective at the end of the			nefits.
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, State, ZIP Code)
PART F - Remarks	for SF 50			

REQUEST FOR PERSONNEL ACTION

Rev 7/91

U.S. Office of Personnel Management

Guide to Processing Personnel Actions, Chapter 4 (Also complete Part B, Items 1,7-22,32,33,36 and 39) PART A - Requesting Office 1. Actions Requested 2. Request Number 3. For Additional Information Call 4. Proposed Eff. Date 01-08-2017 (Name and Telephone Number) 5. Action Requested By (Typed Name, Title, Signature, and Request Date) 6. Action Authorized By (Typed Name, Title, Signature, and Date) PART B - For Preparation of SF 50 (Use only codes in The Guide to Personnel Data Standards. Show all dates in month-day-year order.) 1. Name (Last, First, Middle) 2. Social Security Number 3. Date of Birth 4. Effective Date UNDERWOOD, LAUREN A FIRST ACTION 01-08-2017 (b)(6) (b)(6)ECOND TION 5-A. Code 5-B. Nature of Action 6-B. Nature of Action 6-A. Code 894 Gen Adj 5-D. Legal Authority Reg 531,207 5-C. Code 5-C Code 6-D. Legal Authority **QWM** 5-F. Legal Authority EO # 13756 dated December 5-E. Code 6-E. Code 6-F. Legal Authority ZLM 7. FROM: Position Title and Number 15. TO: Position Title and Number Senior Advisor Senior Advisor PD: GS6054 PD: GS6054 Position: 00373525 Position: 00373525 8.Pay Plan GS 10.Grd/Lyl 12.Tot. Salary 13.Pay \$108,887.00 PA 16.Pay Plan GS 20.Tot. Salary/Award 9.Occ. CD 11.Step/Rate 17.0cc, CD 18.Grd/Lvl 19.Step/Rate 21.Pay Basis 0301 0301 14 01 \$112,021.00 12B. Locality Adj. \$21,624.00 20A. Basic Pay \$88,136.00 20B. Locality Adj. \$23,885.00 12A. Basic Pay 12C. Adj. Basic Pay 12D. Other Pay 20C. Adj. Basic Pay 20D. Other Pay \$108,887.00 \$87,263,00 \$112,021.00 14. Name and Location of Position's Organization 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA WASHINGTON DC USA EMPLOYEE DATA 23. Véterans Preference 24. Tenure 25. Agency Use 26. Veterans Preference for RIF 3-10 Point/Disability 5-10 Point/Other 0-None I-None 2-Conditional (b)(6)(b)(6)2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% 1-Permanent 3-Indefinite 27. FEGLI 28. Annuitant Indicator 29. Pay Rate Determinant (b)(6)Not Applicable Regular Rate 30. Retirement Plan 31. Service Comp. Date (Leave) 32. Work Schedule 33. Part-Time Hours Per Biweekly Pay Period (b)(6)06-01-2010 F Full Time POSITION DATA 34. Position Occupied 35. FLSA Category 37. Bargaining Unit Status 36. Appropriation Code 1-Competitive Service 3-SES General E-Exempt 71991002 8888 2-Excepted Service 4-SES Career Reserved N-Nonexempt 39. Duty Station 38. Duty Station Code (City-County-State or Overseas Location) 110010001 WASHINGTON Dist Columbia DC USA 40. Agency Data 41. 44. 46. Yr. Degr. Aitd 2009 51 Supervisory Status 8 All Other 45. Edu. Lvl. 48. Func Class 49. Citizenship 47. Acad. Discipl. 50. Veterans Status 513808 1-USA 8-Other (b)(6) PART C - Reviews and Approvals (Not to be used by requesting office.) 1. Office/Function Initials/Signature Date 1. Office/Function Initials/Signature Date A. B. E. C F

2. Approval: I certify that the information entered on this form is accurate and

Signature

Apple 1 2017

Name: UNDERWOOD,LAUREN A PAR Number:									
PART D - Remarks	s by Requesting Office								
	(Note to Supervisors: Do you know of additional or conflicting reasons for the employee's resignation/retirement? If ""YES"", please state these facts on a separate sheet and attach to SF52). YES NO								
Adjustment									
PART E - Employe	e Resignation/Retirement								
		Privacy Act S	Statement						
a forwarding address. Your your re-employment in the eligibility for unemployme	h a specific reason for your resignat reason may be considered in any fu Federal service and may also be use nt compensation benefits. Your forw copies of any documents you should	ed to determine your varding address will be	regulations with regard to em records, while section 8506 re termination of Federal servic- tion with administation of un The furnishing of this inform	equires agencies to furnish e to the Secretary of Labor employment compensation	the specific reason for a State agency in a programs.	or connec-			
compensation to which you This information is request		3301, and 8506 of title	in your not receiving: (1) you or other compensation due you to which you may be entitled	ou; (3) any unemployment of	ts you should have; ((2) pay			
	on/Retirement (NOTE: Your reaso								
Please be specific and		-		nents.					
Your resignation/retires	ment is effective at the end of the	day - midnight - unless yo	u specify otherwise.)						
2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address	(Number, Street, City, Stat	te ZIP Code)				
2. Effective Date	3. Tour Signature	4. Date Signed	5. Folwarding Address	(Number, Street, City, Stat	te, zir Code)				
PART F - Remarks	for SF 50								
TIME TO METERS	101 01 00								
	cality-based payment of 27.1%. as authorized by E.O. #		/2016						
ourur, morouou	ac addicated by alo.	20.00, added 22,2.	, 2020						

Standard Form 32	REQUEST FOR LERSONNELA
Rev 7/91	
U.S. Office of Personnel Management	

	- Reques	ting Office		lso complete Pa	art B, Items 1	1,7-22,32,33,	36 and 39)				2. Re	quest Number	
3. For Additi	ional Informa	tion Call (N	ame and Teleph	one Number)								posed Eff. Date 1-22-2017	
5. Action Re	equested By	(Туре	d Name, Title, S	ignature, and Req	uest Date)	6. Action Au	thorized By	(Typed	Name, Title, Si	gnature, and		1-22-2017	
			of SF 50	(Use only codes	in The Guid	nide to Personnel Data Standards. Show all dates in month-day-year order.)							
	ast, First, Mi	ddle) LAUREN	Δ			2. Social Se (b)(6	Curity Numb	er	3. Date of B)(6)		ffective Date 01-20-2017	
FIRST A	CTION						DACTI			,,(0)		71-20-2017	
5-A. Code 317							6-B:	Nature of Action	ti.				
5-C. Code RPM						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 Senior Advisor PD: GS6054 Position: 00373525					5	15. TO: Posi	tion Title and	Number					
8.Pay Plan GS	9.0ce, CD 0301	10.Grd/Lyl 14	11.Step/Rate 01	12.Tot. Salary \$112,021.00	13.Pay Basis PA	16.Pay Plan	17.Occ. CD	18.Grd/Lvl	19.Step/Rate	20,Tot. Sal	ary/Award	21.Pay Basis	
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30. Retireme		-	31. Service	Comp. Date (Lea	ve)	9 Not Applicable 0 Regular Rate 32. Work Schedule 33. Part-Time Hours Per Biw							
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34. Position Occupied 35. FLSA Category 1-Competitive Service 3-SES General E-Exempt 2 2-Excepted Service 4-SES Career Reserved E N-Nonexempt 1-Competitive Service N-Nonexempt N-Nonexempt					36. Appropriation Code 37. Bargaining Unit Status 71991002 8888						iit Status		
38. Duty Sta				SHINGTON	County-State o								
40. Agency I	Data	41.		42.	43.		-4	4.					
45, Edu, Lvl 17	100	2009	7. Acad. Discipt 513808			48. Func. C		9. Citizenship 1 1-USA 8		(erans Status (b)(6)		Supervisory Status All Other	
PART C		s and App		(Not to be u	ised by requ	esting office. 1. Office/Fur		Initials/Sign	nature	Date			
A.	neuoli	Attion(15/-31g	and the	Date		D.	icusii	Anonis/Sigi	maure	Date			
B.						É.							
C.						F.							
				on this form is a cory and regulate			Signature				A	603val Ba2017	

	OOD,LAUREN A		PAR Number:					
lote to Supervisors:		ice r conflicting reasons for the emp separate sheet and attach to SF5.		ent?	YES NO			
ADTE Empl	oyee Resignation/Retir	amount.						
AKI E - Emph	byee Kesignation/Ketir		v 2					
forwarding address. Your re-employment in igibility for unemploy ed primarily to mail empensation to which his information is req	arnish a specific reason for your Your reason may be considered in the Federal service and may also yment compensation benefits. You copies of any documents you a you are entitled, puested under authority of section 301 abd 3301 authorize OPM and you are entitled.	resignation or retirement and in any future decision regarding so be used to determine your four forwarding address will be ou should have or any pay or ns 301, 3301, and 8506 of title	records, while section 8506 termination of Federal serv tion with administation of the The furnishing of this infor- in your not receiving: (1) y	or requires agencies to force to the Secretary of unemployment compen- mation is voluntary; he our copies of those doc you; (3) any unemploy	uals in the Federal service and their furnish the specific reason for Labor or a State agency in connectation programs. owever, failure to provide it may result cuments you should have; (2) pay ment compensation benefits			
Please be specific	and avoid generalizations.	ur reasons are used in determini d of the day - midnight - unless		benefits.				
tesignation								
Effective Date	3, Your Signature	4. Date Signed	5, Forwarding Address	(Number, Street, Ci	ity, State, ZIP Code)			
ART F - Rema	rks for SF 50	1	1:					
				800 4TH STF WASHINGTO	REET SW #S705 ON, DC 20024			
1-22-2017	UNDERWOOD,LA	AUREN A						
SF 2819 was provi	oed,		(b)(6)					
(b)(6)		(b)(6)						
Forwarding addres	55: (h	(h)(6)						
Reason for re	to be made for any unused a signation:	(b)(6)						

REQUEST FOR PERSONNEL ACTION

Rev 7/91

U.S. Office of Personnel Management

Actions	Requested	ting Offic		Iso complete Part B, Items	1,1-22,32,33,3	o anu 39)				2. Re	quest Number
For Add	itional Informa	tion Call (N	ame and Teleph	one Number)							posed Eff. Date 1-21-2017
Action R	equested By	(Type	d Name, Title, S	Signature, and Request Date)	6. Action Aut	horized By	(Typed	Name, Title, Si	gnature, and		1-21-2017
ARTI	R - For Pro	enaration	of SF 50	(Use only codes in The Gu	ide to Person	el Data Sta	ndards. Sh	ow all dates i	n month-d	av-vear o	rder.\
Name	Last, First, Mi	ddle)		(ese only codes in the ou	2. Social Se	curity Numbe		3. Date of B	irth	4. E	ffective Date
	ACTION	LAUREN	A		(b)(6)	DACTIO	ON	(i	0)(6)	()1-21-2017
A. Code	5-B. Natur	e of Action			6-A. Code	6-A. Code 6-B. Nature of Action					
001 Cancellation					317	Re	signation				
C. Code ATM					6-C. Code	6-D.	Legal Authority				
E. Code	5-F. Legal		isomer aca	ioni,	6-E. Code	6-F. I	ægál Authority				
	Position Title a Advisor S6054	nd Number	Position	n: 00373525	15. TO: Posit	ion Title and	Number				
Pay Plan GS	9.0cc, CD 0301	10.Grd/Lyl 14	11.Step/Rate 01	12.Tot. Salary 13.Pay Basi \$112,021.00 PA	s 16.Pay Plan	17.Occ. CD	18.Grd/Lvl	19.Step/Rate	20, Tot. Sal	lary/Award	21.Pay Basis
2A. Basic \$88	Pay ,136,00	12B. Locality \$23,88		ij. Basic Pay 12D. Other Pay 12,021.00 \$0	20A. Basic P	ay	20B. Locality	Adj. 20C. Adj	i. Basic Pay	20D. Othe	r Pay
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OFC C	of the Secr	retary of H SST SECR DC USA	lealth and H	Iuman Services OR PREPAREDNE	22. Name and	I Location of	Position's Organ	nization			
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forwarding address. Your re-employment in igibility for unemployed primarily to mail empensation to which his information is req	rmish a specific reason for your Your reason may be considered in the Federal service and may also yment compensation benefits. You copies of any documents you are entitled, juested under authority of section 301 abd 3301 authorize OPM and	resignation or retirement and in any future decision regarding to be used to determine your our forwarding address will be out should have or any pay or his 301, 3301, and 8506 of title	regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administation 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; (3) any unemployment compensation benefits to which you may be entitled.						
Please be specific	and avoid generalizations.	or reasons are used in determini		benefits.					
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1-21-2017	UNDERWOOD,LA	UREN A							

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Policy Coordinator (Program Specialist) GS-0301-11

Serves as a Program Specialist with responsibility to perform a wide variety of administrative and program functions which may involve matters related to budget, property, travel, procurement, human resources, or other program activities. The incumbent supports the organization through analyzing, planning, developing, coordinating, and monitoring administrative and program activity. The incumbent establishes and maintains procedural and reporting requirements to measure the utilization of all administrative services. Exercises judgment in determining applicable procedures and effecting changes in the administrative tasks being performed.

Reviews and analyzes directives and policies to determine impact on operations. The employee independently identifies the need for, plans, organizes, and conducts analytical studies based on examination of management needs. Analysis conducted may involve researching sensitive issues, analyzing and presenting results, and recommending administrative strategies or changes in internal operating procedures to incorporate new legislative requirements. Develops position papers to explain study findings and recommendations. Implementation may require that the incumbent write operating procedures.

Prepares special reports, presentations, and summaries. Obtains and verifies information through research of various sources. Evaluates, analyzes, and correlates all information relevant to the subject and compiles data and presents information in the appropriate written format or oral forum.

Personally responds to inquiries addressing program management issues and frequently requested program-specific technical information that would otherwise require the supervisor's personal attention. Obtains the necessary information from appropriate sources. Prepares responses/ papers that represents the organization's views, policies and procedures.

The incumbent assists in planning for and arranging the agenda of meetings and/or conferences. Assures all appropriate parties are notified and prepares specific background information about the speakers to include with the agenda.

KNOWLEDGE REQUIRED BY THE POSITION/LEVEL 1-7/1250 POINTS

Comprehensive knowledge of various administrative areas, such as: budget and financial management; contract administration; purchasing; procurement; human resources; and general administration as they are performed to conduct the business of DHHS, the OP/DIV and the immediate organization.

Knowledge of a wide range of specialized program analysis tools and techniques, and skill in applying this knowledge in the independent performance of difficult and complex work assignments.

Knowledge of the major issues, program goals and objectives, and work processes of the organization. Knowledge and skill in applying analytical and evaluation methods and techniques, administrative requirements, and operating procedures to plan, schedule, and conduct studies to evaluate the efficiency and effectiveness of programmatic operations. These studies and the resulting recommendations require knowledge of the laws, regulations, policies, and precedents that impact the program and its related administrative services. Ability develop, and implement strategies related to the administrative processes and policies.

The work requires skill in preparing project papers and staff reports and skill in organizing and delivering briefings to managers to encourage understanding and acceptance of findings and recommendations.

SUPERVISORY CONTROLS/LEVEL 2-4/450 POINTS

The supervisor provides general supervision. Deviations from accepted practice are made when necessary. Completed work is reviewed for effectiveness and conformance with overall policy. The incumbent keeps the supervisor abreast of unusual problems, controversial or precedent-setting issues.

GUIDELINES/LEVEL 3-3/275 POINTS

Guidelines consist of general agency administrative policies and manuals, OMB Circulars, and regulations relating to budget formulation and execution; Federal Procurement Laws; Comptroller General Decisions; DHHS rules, regulations, policies, procedures, and instructions relating to procurement, contracting, budget, and human resources. Judgment must be used to choose, interpret, and adapt guidelines and techniques when necessary.

COMPLEXITY/LEVEL 4-4/225 POINTS

Duties cover a wide range of administrative functions and analytical processes. Decisions regarding what needs to be done include the assessment of unusual circumstances, variations in approach, and incomplete or conflicting data to achieve the most advantageous solution for the benefit of the organization. The work requires making many decisions concerning such things as interpretation of considerable data, planning of the work, and/or the refinement of the methods and techniques to be used. The incumbent confers with program, administrative, and executive staff to resolve unusual problems and answer questions. Work involves analyzing variations in approach and resolving incomplete or conflicting data

SCOPE AND EFFECT/LEVEL 5-3/150 POINTS

The employee identifies, analyzes, and makes recommendations to resolve conventional problems and situations in the line work of the organization. The employee may be

assigned portions of broader studies or participate in the evaluation of program effectiveness at the operating level. The activities of the incumbent directly ensure the most appropriate use of funds, personnel, and other resources that are critical to fulfilling the organization's mission. Work may involve developing detailed procedures and guidelines to supplement established program guidance. Completed reports and recommendations influence decisions by managers. The work also may involve identifying problems, studying and analyzing and making recommendations concerning the efficiency and productivity of operations in different components of an organization.

PERSONAL CONTACTS/LEVEL 6-3/60 POINTS

The incumbent's primary contacts are with staff within the organization, members of other federal agencies and the private sector in order to provide information, resolve problems and clarify issues. The position requires considerable interaction with program managers and staff as well as support services. Most contacts are unplanned and require quick and decisive action.

PURPÓSE OF CONTACTS/LEVEL 7-3/120 POINTS

Personal contacts are to plan, coordinate, or advise on work efforts or to resolve problems by influencing or motivating individuals or groups who are working toward mutual goals and who have basically cooperative attitudes. The incumbent exchanges information, provides technical and regulatory guidance, presents recommendations and resolves administrative and related problems.

PHYSICAL DEMANDS/LEVEL 8-1/5 POINTS

Work is primarily sedentary, although some slight physical effort may be required.

WORK ENVIRONMENT/LEVEL 9-1/5 POINTS

Typically performs work in an adequately lighted and climate controlled office. Assignments may require occasional travel.

FACTOR POINT TOTAL - 2470

GS-0301, Miscellaneous Administration and Program Series, TS-34, Jan. 1979 GS-0341, Administrative Officer Series, Flysheet, TS-72, Feb. 1968, TS-63, Aug. 1966 Administrative Analysis Grade-Evaluation Guide (8/90)

2c. Explanation Show any cositions replaced 10a. Administrative AA 10b. Job Requisitive 197572 16. Classified/Graded by: Official Title of Positive 1980 of Personnel Management b. Department, Agency or Establishment c. Recommended by Supervisor or Initiating	dentis Act Nonexempt Decify in remarks) SES (CR) Ve Code Son/Position Number	7. Fin	OGE-278 sistion is: Supervisor/M Supervisor-CS Management (Code 5) Work Leader Team Leader Neither (Code	e Location DGE-450 DGE-450 Lanager (Code 2) SRA (Code 4) Official (CSRA) (Code 6)	1-None 2-Non Sensit 3-Criti 4-Spec	critical tve cal Sensitive cial Sensitive	n, DC
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b. Department, Agency or Establishment Policy Coordinator c. Recommended by Supervisor or Initiating Office			_			1	
Supervisor or Initiating Office			GS	0301	12		
17. Organizational Title of Position (If different from official title)							
19. Department of Health and Human Services	c.1	c. Third subdivision					
a, First subdivision Office of the Secretary	d.I	d. Fourth subdivision					
b. Second subdivision Immediate Office of the Secretary	e.F	e. Fifth subdivision					
20. Supervisory Certification. I certify that this is an accurate statement of th necessary to carry our Government functions for which I am responsible. This o appointment and payment of public funds, and that false or misleading statem	enification is made	with the	knowledge	that this informati	on is to be use	d for statutory	
a. Typed Name/Title/Employee ID of Immediate Supervisor Hanna Moore, Senior Policy Coordinator		b. Typed Name/Title of Higher Level Supervisor or Manager (optional) Rasheed Williams, Executive Officer					
(b)(6)		Signate	же	(b)	(6)		
21. Classification/Job Grading Certification. I certify that this position has been or required by the Title 5, U.S. Code, in conformance with standards published by the U.S. Personnel Management or, if no published standards apply directly, consistently with applicable published standards. Typed Name and Title of Official Taking Action	S. Office of the most	Position	Classification	ation Standards Us Flysheet for Misc. As Grade Evaluation (dministration and	d Program Serie	dition sa, GS-0301, Jan 1979.
Belinda Thomas-Blackwell, Supervisory HR Specialis	,	resources	office. The class	fication of the position	may be reviewed	and corrected by	
(b)(6) $4/25$		resources office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office Personnel Management, information on classification/job grading appeals, and complaints on exemption from is available from the human resources office of the U.S. Office of Personnel Management.					

POSITION CLASSIFICATION EVALUATION STATEMENT

TITLE, SERIES AND GRADE: Policy Coordinator, GS-301-12

ORGANIZATIONAL LOCATION DHHS

Office of the Secretary

PD NUMBER: XXXXX

ADMINISTRATIVE CODE: XXXX

Series and Title Determination:

REFERENCES: Position Classification Flysheet for Miscellaneous Administration and Program Series, GS-0301, January 1979; US OPM Administrative Analysis Grade Evaluation Guide, August 1990

Series and Title Determination:

The series of this position is determined using the Flysheet for the Miscellaneous Administration and Program Series, GS-0301. This series includes all classes of positions the duties of which are to perform, supervise or manage non-professional two-grade interval work for which no other series is appropriate. The work requires analytical ability, judgment, discretion and knowledge of a substantial body of administrative or program principles, concepts, policies and objectives. The GS-0301 series is consistent with the line of work of this position. The chief responsibility of this position is to serve as a policy coordinator and analyst reporting to the Secretary, responsible for researching, analyzing, evaluating and coordinating all activities related to federal health policy. The position is at the intermediate trainee level, full performance level GS-13.

The GS-301 series, therefore, is appropriate for this position. The title, Policy Coordinator, is constructed as being most descriptive of the purpose and duties of this position. The appropriate title and series of this position, therefore, is Policy Coordinator, GS-301.

Grade Level Determination:

Factor 1, Knowledge Required by the Position FL 1-7 1250 points

The incumbent serves as an intermediate level Policy Coordinator, performing the following duties under intermediate supervision:

The primary duties of the position involve the following:

- 1. Analyze and evaluate existing policy and legislation and monitor the effect these policies have on health IT adoption, electronic health information exchange and interoperability.
- 2. Consider options to policy and legislation including investigating and reporting on current strategies and their successes.
- 3. Propose and conduct analysis that provides informative, timely information for potential policy solutions to advance health IT adoption and to use.
- 4. Monitor the health care community with respect to issues that could affect health IT adoption and advise the Secretary and HHS leadership regarding potential opportunities, barriers, and concerns.
- 5. Develop policy options and recommendations to present to the Secretary consistent with HHS objectives.

Level 1-7 is appropriate. At this level, the work requires knowledge of the policies, precedents, goals, objectives, regulations, and guidelines for the assessment and improvement of program effectiveness or the improvement of management processes and systems. Typically, this includes knowledge of agency program goals and objectives, the sequence of timing of key program events and milestones, and the methods of evaluating the worth of program accomplishments

Factor 2, Supervisory Controls

FL 2-4 450 points

The incumbent works under the general supervision of a the supervisor, and proposes work plans and scope. The incumbent receives assignments from the Branch Chief or other supervisor through program discussions or written directives that outline broad objectives. Supervisor and employee develop a mutually acceptable project plan which identifies work to be done, scope and deadlines for completion. Incumbent plans his/her work and independently develops methods and techniques to accomplish work assignments, using judgment and discretion to determine scope of projects and studies. The incumbent is expected to participate in a matrix organizational structure by lending his/her expertise, as appropriate and as time permits to other components of HHS. Performance is evaluated in terms of soundness of recommendations and quantity, quality, and timeliness of work and written products.

Factor level 2-4 is appropriate. At this level, the employee and the supervisor develop a mutually acceptable project plan which typically includes identification of the work to be done, the scope of the project, and deadlines for completion. Completed work is reviewed by the supervisor only for compatibility with organization goals, guidelines and effectiveness. Supervisory controls over this position meet these criteria.

Factor 3, Guidelines

FL 3-4 450 points

Guidelines include federal and state legislation, Departmental regulations, directives, and policy. These guidelines provide minimal guidance and require considerable adaptation or interpretation; however, the requirements of the position are such that the incumbent must respond to unique situations and demands. The incumbent must exercise independent judgment, demonstrate ingenuity, and develop original approaches in recommending actions to be taken around policy issues which are unique and/or without precedent.

Factor level 3-4 is appropriate. At this level, guidelines consist of general administrative policies, and management and organizational theories which require considerable adaptation for application to issues and problems studied. Within the context of broad regulatory guidelines, the employee may refine or develop more specific guidelines. This is descriptive of the guidelines for this position.

Factor 4, Complexity

FL 4-4 225 points

The work requires the application of broad knowledge in the analysis, interpretation and application of numerous and unrelated travel regulations and methods and processes applicable to a broad range of situations. Assignments have a wide range of activities occurring at the same time, often of an emergency nature requiring knowledge of a wide variety of emergency policies, regulations and procedures. The assignment requires conceptualization and definition of issues and substantial analysis and understanding of the delivery of services in emergency situations to varied population groups in emergency response situations, geographic locations and levels of medical and social sophistication.

Factor level 4-4 is appropriate. Decisions in how to proceed in planning, organizing and conducting studies are complicated by conflicting program goals and objectives which may derive from changes in legislative or regulatory guidelines. Options, recommendations and conclusions developed by the employee take into account uncertainties about the data and other variables. The employee may develop new information about the subject studied. This describes the Complexity requirements of this position.

Factor 5, Scope and Effect

FL 5-4 225 points

The purpose of the work is to provide advice and expertise regarding health IT policy to the Secretary and key HHS officials. Results of analyses are used in formulating options and recommendations for policies on a variety of health IT issues. The incumbent's work contributes to the formulation of future Departmental activities with regard to health IT and electronic health information exchange. Working independently, the incumbent is delegated responsibility that authorizes him/her to actually influence the activities relevant to his/her area of expertise. The impact of the of the incumbent's recommendations and findings carry considerable weight and, as a result of recommendations, decisions are made that could affect national and state policies and programs.

Level 5-4 is appropriate. At this level, the purpose of the work is to assess the productivity, effectiveness and efficiency of program. Work affects the plans, goals and effectiveness of missions and programs.

Factor 6/7 Personal Contacts and Purpose of Contacts

FL 3/c

180 points

The position requires numerous contacts with co-workers, high-level officials in the Office of the Secretary and other HHS and state and Federal agencies; components involved in public policy analysis; senior executive officials at the Federal, state and local levels, and Congress; and relevant foundations and public interest groups.

The purpose of contacts is to exchange information, coordinate efforts to improve Federal health IT-related regulatory programs and policies, participate in joint efforts in addressing specific issues and problems, to influence managers or other officials to accept and implement findings and recommendations and to assist Department officials in making decisions as they affect OB and ONC responsibilities.

Factor 8, Physical Demands

FL 8-1

5 points

The work is generally sedentary.

Factor level 8-1 is appropriate.

Factor 9, Work Environment

FL 9-2

5 points

The work environment involves everyday risks that require normal safety precautions typical of such places as offices, meetings, and training rooms. Factor level 9-1 is met.

TOTAL POINTS - 2790

Since the FES point range for the GS-12 grade level is 2755 - 3150, the EQUIVALENT GRADE for this position is: GS-12

Conclusion: This position is properly classified as Policy Coordinator, GS-301-12.

Name and title of official taking action:

Signature:	Data
Signature:	Date:
9	

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POLICY COORDINATOR GS-301-9

INTRODUCTION

This position is located in the Office of the Executive Secretary (ES), Immediate Office of the Secretary (IOS), Department of Health and Human Services (HHS). The ES serves as key staff to the Secretary, and as such, ensures that positions, policies, and actions of Operating Divisions (OpDivs) and Staff Divisions (StaffDivs), as reflected in documents needing Secretarial or Deputy Secretarial approval, are consistent with the Department's and Administration's views and policies; ensures that adequate and complete staff work is done; acts as an authoritative, accessible source of information on the Secretary's policies; and carries out special projects as directed.

The incumbent of this position serves as Policy Coordinator (PC) to the Secretary for select OpDivs and StaffDivs in the Department while also contributing to and leading on various projects as determined within ES. In certain situations, the PC may be asked to focus exclusively or almost exclusively in a particular programmatic or substantive area.

DUTIES AND RESPONSIBILITIES

- Serves as an authoritative source of information for the Executive Secretary and other
 Departmental officials concerning critical health and human services issues. Advises
 the Secretary, Deputy Secretary, Executive Secretary, and senior staff on major
 program policy matters and provides analysis and recommendations for effective
 development of Departmental policies and strategies.
- Reviews memoranda, reports to Congress, correspondence, regulations, and other
 documents for substance, completeness, and consistency. Coordinates a clearance
 review with OpDivs, StaffDivs, Departmental officials, and other federal agencies
 when needed or required. Resolves any disagreements and ensures documents are
 revised as appropriate and adhere to guidance (including guidance on grammar,
 punctuation, and formatting) in the IOS "Guide to Document Preparation" and the
 principles of plain writing, as required by the Plain Writing Act of 2010, prior to
 submitting for the Secretary's or Deputy Secretary's approval and signature.
- Reviews policy statements by OpDivs and StaffDivs to anticipate potential problems or inconsistencies with views of the Secretary and the Administration. Assists in resolving these matters to the satisfaction of the Secretary.

- Coordinates and attends meetings and briefings to resolve policy disagreements, reach consensus on decisions, and facilitate clearance and approval of important policy documents.
- Writes memos and provides other background information to the Secretary and other Departmental officials containing the substance and context of issues for their attention and/or action.
- Serves as a member to an assigned team in ES and is responsible for keeping other team members informed as to his or her activities.

FACTOR 1 - KNOWLEDGE REQUIRED

- -- Working knowledge of a broad range of policy initiatives and Departmental programs as well as experience in the program operations of OpDivs and StaffDivs. Incumbent should be well versed in the Department's activities in health and human services areas and should have a thorough knowledge of the HHS organizational structure.
- -- Knowledge of policy development, accepted management practice, and organizational structure to evaluate procedures and practices and to recommend improvements to more efficiently achieve agency goals.
- --Knowledge of all aspects of HHS regulatory policy and procedures to provide immediate advice to the Executive Secretary on what position HHS should adopt relative to assigned issues.
- -- Ability to develop, manage, and coordinate reviews and analyses of complex policy issues, including a wide variety of HHS initiatives to provide the Executive Secretary appropriate policy advice and recommendations related to areas of responsibility.
- --Knowledge of the executive/legislative decision-making process.
- --Skill in assessing the political and institutional environment in which decisions are considered, chosen and implemented.
- --Skill in dealing with and digesting voluminous amounts of information effectively.
- --Ability to identify, define, and propose comprehensive policy studies which serve to define major issues and lead to new or revised regulatory or sub-regulatory policy proposals.

FACTOR 2 - SUPERVISORY CONTROLS

--The incumbent works under the general administrative direction of a Team Leader who makes assignments in terms of broadly defined missions and functions. The incumbent has responsibility for planning, designing, and carrying out programs, projects, studies and other work independently, under the Team Leader's supervision. The incumbent consults with the

supervisor on broad administrative policies and to secure assistance in resolving especially controversial issues with key and/or top Department officials. If the work should be reviewed, the review concerns such matters as fulfillment of program objectives or the effect of advice and influence on the overall program. Recommendations for new projects and alteration/alternation of objectives are usually evaluated for such considerations as availability of funds and other resources, broad program goals or Department priorities.

FACTOR 3 - GUIDELINES

-The guidelines for the work are the policy statements and regulations, policies and procedures related to the Public Health Service Act and Social Security Act as amended which require considerable interpretation and application. Much of the work is performed without guides where only the incumbent's own understanding of Administration policy and direction serve as a guide or limit.

FACTOR 4 - COMPLEXITY

--The assignments involve providing advice and assistance in bringing decisions forward to the Secretary regarding strategies and regulations designed to protect and improve the public health of the Nation through research, education and direct delivery of services.

FACTOR 5 - SCOPE AND EFFECT

-- The incumbent's work contributes to the effectiveness of the Department as a whole by insuring that proposed policies and regulations are timely and effective and will be responsive to the health needs of the population.

FACTOR 6 - PERSONAL CONTACTS

The Policy Coordinator works in a liaison capacity for the Department, and as a result, contacts with policy makers and senior staff are frequent and recurring. There may also be some contact with officials at the policy making level of all Federal agencies involved in health and health related matters including Department of Defense; Department of Labor; and the Veterans Administration.

FACTOR 7 - PURPOSE OF CONTACTS

-- The purpose of the contact is to present, explain, and advocate HHS' position on public health, health care financing or social service issues, relate information of difficult or misunderstood public policy questions; to present alternative approaches to policy questions to individuals having differing viewpoints and goals; and to establish working relationships among policy staffs to assure a coordinated effort in the development of regulations.

FACTOR 8 - PHYSICAL DEMANDS

--No unusual physical effort is required; there is some walking and travel to meetings and conferences away from the worksite. Items carried typically include objects such as briefcases, work papers and data analysis printouts. The work can be stressful with regard to the policy level of the office and diversity of assignments.

FACTOR 9 - WORK ENVIRONMENT

--Work is usually performed in an office setting; there may be intermittent exposure to varied weather conditions when traveling to and from the worksite for meetings and conferences.

2. Reason for Submission Redescription	POSITION DESCRIPTION (Please Read Instruction						s on the Back)					
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POLICY COORDINATOR GS-301-13

INTRODUCTION

This position is located in the Immediate Office of the Secretary, Office of the Executive Secretariat (ES). The ES serves as staff to the Secretary and as such ensures that positions, policies and actions of the Departments' operating and staff divisions (as reflected in documents needing Secretarial approval) are consistent with the Secretary's views and policies; ensures that adequate and complete staff work is done; acts as an authoritative, accessible source of information on the Secretary's policies; and carries out special projects as directed.

The incumbent of this position serves as Policy Coordinator (PC) to the Secretary for one or two health and human services programs, such as, Office of the National Coordinator for Health Information Technology (ONC), Centers for Medicaid & Medicare Service (CMS), and/or Agency for Healthcare Quality and Research (AHRQ). In certain situations, the PC may be asked to focus almost exclusively in a particular programmatic or substantive area such as the adoption of health information technology and initiatives to improve health care quality.

DUTIES AND RESPONSIBILITIES

- --Serves to coordinate the presentation of information to the Secretary and her senior advisors concerning initiatives to promote the use of health information technology, to secure and protect patient health information, as well as health care quality initiatives related to the Medicare and Medicaid program. Advises the Executive Secretary on major program policy matters and provides analysis and recommendations for the effective development of Departmental policy and program strategies.
- --Represents the Department in contacts with officials in other government agencies, including OMB's Office of Information and Regulatory Affairs, to assure a coordinated effort in the development of Department policies and to identify critical areas of agreement or disagreement among these agencies.
- --Reviews action and information memoranda for substance, completeness, and proper coordination with the Assistant Secretaries, and other relevant operating divisions before forwarding to the Secretary or Deputy Secretary. Makes changes as necessary to reflect program policies and approaches, interrelationships of programs, and progress of the Department's programs, as well as proper reflection of Department policy and for suitability for the purposes intended.
- -Reviews policy statements by program directors and others throughout the Department to anticipate potential problems or inconsistencies with views of the Secretary and the

Administration. Assists in resolving these matters.

- -Develops background or summary papers to acquaint the Secretary, Deputy Secretary and Executive Secretary with the substance of issues that come to their attention. Furthermore, the incumbent prepares the ES recommendations on these issues.
- -Assists with training and mentoring junior staff.

FACTOR 1 - KNOWLEDGE REQUIRED

- Substantial knowledge of a broad range of policy initiatives and Departmental programs, particularly related to the adoption of health information technology, health care quality initiatives, and the Medicare and Medicaid programs. Experience in the program operations of related staff offices and agencies. The incumbent should have a thorough knowledge of the HHS organizational structure to include the program areas of ONC, CMS, and AHRQ.
- --Ability to independently develop, manage and coordinate reviews and analyses of complex policy issues including a wide variety of the Department of Health and Human Services initiatives in order to provide the Executive Secretary appropriate policy advice and recommendations related to areas of responsibility.
- -Substantial knowledge of all aspects of HHS regulatory policy and procedures to provide immediate advice to the Executive Secretary on what position HHS should adopt relative to assigned issues.
- --Knowledge and skill sufficient to serve as a Policy Coordinator at the headquarters level to review policy documents and decision memoranda, to ensure that they are complete, accurate, intelligible and consistent with Department policy.
- --Substantial knowledge of the executive/legislative decision-making process.
- —Skill in assessing the political and institutional environment in which decisions are considered, chosen and implemented.
- -Skill in dealing with and digesting voluminous amounts of information effectively.
- -Ability to identify, define, and propose comprehensive policy studies which serve to define major issues and lead to new or revised regulatory or sub-regulatory policy proposals.

FACTOR 2 - SUPERVISORY CONTROLS

--The incumbent works under the general administrative direction of a Team Leader who makes assignments in terms of broadly defined missions and functions. The incumbent has responsibility for planning, designing, and carrying out programs, projects, studies and other work independently, under the Team Leader's supervision. The incumbent consults with the supervisor on broad administrative policies and to secure assistance in resolving especially

controversial issues with key and/or top Department officials. If the work should be reviewed, the review concerns such matters as fulfillment of program objectives or the effect of advice and influence on the overall program. Recommendations for new projects and alteration/alternation of objectives are usually evaluated for such considerations as availability of funds and other resources, broad program goals or Department priorities.

FACTOR 3 - GUIDELINES

--The guidelines for the work are the policy statements and regulations, policies and procedures related to the Public Health Service Act and Social Security Act as amended which require considerable interpretation and application. Much of the work is performed without guides where only the incumbent's own understanding of Administration policy and direction serve as a guide or limit.

FACTOR 4 - COMPLEXITY

--The assignments involve providing advice and assistance in bringing decisions forward to the Secretary regarding strategies and regulations designed to protect and improve the public health of the Nation through research, education and direct delivery of services. This portfolio will include a number of high-profile, time-sensitive and technical issues.

FACTOR 5 - SCOPE AND EFFECT

— The incumbent's work contributes to the effectiveness of the Department as a whole by insuring that proposed policies and regulations are timely and effective and will be responsive to the health needs of the population.

FACTOR 6 - PERSONAL CONTACTS

- The Policy Coordinator works in a liaison capacity for the Department, and as a result, contacts with policy makers and senior staff are frequent and recurring. There may also be some contact with officials at the policy making level of all Federal agencies involved in health and health related matters including Department of Defense; Department of Labor; and the Veterans Administration.

FACTOR 7 - PURPOSE OF CONTACTS

- The purpose of the contact is to present, explain, and advocate HHS' position on public health, health care financing or social service issues, relate information of difficult or misunderstood public policy questions; to present alternative approaches to policy questions to individuals having differing viewpoints and goals; and to establish working relationships among policy staffs to assure a coordinated effort in the development of regulations.

FACTOR 8 - PHYSICAL DEMANDS

-- No unusual physical effort is required; there is some walking and travel to meetings and

Document Header Information

Document

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Document Name:

Detail:

VCH062130

Type:

TANUM02JRZ

Trip from Washington to Luxembourg

TA Number: TA Date:

10/27/15

Trip Name: Currency:

Organization:

HHSPANC

Current Status:

Paid

Purpose:

MISSION

Document

Lauren will be staffing Dr. Lurie at the Scientific Symposium of the Institut Pasteur International Network.

Type Code:

(OPERATIONAL) SINGLE TRIP

Traveler Profile

Name: TID:

UNDERWOOD, LAUREN ASHLEY

ID: Organization:

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Title:

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Duty Station:

WASHINGTON DC

Security Cl:

SPECIAL ASSISTANT TO

Card:

No Advance

Office Address:

200 INDEPENDENCE AVE SW RM 621H HHH BLDG
WASHINGTON, EMAIL:

LAUREN, UNDERWOOD@HHS.GOV

DC 20201

Office Phone:

(202) 205-5446

Cell Phone:

Alternate

Home Address: 800 4th St SW S705
Washington, DC 20024

Home Phone: Alternate

Address:

Phone:

Document Information

Trip Number: 1

Lauren will be staffing Dr. Lurie at the Scientific Symposium of the Institut Pasteur International Network. Purpose:

Itinerary Locations

From 10/11/15

To 10/14/15

Itinerary Location LUXEMBOURG, LUX Purpose

Per Diem Rates

10/14/15

10/16/15

PARIS, FRA

MISSION (OPERATIONAL) MISSION (OPERATIONAL)

253.00 / 139.00 337.00 / 143.00

Notification of Foreign Travel

Trip Number: 1 Traveler Information

Job Title ("&" character not allowed)

Assistant to the ASPR

Employee Status

Passport # and Expiration Date ("&"

GS (b)(6)

Passport Type

Official

character not allowed)

Passport Issuing Country ("&" character USA

Country of Birth ("&" character not USA allowed)

not allowed)

Organization & Trip Information Agency

OS.

Center

ASPR

Additional Organization Description ("&" character not allowed)

Lauren will be staffing Dr. Lurie in Country Clearance Cable Prepared?

Yes

Luxembourg and Paris

Multilateral Travel Activity?

No

Are Multiple Employees Traveling

Yes

Together?

allowed)

Additional Employee Names List ("&" Dr. Nicole Lurie

character not allowed)

Late Reason

LATE INVITATION

Late Justification ("&" character not

Dr. Lurie received the invitation within the last 30 days.

Destination Information

LUXEMBOURG, LUX (10/11/15 -

Hotel Address ("&" character not

allowed)

TDY Purpose

Area of Activity

Hotel Name ("&" character not allowed)

Hotel Phone ("&" character not allowed)

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Funding Information			
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Cost Information
Is business or premium class used for any No leg of this trip?

Trip#: 1

Description

Date

Document Totals	
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Reimbursable Expenses:	2,232.54
Non-Reimbursable Expenses:	2,320.75
Advance Applied:	.00
Net to Traveler:	1,340.11
Net to Government:	2,320.75
Pay to Charge Card:	892.43

Document Totals by Expense Category		
Expense Category	Cost	Advance Amount
COM.CARR.	2,266.10	.00.
LODGING	760.75	.00.
M&IE	775.50	.00
OTHER.	295.23	.00.
REIM EXP	8.83	.00
TAV EXP-C	14.75	.00
TAXI/PUBLIC TRANS	392.23	.00.
TMC FEE	39.90	.00
Total Expenses:	4,553.29	.00

ndor	Ticket#		
ndor	Tielest#		
	1 ICKet#	Location	Cost
lta Airlines Inc	1001283673		.00
lta Airlines Inc	1001283673		.00
xair	1001283673		.00
lta Airlines Inc	1001283673		.00
No Itinerary Available			
	No Itinera	No Itinerary Available	No Itinerary Available

3,017.04 Total Per Diem Expenses:

Pay Method

Cost

Total Non-Per Diem Expenses:

Category

1,536.25

Per Diem

10/11/2015	Airfare	COM,CA	RR.	2,266.10	CBA-CENTRALLY BILLED	ACCT
10/11/2015	Lodging	LODGING		.00	IBA-TRAVEL CARD	
0/11/2015	M&IE	M&IE		104.25	PERSONAL	*
0/11/2015	Misc, Expense	OTHER		295.23	IBA-TRAVEL CARD	
Comment:	This is for the cancelation fe	e.				
0/11/2015	INT'L TRANS FEE	REIM EX	(P	8,83	IBA-TRAVEL CARD	
10/11/2015	Taxi - Airport	TAXI/PUBLIC TRANS		85.18	PERSONAL	
10/12/2015	Lodging	LODGING		172.38	PERSONAL	*
10/12/2015	M&IE	M&IE		139.00	PERSONAL	*
10/13/2015	Lodging	LODGING		172.38	IBA-TRAVEL CARD	*
0/13/2015	M&IE	M&IE		139.00	PERSONAL	*
10/13/2015	Taxi - TDY/TAD	TAXI/PUBLIC TRANS		118.54	PERSONAL	
10/14/2015	Lodging	LODGIN	G	208,00	IBA-TRAVEL CARD	*
10/14/2015	M&IE	M&IE		143.00	PERSONAL	*
10/15/2015	Lodging	LODGING		207.99	IBA-TRAVEL CARD	*
0/15/2015	M&IE	M&IE		143.00	PERSONAL.	*
10/15/2015	Taxi - TDY/TAD	TAXI/PL	BLIC TRANS	109.13	PERSONAL	
10/16/2015	M&IE	M&IE		107.25	PERSONAL	*
10/16/2015	Taxi - Airport	TAXI/PU	BLIC TRANS	79.38	PERSONAL	
10/27/2015	TDY Voucher Fee	TAV EX	P-C	14.75	CBA-CENTRALLY BILLED	ACCT
10/27/2015	Travel Fee	TMC FE	Ē	39.90	CBA-CENTRALLY BILLED	ACCT
Comment:	LB ATRS Intl w-Air-Rail					
Per Diem /	Allowances					
Γrip#: 1	Total Per Diem Allowances:				1,536	.25
Date	Rate	Ldg Cost	Ldg Allowed	M&IE Cost	M&IE Allowed	B L D Conf%
10/11/2015	253.00/139.00	0.00	0.00	104.25	104.25	B L D COM
10/11/2015	253.00/139.00	172.38	172,38	139.00	139.00	
10/12/2015	253.00/139.00	172.38	172.38	139.00	139.00	
0/13/2015	337,00/143,00	208.00	208.00	143.00	143.00	
10/14/2015	337.00/143.00	208.00	208.00	143.00	143.00	
10/15/2015	337.00/143.00	0.00	0.00			
0/10/2015	337,00/143.00	0.00	0.00	107.25	107.25	

Org: HHSPANC	Label: IO	Acct Code:	(b)(6)	4,553.
Expense Category: COM, CARR.	Fiscal Year: 2016	Amount: 2,266.10		
Expense Category: LODGING	Fiscal Year: 2016	Amount: 760,75		
Expense Category: M&IE	Fiscal Year: 2016	Amount: 775,50		
Expense Category: OTHER	Fiscal Year: 2016	Amount: 295.23		
Expense Category: REIM EXP	Fiscal Year: 2016	Amount: 8,83		
Expense Category: TAV EXP-C	Fiscal Year: 2016	Amount: 14,75		
Expense Category: TAXI/PUBLIC TRANS	Fiscal Year: 2016	Amount: 392.23		
Expense Category: TMC FEE	Fiscal Year: 2016	Amount: 39.90		
		Total:		4,553.2

Organization	Label	Accounting String	Payment Method	Amount
HHSPANC	IO	1	CBA-CENTRALLY BILLEDACCT	2,320.75
HHSPANC	10	(b)(6)	IBA-TRAVEL CARD	892,43
HHSPANC	IO		PERSONAL	1,340,11
Totals by Lab	el			
HHSPANC	IO Total	(b)(6)		4,553.29
Totals by Pay	ment Method	U		
			CBA-CENTRALLY BILLEDACCT Total	2,320,75
			IBA-TRAVEL CARD Total	892.43
			PERSONAL Total	1,340.11

Attachments Exist

Attachments

Receipt Checklist		
Date	Description	Cost
10/11/15	Misc. Expense	\$295,23
10/11/15	Taxi - Airport	\$85.18
10/12/15	Lodging	\$172,38
10/13/15	Lodging	\$172,38
10/13/15	Taxi - TDY/TAD	\$118.54
10/14/15	Lodging	\$208.00
10/15/15	Lodging	\$207,99
10/15/15	Taxi - TDY/TAD	\$109.13
10/16/15	Taxi - Airport	\$79.38

Audits		
Audit Name	Result	Reason
COST COMPARISON	FAIL	Vch COST (TRIP 1) IS NOT WITHIN 15% OF COST (TRIP002AV0) The current cost of your trip has exceeded the estimated cost from your travel authorization by more than the allowed percentage. Please provide an justification explaining why the cost is significantly higher.
	Traveler Justification:	actual cost
EXP CAT THRESHOLD	FAIL	OTHER GREATER THAN 25.00 The threshold for one or more expense categories has been exceeded. Please provide a justification.
	Traveler Justification:	estimated expense
EXPENSE THRESHOLD	FAIL	Airfare exceeds the single threshold of 800,00 The threshold for one or more expenses has been exceeded. Please provide a justification.
	Traveler Justification:	estimated expense
PMT METH AUTHORIZED	FAIL	Lodging ON 10/12/15 HAS PMT METHOD OF PERSONAL - DOES NOT MATCH AUTH PAYMENT METHOD, IBA-TRAVEL CARD The payment method for one or more of the expenses has changed on the voucher from the authorization. Please justify,
	Traveler Justification:	actual payment method
TRAVEL EXPS AUTHRZED	FAIL	MODE NOT AUTHORIZED: AIR One or more of the travel mode expenses was not claimed on the authorization. Please provide a justification.
	Traveler Justification:	authorized

Copyright 1989-2009 Concur Government Edition: Concur Inc. UNDERWOOD, LAUREN ASHLEY. (b)(6)STATUS DATE TIME SIGNATURE NAME REASON CREATED 10/27/2015 6:09AMEST Green, Tracy Delshaun SIGNED 10/27/2015 9:35AMEST UNDERWOOD, LAUREN ASHLEY REVIEWED 10/27/2015 9:52AMEST Murray, David J ADJUSTED 10/27/2015 11:24AMEST Green, Tracy Delshaun CERTIFIED 10/27/2015 1:05PMEST Koepp, Walter George APPROVED 10/27/2015 1:07PMEST Arthur, Bonnie Ellen PENDING. 10/27/2015 1:07PMEST SYSUTILITY OFFSETTING OBLIGATED 10/28/2015 User, EAI 5:11AMEST 10/28/2015 PENDING User, EAL 5:11AMEST PAYMENT SUBMITTED 10/28/2015 User, EAI 10:51AMEST 10/29/2015 1:27PMEST User, EAI

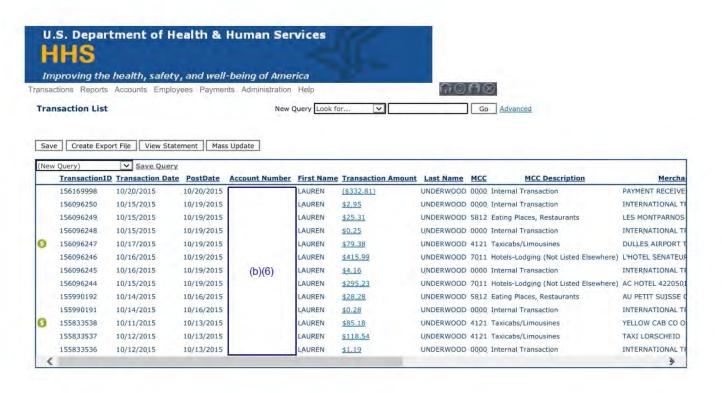
I certify that the electronic signatures listed above are valid and on file

Document History 08/23/2019 Vch: VCH062130

SIGNED DATE		

Document Signatures	
Traveler/Preparer Name:	
Traveler/Preparer Signature:	
Date:	
Approver Name:	
Approver Signature:	
Data:	

Transaction List Page 1 of 1



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Travel Expense Report



Traveler Information

Name of Traveler:	Lauren Underw	/ood		USPHS Office	r: Yes	No	
Last 4 SSN: XXX-XX				Work Email:	Lauren.Underw	ood@hhs.gov	
Dates of Travel: Fro	m: Oct 11, 2015	To: Oct 16, 2	015	Work Phone:	202.205.4246		
Purpose of Travel:	Dr. Lurie was i	nvited to the Scier	ntific Symposium	EA Email: (if applicable)	Christopher, De	Vore@hhs.gov	
	- 200		Travel E	xpenses			
	To claim	expenses for add	tional days/weeks,	please use an add	tional expense i	report.	
Pates:	Oct 11, 2015	Oct 12, 2015	Oct 13, 2015	Oct 14, 2015	Oct 15, 2015	Oct 16, 2015	
Destination(s):	Luxembourg, LX	Luxembourg, LX	Luxembourg, LX	Paris, FR	Paris, FR	Washington D.C.	
Mode of Transportation							
Lodging:		171,18	171.18	207.51	207.51 294.55*		
Lodging Tax:							
Rental Car:							
Rental Car Gas:							
Faxi/Shuttle:	85.18	118.27			108,72	79.38	
Parking Airport:							
Baggage Fees:							
POV Mileage:							
Meals Provided:							
Other Expense:							
Other Expense:							
Other Expense:							
Other Expense:	i i						

Additional Information

*294.55 charge is a cancellation fee that wasn't avoidable during last minute hotel switch. Supporting documentation is attached.



depuis 1847

Madame Lauren UNDERWOOD

NC nc ROYAUME-UNI

Mondorf-les-Bains, le 14/10/2015

CF (b)(6)

Référence : UNDERWOO5Mme UNDERWOOD L

Chambre : 3145éjour du 12/10/2015au 14/10/2015

Facture n° 000332152 du 14/10/2015

Page: 1

Qté	Libellé					Prix	Remise	Total
1	Le 13/10	PREMIUM 0/2015 PREMIUM			-300.00	150.00 150.00		150,00 150,00
To the product that the same	Total EFT EUR: 300.00 SIX Payment Services	14.10.2015 12:00:58 Tim-Id: 340339 Trv. Seq-No: 33311 Code d'automisation: 09990	Vente Visa Credit ©%©	*** Justificatif Client ***	DOMAINE THERMAL ANDLE DES BAINS 5601 MONCOFF LES BAINS	The second of th		

H.T.	Taxe	T.T.C
287.07 €	8.61€	295.68 €
3,69 €	0.63 €	4.32 €
	287.07 €	287.07 € 8.61 €

Total	300,00€				
Déjà versé	-300,00€				
Net à payer	0.00 €				

SPA

WELLNESS

FITNESS

SPORT

HEALTH

HOTELS

EVENTS

GASTRONOMIE



N° Chambre / Room N° :

Ms Lauren Underwood

Date Arrivée / Arrival : 14.10.15 Date Départ / Departure : 16.10.15

Caissier / Cashier:

Nº Confirmation ; 92173370 Membership: MR (b)(6)

Nom Client / Guest name : Ms Lauren Underwood

Date de facture: 18-OCT-15

Date	Description				Débit	Crédit
15.10.15	Cancellation Fees late CXL fees, CXL at 193	0 on the day of a	arrival, email has	been sent to the client	259.00	
15.10.15	Visa Card (b)(6)] XX/XX		seen sem to the enem		259.00
A.A.	нт	TVA	TTC	Total	259.00	259.00
TVA 0%	259.00		259.00	Balance	0,00	EUR

l'accepte la responsabilité du réglement de cette facture en cas de non-paiement d'une partie ou de la totalité des dépenses liées au séjour de la personne, la société ou l'association mentionnée ci-dessus.

Paiement au comptant - Pas d'escompte pour paiement anticipé.

Tout retard de paiement entraînera de plein droit le paiement de l'intérêt minimum prévu par la loi, soit 3 fois l'intérêt légal en vigueur. Si vous séjournez à titre professionnel, les dispositions des articles L.441-3 et L.441-6 du Code de commerce vous sont applicables et vous êtes redevable de plein droit du paiement de l'intérêt minimum prévu par la loi, soit 3 fois l'intérêt légal en vigueur et d'une indemnité forfaitaire pour frais de recouvrement de quarante (40) euros, non soumise à TVA, pour tout retard de paiement.

Your Marriott Rewards Points/Miles earned for this stay will be credited to your account and will appear on your next statement.

PASSENGER COPY

DAT, INC. 703-572-8294 TAXI CAB 148

10/16/15

Trip ID:	11161
Start:	05:35PM
1 Saarinen	Cir Sterling
End:	06:36PM
	(b)(6)
Dist:	27.7mi
Fare:	\$69.38
Extras:	\$0.00
Tip:	\$10,00
Total:	\$79.38

Signature

CC:

****0942

Exp: Voucher: Auth:

03/18 868230 081645

THANK YOU

PASSENGER COPY

CUSTOMER SERVICE CALL 703-661-8230

.............

YELLOW CAB OF DC (202) 544-1212

DATE TIME CAR DRIVER PLATE #	18-11-2015 15:39 6869 (b)(6) H93188
JOB ID METER START END MILEAGE	11138652 8 15: 89 15: 38 29: 6
FARE DISPATCH SURCH. AIRPORT LUGGAGE EXTRAS	68. 32 2. 96 9. 25 3. 99 9. 59 5. 75 11. 11
TOTAL	85, 18
PAYMENT VISA (b)(6)	CREDIT
AUTH, 090182 SWIPE AMOUNT TOTAL	70. 60 85. 18

SIGNATURE

DCTC COMPLAINTS TEL:855-484-4967 DCTAXI, DC. GOV

Try. Seq-No: Code d'autorisation: Total .10.2015 TAXIS LORSCHEID 106 RE BUSIE WEITER 2723 HUMAD (b)(6) SIX Payment Services EFT Justificatif Client *** ELR: 11:05:44 3000777 4348 104.00 **TAXIS PARISIENS** MONTANT PAYÉ: Lieu de départ : 0 Date Heure de départ N° minéralogique obligatoire: BARCO TAXICOP GAT SIRET 552 017 402 00025 SIRET 622 032 357 00049 SIRET 562 136 390 00035 NAF 4932 Z NAF 4932 Z Sociétés Coopératives de Production de Forme Anonyme à Capital Variable Siège Social: 56 rue Albert - 75013 PARIS - Tél.: 01 53 60 63 33 AFFILIÉES RADIO ALPHA TAXIS 01 45 85 85 85 www.alphataxis.fr Prise en charge : 2,60 € TARIF A: 1,05 € par km - TARIF B: 1,29 € par km - TARIF C: 1,56 € par km Heure d'attente : TARIF A : 32,05 € - TARIF B : 38,00 € TARIF C : 35,70 € C TARIFS APPLICABLES B 17h à 10h 10h à 17h Oh à 7h

lundi au samedi dimanches lundi au samedi ZONE URBAINE et dimanches 7h à 24h fériés dimanches Paris, Boulevard périphérique compris 0h à 24h jours fériés 7h à 19h 19h à 7h ZONE SUBURBAINE lundi au samedi lundi au samedi Fin de la zone des taxis parisiens et 0h à 24h desserte des aéroports d'Orly, de Roissy dimanches et et du Parc des expositions de Villepinte jours fériés AU-DELÀ DE LA quels que soient **ZONE SUBURBAINE** le jour et l'heure Le compteur applique automatiquement le tarif horaire au lieu du tarif kilométrique lorsque la vitesse du taxi est inférieure à 30,52 km/h en tarif A, 29,46 km/h en tarif B

et 22,88 km/h en tarif C.

Taxis Lorscheid

L-2723 HOWALD Tél: 49 16 76 106, rue E. Welter

QUITTANCE

(1)

Reçu de

la somme de

(b)(6)Reconnu exact, le chauffeur TVA 3% comprise

Luxembourg, le



10, rue de Vaugirard, 75006 Paris Tél 33 (0)1 43 54 54 54 - Fax : 33 (0)1 43 54 54 55 www.hotelsenat.com - reservations@hotelsenat.com

CARTE BANCAIRE EMV

LE 16/10/15 A 10:46:15 L'HOTEL SENATEUR 75 PARIS 6 7283758 55204857100012 30076 XXXXXXXXX (b)(6) 101 001 000004 51 S @ MONTANT : 364,94 EUR Pour information: 2393,85 FRF DEBIT SIGNATURE DU PORTEUR

TICKET CLIENT A CONSERVER MERCI ET A BIENTOT



Facture / Invoice N°510-3607-1

16/10/2015 Le :

Chambre / Room 505 Nom / Name UNDERWOOD LAUREN Ste / Co. Arrivée14/10/2015 16/10/2015

Date	Qté	Descrip	tion	PU HT	TVA	PU TTC	TOTAL TT
14/10/15	1	Chambre	Indiv.	163.64	В	180.00	180.0
	1	TAXE DE	SEJOUR	2.47	Z	2.47	2.4
15/10/15	1	Chambre	Indiv.	163.64	В	180.00	180.0
	1	TAXE DE	SEJOUR	2.47	Z	2.47	2.4
		Tota	al presta	ions			364.9
		Tota	al réglé				0.00
		SOLD	DE (EURO)				364.9

		Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec.					
Facturé à sun agréab	le retour	TTC	:	0.00	360,00	0.00	4.94
	ion vous souhaite	HT		0.00	327.28	0.00	4.94
		TVA	1	0.00	32.72	0.00	0.00
		Tx (%)	:	5.50(A)	10.00(B)	20.00(c)	0.00(xz)

J'engage ma responsabilité personnelle pour le paiement intégral de cette note par la personne désignée ci-contre, et accepte les conditions de règlement énoncées au verso de la présente.

I hereby declare to be held personally liable for the settlement of this bill, and agree with the payment conditions settled on back side

Signature:

S.A. au capital de 38 500 euros - R.C.S. Paris B 552 048 571 - Nº de TVA : FR 26 552 048571



International Trip Report



Traveler Information

Name of Traveler:	Lauren Underwood		
Dates of Travel: From:	Oct 11, 2015 To: Oct 16, 2015		
Travel Destination:	Luxembourg & Paris		
Trip Type:	Conference		

Trip Report

Brief report of the significant aspects and results of your trip, including a summary of the extent to which the purpose(s) of the trip was achieved.

Lauren Underwood was able to provide staffing support to Dr. Lurie while she attended and contributed to the Ebola Lessons Learned Conference in Luxembourg, LX and the Scientific Symposium of the Institut Pasteur International Network in Paris, FR. Additionally, Lauren and Dr. Lurie were able to meet with Dr. Marie-Paule Kieny, the Assistant Director General of the WHO to discuss collaborative efforts.



Ticket Number:
Account #:
Issue Date:
Booking ID:
Issuing Location:
Booking Agent ID:
Form of Payment:
Transaction Type:
Currency:



Name: Underwood/Lauren.Ashley

	Carrier Equip	Flight #/ Class Fare Basis	Travel Dates	City - Airport T	Γime
alle.	DELTA AIR LINES 1333 Cor	9385 / L LDG nfirmation: H5HPW5	Sun, 10/11/2015 Mon, 10/12/2015	Leave :: 5 WASHINGTON-DLS 7 Arrive :: AMSTERDAM ***** Connecting *****	545P 730A
4	DELTA AIR LINES \E90 Cor	9304 / L LDG nfirmation: H5HPVV5	Mon, 10/12/2015 Mon, 10/12/2015		915A 010A
4	LUXAIR VER4 Co	8019 / C COW Infirmation: 34XFG4	Wed, 10/14/2015 Wed, 10/14/2015	Leave :: 4 LUXEMBOURG LUX 5 Arrive :: PARIS-D'GAULLE	435P 535P
4	DELTA AIR LINES 177W Cor	8496 / L LDG nfirmation: H5HPW5	Fri, 10/16/2015 Fri, 10/16/2015		145P 110P
- Fee(s) -	Payment Form of Referention Date Amount Payment #	Fare:		\$1,556 \$710	
Agent-Ass Int Air/F	sisted 10/07/2015 \$39.90 V (b)(6) (s) -	Total Amount: Amount Charged: Fee : Agent-Assisted Int Air/	Air only indicated here. Rail	\$2,266 \$2,266 \$3	
U22/HHS U29/UND	SPANC DERWOODLAUREN10112015	Air + Fee:		\$2,306	5.00

WAS DL X/AMS DL LUX M676.00LG PAR347.00DL WAS533.00NUC1556.00END ROE1.00 DL XT35.40US5.00XA5.60AY7.60CJ7.10RN0.60VV4.30LU23.20FR5.10IZ32.70QX516.00YR50.50YQ4.50XFIAD4.5

HHS-ASPR :: 4355 River Green Parkway Suite 310 :: Duluth, GA 30096 Tel: 877-676-5746

Document Header Information

Document

Vch

Document VCH110735

Type:

TA Number: TANUM04B78 Name:

TA Date:

02/26/16

Currency:

Trip Name: 2016 Flint, MI Water Crisis USD

Organization: HHSPANC

Purpose:

Current

Status:

EMERGENCY DEPLOYMENT

Document Detail:

Travel to Flint, MI as lead Federal Response Official. Airfare charged to the CBA. Rental Vehicle approved and needed to travel to Flint, MI with the ASPR and COO. Apply all costs to CAN

1991954

Paid

Type Code: SINGLE TRIP

Traveler Profile

UNDERWOOD, LAUREN A

ID: Organization:

(b)(6)HHSPANC

(b)(6)

Title:

Name:

TID:

0014102934 SPECIAL ASSISTANT TO

Duty Station:

WASHINGTON DC

Security Cl:

Card:

No Advance

Office Address: 200 INDEPENDENCE AVE SW RM 621H HHH BLDG
WASHINGTON, EMAIL:

LAUREN.UNDERWOOD@HHS.GOV

DC 20201

Office Phone: Home Address: (202) 205-5446

(b)(6)

Cell Phone: Home Phone:

Alternate

Alternate

Address: Phone:

Document Information

Trip

Number: 1 Purpose:

Travel to Flint, MI as lead Federal Response Official, Airfare charged to the CBA. Rental Vehicle approved and needed to travel to Flint,

MI with the ASPR and COO. Apply all costs to CAN (b)(6)

Itinerary Locations

From To 02/17/16

02/18/16

Itinerary Location FLINT, MI

Purpose

EMERGENCY DEPLOYMENT

Per Diem Rates 89.00 / 51.00

Document Totals

Total Expenses:	960.50
Reimbursable Expenses:	351.22
Non-Reimbursable Expenses:	609.28
Advance Applied:	.00
Net to Traveler:	76,50
Net to Government:	609.28
Pay to Charge Card:	274.72

Document Totals	by	Expense	Category
------------------------	----	---------	----------

Expense Category	Cost	Advance Amount	
COM,CARR.	570.20	.00	
LODGING	85.00	.00	
LODGING MISC	9,35	.00	
M&IE	76.50	.00	
RENTAL CAR	144.83	.00	
TAV EXP-C	14.75	.00	
TAXI/PUBLIC TRANS	35.54	.00	
TMC FEE	24.33	.00	
Total Expenses:	960,50	.00	
The same and the figure of the same and the			

Trip 1 Details

Reservations Summary Vendor Ticket# Location Reservation Type Cost COMM-CARR Delta 1001620351 570.20 COMM-CARR Delta 1001620351 .00 Holiday Inn LODGE 1001620351 Flint, MI 85.00 RENTAL Enterprise 1001620351 282.94

Trip Itinerary

From: DCA-Washington, DC (USA) (National Apt) TO: DTW-Detroit, MI (USA) (Metropolitan Apt)

Air

Wednesday February 17, 2016

DCA-Washington, DC (USA) to DTW-Detroit, MI (USA) (M

Feb 17 Delta 964 Duration: 1 Hour 42 Minutes Nonstop

Washington, DC (USA) (National Apt) 02/17/2016 7:30AM Detroit, MI (USA) (Metropolitan Apt) 02/17/2016 9:12AM

Confirmation Number: HQCPMY

Flight Information

Distance 404 miles Emissions 157.6 lbs of CO2

No Seat Assigned Cost 570.20 USD

Hotel

Holiday Inn

1150 Robert T Longway Blvd Flint MI 48503 810-238-7744

Feb 17 Checking in: 02/17/2016 Checking out: 02/18/2016

Total Rate: 85.00 USD

Car

Car Rental at DTW-Detroit, MI (USA) (M

Feb 17 Enterprise

Picking Up 02/17/2016 9:12AM Returning 02/18/2016 4:25PM

Picking Up at DTW-Detroit, MI (USA) (M Returning to DTW-Detroit, MI (USA) (M

Confirmation Number: 1112054074COUNT Total Rate: 282,94 USD

Air

Thursday February 18, 2016

DTW-Detroit, MI (USA) (M to DCA-Washington, DC (USA)

Feb. 18 Delta 1808 Duration: 1 Hour 35 Minutes Nonstop

Detroit, MI (USA) (Metropolitan Apt) 02/18/2016 5:25PM Washington, DC (USA) (National Apt) 02/18/2016 7:00PM

Confirmation Number: HQCPMY

Flight Information

Distance 404 miles Emissions 157.6 lbs of CO2

02/26/2016Travel Fee

No Seat Assigned

Expenses

Trip#: 1		Total Non-Per Diem Expenses:	799.00	Total Per Diem Expenses:	161.50
Date	Description	Category	Cost	Pay Method	Per Diem
02/17/2016	5Airfare	COM.CARR.		CBA-CENTRALLY BILLEDACCT	
02/17/2016	6Lodging	LODGING	85,00	IBA-TRAVEL CARD	*
Comment:	Conf Num: 66595624 Cmt: CXL AFTER 1800 17FEB FORFEIT ONE NITE STAY				
02/17/2016	6Hotel Tax - Domestic	LODGING MISC	9.35	IBA-TRAVEL CARD	
02/17/2016	6M&IE	M&IE	38.25	PERSONAL	*.
02/1/7/2016	6Rental Car	RENTAL CAR	144.83	SIBA-TRAVEL CARD	
Comment:	Conf Num: 1112054074COUNT Cmt:				
02/17/2016	5Taxi - Airport	TAXI/PUBLIC TRANS	18.54	IBA-TRAVEL CARD	
02/18/2016	5M&IE	M&IE	38.25	PERSONAL	*.
02/18/2016	5Taxi - Airport	TAXI/PUBLIC TRANS	17,00	IBA-TRAVEL CARD	
02/26/2016	STDY Voucher Fee	TAV EXP-C	1.4.75	CBA-CENTRALLY	

TMC FEE

BILLEDACCT

CBA-CENTRALLY

8.26

BILLEDACCT

Comment: OTRS Domestic-Intl w-Air-Rail

02/26/2016Travel Fee TMC FEE 16.07 CBA-CENTRALLY
BILLEDACCT

Comment: SB ATRS Domestic-Intl w-o Air-Rail _Lodging and-or Car Only_

Per Diem Allowances

Trip#: 1 Total Per Diem Allowances: 161.50

Date	Rate	Ldg Cost	Ldg Allowed	M&IE Cost	M&IE Allowed	B L D Conf%
02/17/2016	89.00/ 51.00	85,00	85.00	38.25	38,25	
02/18/2016	89,00/51,00	0,00	0.00	38.25	3.8.25	

Account Summary for the Selected Trip

Org: HHSPANC	Label: 2016 Flint, MI Crisis	Acet Code: (b)(6)	960,50
Expense Category: COM.CARR.	Fiscal Year: 2016	Amount: 570.20	
Expense Category: LODGING	Fiscal Year; 2016	Amount: 85.00	
Expense Category: LODGING MISC	Fiscal Year: 2016	Amount: 9,35	
Expense Category: M&IE	Fiscal Year; 2016	Amount: 76,50	
Expense Category: RENTAL CAR	Fiscal Year: 2016	Amount: 144,83	
Expense Category: TAV EXP-C	Fiscal Year: 2016	Amount: 14.75	
Expense Category: TAXI/PUBLIC TRANS	Fiscal Year; 2016	Amount: 35,54	
Expense Category: TMC FEE	Fiscal Year: 2016	Amount: 24.33	
		Total:	960.50

Payment Detail Information

Organization	Label	Accounting String	Payment Method	Amount
HHSPANC	2016 Flint, MI Crisis		CBA-CENTRALLY BILLEDACCT	609,28
HHSPANC	2016 Flint, MI Crisis		IBA-TRAVEL CARD	274.72
HHSPANC	2016 Flint, MI Crisis	(b)(6)	PERSONAL	76.50
Totals by Lal	bel			
HHSPANC	2016 Flint, MI Crisis Total			960.50
Totals by Pay	ment Method			
			CBA-CENTRALLY BILLEDACCT Total	609.28
			IBA-TRAVEL CARD Total	274.72
			PERSONAL Total	7,6,50

Attachments Attachments Exist

Receipt Checklist

Date	Description	Cost	
02/17/16	Lodging	\$85,00	
02/17/16	RENT Rental Car	\$144.83	

A	i	A	:	+

Audits		
Audit Name	Result	Reason
NON-CONTRACT FARE	FAIL	FLIGHT: 964, DEPARTING: 02/18/16, Fare code is invalid and could not be retrieved A non-contract fare was selected. Please provide a justification why a contract fare was not used.
	Traveler Justification:	Authorized
TRIP DATES & LOCS	FAIL	TRIP START DATE NOT AUTHORIZED Please explain the change in location and/or number of authorized travel days.
	Traveler Justification:	Approved
DUPLICATE EXPENSES	PASS.	Taxi - Airport, dated 02/18/2016, for amount 40 is duplicated. Multiple expenses have the same date and cost. Please provide a detailed description.

	Traveler Justification:	Approved
EXP CAT THRESHOLD	PASS	TAXI/PUBLIC TRANS GREATER THAN 50.00 The threshold for one or more expense categories has been exceeded. Please provide a justification.
	Traveler Justification:	Approved
TRAVEL EXPS AUTHRZED	FAIL	MODE NOT AUTHORIZED; AIR One or more of the travel mode expenses was not claimed on the authorization. Please provide a justification.
	Traveler Justification:	Approved

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STATUS	DATE	TIME	SIGNATURE NAME	REASON
CREATED.	02/26/2016	7:14AMEST	Gutierrez, Felipe A	
VOUCHER PREPARED	02/26/2016	7:32AMEST	Gutierrez, Felipe A	
SIGNED	02/26/2016	11:15AMEST	Gutierrez, Felipe A	
REVIEWED	02/29/2016	3:16AMEST	Murray, David J	
CERTIFIED	02/29/2016	7:25AMEST	Vadalma, Erik Scott	
APPROVED	02/29/2016	9:47AMEST	Hailwood, Brandon James	
PENDING	02/29/2016	9:47AMEST	SYSUTILITY	
Reject	03/01/2016	12:56PMEST	User, EAI	
ADJUSTED	03/02/2016	4:28PMEST	Murray, David J	
APPROVED	03/02/2016	4:28PMEST	Murray, David J	
PENDING	03/02/2016	4:28PMEST	SYSUTILITY	
OFFSETTING OBLIGATED	03/03/2016	6:10AMEST	User, EAI	
PENDING	03/03/2016	6:10AMEST	User, EAI	
PAYMENT SUBMITTED	03/03/2016	8:46AMEST	User, EAI	
Paid	03/04/2016	6:15PMEST	User, EAI	
I certify that the electronic signat	ures listed above are v	alid and on file		
SIGNED DATE				
Document Signatures				
Traveler/Preparer Name:				
Traveler/Preparer Signature:				
Date:				
Approver Name:				
, ipprover rusine.				

Approver Signature:

Date:



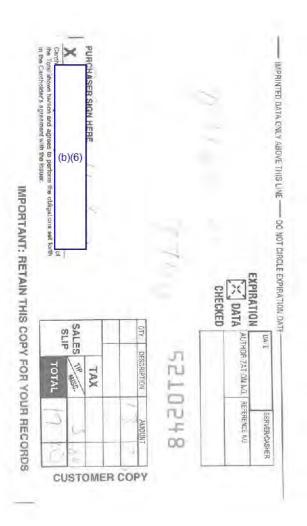
Travel Expense Report



70		100
TRAMA	Informa	LIOD

Name of Traveler:	Lauren Underw	vood		USPHS Offic	er: Yes	No		
Last 4 SSN: XXX-XX-				Work Email:	Lauren.Underwo	ood@hhs.gov		
Dates of Travel: Fron	m: Feb 17, 2016	To: Feb 18, 2	016	Work Phone	202.205.2882			
Purpose of Travel:	Lauren staffed	Dr. Lurie during th	nis visit to Flint	EA Email:	Christopher.De\	/ore@hhs.gov		
			Travel E	Expenses				_
	To claim	expenses for addi	tional days/weeks	, please use an ad	ditional expense re	eport.		
ates:	Feb 17, 2016	Feb 18, 2016						
estination(s):	Flint, MI	DCA						
Mode of Transportation								
		,						
odging:	85.00							
odging Tax:	5.10 4.25							
Rental Car:	119.79							
Rental Car Gas:	25.04		39	,				
Caxi/Shuttle:	18.54	17.00						
Parking Airport:		6					<u> </u>	
Baggage Fees:	(s)	8		3				
POV Mileage:	,,,				,			
Meals Provided:								
Other Expense:							:	_
nternational Trans								
Other Expense:	,	15.						
Other Expense:								
Other Expense:								
			ما المسمالية	form of the				_

Lauren
Underwood
2/17, Fhat, M/
2/18



YELLOW (202) 54	CAB OF DC 4-1212
DATE	02-17-2015
TIME	06:49
CAR	B109
DRIVER	(b)(6)
PLATE #	H98838
JOB ID	11589764
NETER	3
START	96:37
END	96:49
MILEAGE	4:5
FARE	13. 24
DISPATCH	2. 88
SURCH.	8. 25
EXTRAS	2. 25
TIP	3. 85
TOTAL	18. 54
PAYMENT VISA (b)(6) AUTH, 886841 SWIPE	CREDIT
AMOUNT	10. 54
TOTAL	10. 54
SLGNATURE	

DCTC COMPLAINTS TFI 855-484-4967 DCTAXI, DC. GOV



02-18-16

Lauren Underwood	Folio No.	3	Room No.	318
(b)(6)	A/R Number	3	Arrival	: 02-17-16
United States	Group Code Company	: Radius Travel	Departure Conf. No.	02-18-16 66595624
	Membership No.	: PC (b)(6)	Rate Code Page No.	

Date	Description	Charges	Credits	
02-17-16	MUST PRESENT STATE GOV		85.00	
02-17-16	Sales Tax		5.10	
02-17-16	County Tax		4.25	
02-18-16	Visa			94.35
Thank you for staying with us! Qualifying points for this stay will automatically be credited to your account. Please tell us about your stay by writing a review here - www.ihg.com/reviews. We look forward to welcoming you back soon.		Total	94.35	94.35
AAG LOOK IC	rward to welcoming you back soon.	Balance	0.00	

(Owned and Operated by Flint Nights.)

Guest Signature:			
Quest Signature.			

I have received the goods and / or services in the amount shown heron. I agree that my liablity for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Telephone: (810) 238-7744 Fax: (810) 233-7444



Enterprise Rent a Car Rental Location DETROIT METRO ARPT 330 LOCAS DR DETROIT

MI 48242

RA # 738773747

Bill Ref# 90075588412 Renter Name LAUREN UNDERHOOD

(b)(6)

USGOV US GOV'T ON ORDERS TRAVEL Contract ID

Return Location DETROIT METRO ARPT

GOP 25 36 3

WZAR

IFAR

380

7179

7359

State/Province TENNESSEE

X7592U

18-FEB-2016 10:47 BM

16-FEB-2016 02:16 PM

17-FEB-2016 09:30 AM

Phone (734)2293100

Charges Price/Unit Unit Brount TIME & DISTANCE 1 Days 69.00 69.00 * TIME & DISTANCE 1 Hours 13.00 13.00 * UNLIMITED MILES/RM - TIME & DIST M/Kms 0.00 * CDW / LDW Day5 0.00 REFUELING SERVICE CHARGE 11 Gallons 25.04 * 2.28 GARS CHARGE 2 Day5 10.00 * 5.00 ARPT COST RECOVERT FEE 118.76 13.19 = CUSTOMER FACILITY CHARGE 2 Day 5 1.00 2.00 * STADIUM TAX 133.95 2.68 * VIF REC 2 Days 0.86 1.72 *

136.63

Rate Info

Vehicle #

License#

M/Kms Out

M/Rms In

Class Driven

Class Charge

M/Kms Driven

Model

Messages

* Tamable Items Subject to Audit

Total Charges

SALES TAX 66.000 6

USD 144.83

Payment 5

Visa 0942

AUTE: 081801 16-FEB-2016 182.02

Payment

-144.83

FACSIMILE

8.20