

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)

(b)(6)

(b)(6) (cell)

Permanent Address:

(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 Nursing

- Major: Nursing GPA 3.60/4.0 *Magna Cum Laude*
Participant in the Honors Program
- Clinical placements in various settings including discharge planning, local health department, psychiatric partial program, and pediatric intensive care

April 2008

Professional Experience

Senior Syndicated Research Analyst

The Advisory 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 Hopkins 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.
- Facilitated communication with appropriate Institutional Review Boards and clinical research partners.

July 2009-Jan. 2010

Registered Nurse

Mollen 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- Baltimore, 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

(MSN/MPH Clinical Placement)

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

| | | |
|--|--|------------------------------------|
| | <p>Government Affairs Fellow (MSN/MPH Clinical Placement) <i>American Association of Colleges of Nursing</i>-Washington, DC</p> <ul style="list-style-type: none"> Engaged in federal lobbying activities to support nursing education appropriations and policy development. Completed several research, policy analysis and advocacy projects. | Jan 2009- Aug 2009 |
| | <p>Post Baccalaureate Intramural Research Training Fellow <i>National Institutes of Health</i>-Bethesda, MD <i>Clinical Center—Nursing Research and Practice Development Service</i></p> <ul style="list-style-type: none"> Research assistant on a qualitative HIV study examining clinical trial participation among minority HIV+ patients. Assisted Senior Research Scientist in preparing research findings for dissemination and department-wide scientific evaluation. | Sept 2008-June 2009 |
| | <p>NBC News- Denver, CO <i>Democratic National Convention Runner</i></p> <ul style="list-style-type: none"> Nightly News, MSNBC political unit, and Today Show on-site production activities and administrative tasks. | August 2008 |
| | <p>Project IMHOTEP Intern <i>Centers for Disease Control and Prevention</i>-Atlanta, GA <i>Coordinating Center for Environmental Health and Injury Prevention</i></p> <ul style="list-style-type: none"> 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. | Summer 2007 |
| | <p>Congressional Black Caucus Foundation Intern <i>Office of U.S. Senator Barack Obama</i>-Washington, DC</p> <ul style="list-style-type: none"> 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. | Summer 2006 |
| Licensure & Professional Affiliations | <ul style="list-style-type: none"> Maryland Registered Nurse License # (b)(6) American Heart Association Basic Life Support (BLS) Membership in Sigma Theta Tau International, American Nurses Association, American Public Health Association | Expires 10/2011 Expires 10/2011 |
| Activities | <p>Alpha Kappa Alpha Sorority, Inc. Jacke Robinson Foundation Alumni Association</p> | |

REQUEST FOR PERSONNEL ACTION

| | |
|--|--|
| 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 |
| 5. Action Requested By (Typed Name, Title, Signature, and Request Date) WILLIAMSON, ELVIRA Human Resources Assistant 06-02-2010 | 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) UNDERWOOD, LAUREN A | 2. Social Security Number (b)(6) | 3. Date of Birth (b)(6) | 4. Effective Date 06-01-2010 |
|--|-------------------------------------|----------------------------|---------------------------------|

| | | | |
|---------------------|---|----------------------|-----------------------|
| FIRST ACTION | | SECOND ACTION | |
| 5-A. Code 101 | 5-B. Nature of Action Career-Cond Appt | 6-A. Code | 6-B. Nature of Action |
| 5-C. Code AYM | 5-D. Legal Authority Reg. 337.201. | 6-C. Code | 6-D. Legal Authority |
| 5-E. Code BYO | 5-F. Legal Authority OPM Approved Single Agy HHS001HCRDHA DTD 3/23/10 | 6-E. Code | 6-F. Legal Authority |

| | |
|------------------------------------|---|
| 7. FROM: Position Title and Number | 15. TO: Position Title and Number Policy Coordinator PD: 10AA05 Position: 00244797 |
|------------------------------------|---|

| | | | | | | | | | | | |
|-------------------|--------------------|---------------------|---------------------|--------------------------------------|-----------------------------------|------------------------------------|-----------------------|-------------------|---------------------|--------------------------------------|---------------------|
| 8. Pay Plan GS | 9. Occ. CD 0301 | 10. Grd/Lvl 09 | 11. Step/Rate 10 | 12. Tot. Salary/Award \$67,114.00 | 13. Pay Basis PA | 16. Pay Plan GS | 17. Occ. CD 0301 | 18. Grd/Lvl 09 | 19. Step/Rate 10 | 20. Tot. Salary/Award \$67,114.00 | 21. Pay Basis PA |
| 12A. Basic Pay | 12B. Locality Adj. | 12C. Adj. Basic Pay | 12D. Other Pay | 20A. Basic Pay \$54,028.00 | 20B. Locality Adj. \$13,086.00 | 20C. Adj. Basic Pay \$67,114.00 | 20D. Other Pay \$0 | | | | |

| | |
|--|--|
| 14. Name and Location of Position's Organization | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA |
|--|--|

EMPLOYEE DATA

| | | | |
|--|--|--|---|
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | 24. Tenure 2 0-None 2-Conditional 1-Permanent 3-Indefinite | 25. Agency Use | 26. Veterans Preference for RIF (b)(6) |
| 27. FEGLI (b)(6) | 28. Annuitant Indicator 9 Not Applicable | 29. Pay Rate Determinant 7 Superior Qualificati | |
| 30. Retirement Plan (b)(6) | 31. Service Comp. Date (Leave) (b)(6) | 32. Work Schedule F Full Time | 33. Part-Time Hours Per Biweekly Pay Period |

POSITION DATA

| | | | |
|--|--|--|------------------------------------|
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | 35. FLSA Category E E-Exempt N-Nonexempt | 36. Appropriation Code 01990362 | 37. Bargaining Unit Status 8888 |
| 38. Duty Station Code 110010001 | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | |
| 40. Agency Data | 41. | 42. | 43. |
| 45. Edu. Lvl. 17 | 46. Yr. Degr. Att'd 2009 | 47. Acad. Discipl. NURSING ADMINISTRATION | 48. Func. Class M0N, M |
| 49. Citizenship 1 I-USA 8-Other | | 50. Veterans Status (b)(6) | 51. Supervisory Status 8 Other |

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)(6) | 6/2/10 |
| B. | | | E. | | |
| C. | | | F. | | |

2. Approval: I certify that the information entered on this form is accurate and the proposed action is in compliance with statutory and regulatory requirements.

(b)(6) Approval Date: 6/2/10

CONTINUED ON REVERSE SIDE OVER Editions Prior to 7/91 Are Not Usable After 6/30/93

Back to successful



NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | | | | | | | | | | |
|---|--|---|---|--|--|-----------------------------------|---|---|---------------------------|--|------------------------------|---|------------------------------|--|--|----------------------------|
| 1. Name (Last, First, Middle) UNDERWOOD,LAUREN A | | | | 2. Social Security Number (b)(6) | | 3. Date of Birth (b)(6) | | 4. Effective Date 11-16-2014 | | | | | | | | |
| FIRST ACTION | | | | | SECOND ACTION | | | | | | | | | | | |
| 5-A. Code 570 | | 5-B. Nature of Action Conv to Exc Appt | | | 6-A. Code | | 6-B. Nature of Action | | | | | | | | | |
| 5-C. Code Y7M | | 5-D. Legal Authority SCH C, 213.3301a Agency- unique Schedule C auth. | | | 6-C. Code | | 6-D. Legal Authority | | | | | | | | | |
| 5-E. Code ZLM | | 5-F. Legal Authority OPM form 1019 dated 11/10/2014. | | | 6-E. Code | | 6-F. Legal Authority | | | | | | | | | |
| 7. FROM: Position Title and Number Policy Coordinator PD:13AA10 Position:00321493 | | | | | 15. TO: Position Title and Number Special Assistant to the ASPR PD:HHS120 Position:00332980 | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. Code 0301 | 10. Grade or Level 13 | 11. Step or Rate 1 | 12. Total Salary \$89,924.00 | | 13. Pay Basis PA | | 16. Pay Plan GS | | 17. Occ. Code 0301 | 18. Grade or Level 13 | 19. Step or Rate 1 | 20. Total Salary/Award \$89,924.00 | | 21. Pay Basis PA |
| 12A. Basic Pay \$72,391.00 | | 12B. Locality Adj. \$17,533.00 | | 12C. Adj. Basic Pay \$89,924.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$72,391.00 | | 20B. Locality Adj. \$17,533.00 | | 20C. Adj. Basic Pay \$89,924.00 | | 20D. Other Pay \$0 | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30% | | | | | 24. Tenure 3 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | |
| 27. FEGLI (b)(6) | | | | | 28. Annuitant Indicator 9 Not Applicable | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | 31. Service Comp. Date (Leave) (b)(6) | | 32. Work Schedule F Full Time | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | |
| 34. Position Occupied 2 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved | | | 35. FLSA Category E E - Exempt N - Nonexempt | | 36. Appropriation Code 51991004 | | | 37. Bargaining Unit Status 8888 | | | | | | | | |
| 38. Duty Station Code 110010001 | | | 39. Duty Station (City - County - State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | |
| 40. Agency Data | | 41. | | 42. | | 43. | | 44. PAR Number: | | | | | | | | |
| 45. Remarks | | | | | | | | | | | | | | | | |
| 46. Employing Department or Agency Department of HHS - Office of the Secretary of Health and Human Services | | | | | 50. Signature/Authentication and Title of Approving Official BERNARD A JENKINS Acting Director, National Capital Region HR Center | | | | | | | | | | | |
| 47. Agency Code HE10 | | 48. Personnel Office ID 1704 | | 49. Approval Date 11-17-2014 | | | | | | | | | | | | |



NOTIFICATION OF PERSONNEL ACTION

| | | | | | | | | | | | | | | | | |
|---|--|---|---|--|---|-----------------------------------|---|---|---------------------------|--|------------------------------|--|------------------------------|---|--|----------------------------|
| 1. Name (Last, First, Middle) UNDERWOOD, LAUREN A | | | | 2. Social Security Number (b)(6) | | 3. Date of Birth (b)(6) | | 4. Effective Date 10/16/2016 | | | | | | | | |
| FIRST ACTION | | | | | SECOND ACTION | | | | | | | | | | | |
| 5-A. Code 702 | | 5-B. Nature of Action Promotion | | | 6-A. Code | | 6-B. Nature of Action | | | | | | | | | |
| 5-C. Code Y7M | | 5-D. Legal Authority SCH C, 213.3301a Agency- unique Schedule C auth. | | | 6-C. Code | | 6-D. Legal Authority | | | | | | | | | |
| 5-E. Code ZLM | | 5-F. Legal Authority OPM Form 1019 Dated October 18, 2016 | | | 6-E. Code | | 6-F. Legal Authority | | | | | | | | | |
| 7. FROM: Position Title and Number Special Assistant to the ASPR PD:HHS120 Position:00332980 | | | | | 15. TO: Position Title and Number Senior Advisor PD:GS6054 Position:00373525 | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. Code 0301 | 10. Grade or Level 13 | 11. Step or Rate 3 | 12. Total Salary \$98,289.00 | | 13. Pay Basis PA | | 16. Pay Plan GS | | 17. Occ. Code 0301 | 18. Grade or Level 14 | 19. Step or Rate I | 20. Total Salary/Award \$108,887.00 | | 21. Pay Basis PA |
| 12A. Basic Pay \$78,770.00 | | 12B. Locality Adj. \$19,519.00 | | 12C. Adj. Basic Pay \$98,289.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$87,263.00 | | 20B. Locality Adj. \$21,624.00 | | 20C. Adj. Basic Pay \$108,887.00 | | 20D. Other Pay \$0 | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) <small>1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%</small> | | | | | 24. Tenure 3 <small>0 - None 1 - Permanent 2 - Conditional 3 - Indefinite</small> | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | |
| 27. FEGLI (b)(6) | | | | | 28. Annuitant Indicator 9 Not Applicable | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | 31. Service Comp. Date (Leave) (b)(6) | | 32. Work Schedule F Full Time | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | |
| 34. Position Occupied 2 <small>1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved</small> | | | 35. FLSA Category E <small>E - Exempt N - Nonexempt</small> | | 36. Appropriation Code 71991002 | | | 37. Bargaining Unit Status 8888 | | | | | | | | |
| 38. Duty Station Code 110010001 | | | 39. Duty Station (City - County - State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | |
| 40. Agency Data | | 41. | | 42. | | 43. | | 44. PAR Number: | | | | | | | | |
| 45. Remarks | | | | | | | | | | | | | | | | |
| 46. Employing Department or Agency Department of HHS - Office of the Secretary of Health and Human Services | | | | | 50. Signature/Authentication and Title of Approving Official Electronically Signed by: TONYA M JOHNSON Director, National Capital Region HR Center | | | | | | | | | | | |
| 47. Agency Code HE10 | | 48. Personnel Office ID 1704 | | 49. Approval Date 10/20/2016 | | | | | | | | | | | | |



(b)(6)

POSITION DESCRIPTION (Please Read Instructions on the Back)

1. Agency Position No. **10AA06**

2. Reason for Submission
 Redescription New
 Reestablishment Other
 Explanation (Show any positions replaced)
 Non-BU Position

3. Service
 Hdqtrs Field

4. Employing Office Location
 Washington DC

5. Duty Station
 Washington DC

6. OPM Certification

7. Fair Labor Standards Act
 Exempt Nonexempt

8. Financial Statements Required
 Executive Personnel Employment and Financial

9. Subject to IA Action
 Yes No

10. Position Status
 Competitive
 Excepted (Specify in Remarks)
 SES (Gen.) SES (CR)

11.

12. Sensitivity
 1-Non-Serious 3-Critical
 2-Minor 4-Serious

13. Competitive Level Code
 0000

14. Agency Use

| 15. Classified/Graded by | Official Title of Position | Pay Plan | Occupational | Gr | Initial | Date |
|---|----------------------------|-----------|--------------|-----------|-----------|------|
| a. U.S. Office of Personnel Management | | | | | | |
| b. Department, Agency or Establishment | Policy Coordinator | GS | 0301 | 11 | WT | |
| c. Second Level Review | | | | | | |
| d. First Level Review | Policy Coordinator | GS | 0301 | 11 | | |
| e. Recommended by Supervisor or Initiating Office | | | | | | |

16. Organization Title of Position (If different from the official title)

17. Name of Employee (If vacant, specify)
Lauren Underwood

18. Department, Agency, or Establishment
Department of Health and Human Services

a. First Subdivision
Office of the Secretary

b. Second Subdivision
Immediate office of the Secretary (Executive Secretariat)

c. Third Subdivision

d. Fourth Subdivision

e. Fifth Subdivision

19. Employee Review — This is an accurate description of the major duties and responsibilities of my position.

Signature of Employee (optional)

20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

a. Type Name and Title of Immediate Supervisor
Rasheed Williams, Executive Officer

Signature: **(b)(6)** Date: **5/24/10**

b. Type Name and Title of Higher-Level Supervisor or Manager (optional)

Signature: _____ Date: _____

21. Classification and Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.

Typed Name and Title of Official Taking Action
Lek Terrell, HR Specialist

Signature: **(b)(6)** Date: **5/25/10**

Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.

22. Position Classification Standards Used in Classifying/Grading Position

| 23. Position Review | Initials | Date | Initials | Date | Initials | Date | Initial | Date | Initial | Date |
|------------------------|----------|------|----------|------|----------|------|---------|------|---------|------|
| a. Employee (optional) | | | | | | | | | | |
| b. Supervisor | | | | | | | | | | |
| c. Classifier | | | | | | | | | | |

24. Remarks

FPLV-GS-12 PD# 10AA07

Bus Code:

25. Description of Major Duties and Responsibilities (See Attached)

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.

PURPOSE 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

| 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 | | | | | | | |
| 5. Action Requested By (Typed Name, Title, Signature, and Request Date) WILLIAMSON,ELVIRA Human Resources Assistant 06-02-2010 | | | | | | 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) UNDERWOOD,LAUREN A | | | | 2. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 06-01-2010 | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | |
| 5-A. Code 101 | | 5-B. Nature of Action Career-Cond Appt | | | | 6-A. Code | | 6-B. Nature of Action | | | | | | | |
| 5-C. Code AYM | | 5-D. Legal Authority Reg. 337.201. | | | | 6-C. Code | | 6-D. Legal Authority | | | | | | | |
| 5-E. Code BYO | | 5-F. Legal Authority OPM Approved Single Agy HHS001HCRDHA DTD 3/23/10 | | | | 6-E. Code | | 6-F. Legal Authority | | | | | | | |
| 7. FROM: Position Title and Number | | | | | | 15. TO: Position Title and Number Policy Coordinator PD: 10AA05 Position: 00244797 | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 09 | | 19. Step/Rate 10 | | 20. Tot. Salary/Award \$67,114.00 | | 21. Pay Basis PA | | | | | |
| 12A. Basic Pay | | 12B. Locality Adj. | | 12C. Adj. Basic Pay | | 12D. Other Pay | | 20A. Basic Pay \$54,028.00 | | 20B. Locality Adj. \$13,086.00 | | | | | |
| | | | | | | | | 20C. Adj. Basic Pay \$67,114.00 | | 20D. Other Pay \$0 | | | | | |
| 14. Name and Location of Position's Organization | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | |
| 23. Veterans Preference | | | | 24. Tenure | | | | 25. Agency Use | | 26. Veterans Preference for RIF | | | | | |
| 1-None | | 3-10 Point/Disability | | 5-10 Point/Other | | 0-None | | 2-Conditional | | (b)(6) NO | | | | | |
| 2-5 Point | | 4-10 Point/Compensable | | 6-10 Point/Compensable/30% | | 1-Permanent | | 3-Indefinite | | | | | | | |
| 27. FEGLI (b)(6) | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 7 Superior Qualificati | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | 31. Service Comp. Date (Leave) (b)(6) | | | | 32. Work Schedule F Full Time | | | | | | | |
| 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | |
| 34. Position Occupied | | | | 35. FLSA Category | | | | 36. Appropriation Code | | | | 37. Bargaining Unit Status | | | |
| 1-Competitive Service | | 3-SES General | | E-Exempt | | 01990362 | | 8888 | | | | | | | |
| 2-Excepted Service | | 4-SES Career Reserved | | N-Nonexempt | | | | | | | | | | | |
| 38. Duty Station Code 110010001 | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | |
| 40. Agency Data | | 41. | | 42. | | 43. | | 44. | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | Signature | | App 06-02-2010 | | | | | |

CONTINUED ON REVERSE SIDE

OVER

Editions Prior to 7/91 Are Not Usable After 6/30/93

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

New Position

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

- Full performance level of employee's position is GS-12.
- Appointment affidavit executed 06/01/2010.
- Creditable military service: (b)(6)
- Previous retirement coverage: (b)(6)
- (b)(6)
- Pay set using the superior qualifications and special needs pay-setting authority under 5 CFR 531.704
- Service counting toward career tenure from (b)(6)

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------------------|-----------------------------------|-------------------------------------|------------------------------------|--|-----------------------|-------------------------------------|-------------------------------|------------------------------------|--|--|--|------------------------------------|--|--|--|--|--|---|--|---------------------|--|--------------------|--|--|--|--|--|------|--|--|--|--|--|
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) UNDERWOOD,LAUREN A | | | | 2. Social Security Number (b)(6) | | 3. Date of Birth (b)(6) | | 4. Effective Date 08-02-2010 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-A. Code 980 | | 5-B. Nature of Action CAN Change | | | | 6-A. Code | | 6-B. Nature of Action | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Policy Coordinator PD: 10AA05 Position: 00244797 | | | | | | 15. TO: Position Title and Number Policy Coordinator PD: 10AA05 Position: 00244797 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 09 | | 11. Step/Rate 10 | | 12. Tot. Salary \$67,114.00 | | 13. Pay Basis PA | | 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 09 | | 19. Step/Rate 10 | | 20. Tot. Salary/Award \$67,114.00 | | 21. Pay Basis PA | | | | | | | | | | | | | |
| 12A. Basic Pay \$54,028.00 | | | 12B. Locality Adj. \$13,086.00 | | 12C. Adj. Basic Pay \$67,114.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$54,028.00 | | | 20B. Locality Adj. \$13,086.00 | | 20C. Adj. Basic Pay \$67,114.00 | | 20D. Other Pay \$0 | | | | | | | | | | | | | | | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | | | | | | | | | 24. Tenure 2 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) NO | | | | | | | | | | | | | | | | | |
| 27. FEGLI (b)(6) | | | | | | | | | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | | | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | | | | | | | | | 31. Service Comp. Date (Leave) (b)(6) | | | | 32. Work Schedule F Full Time | | | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 0199RE09 | | | | | | 37. Bargaining Unit Status 8888 | | | | | | | | | | | | | | | | | | | |
| 38. Duty Station Code 110010001 | | | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40. Agency Data | | | | 41. | | 42. | | 43. | | 44. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | | | | | | | | | | | | | | | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | | | | | Signature | | | | | | App 08-13-2010 | | | | | | | | | | | | | | | | | |

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

Payroll Related Action

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------------------|-----------------------------------|-------------------------------------|--|--|--|--|-----------------------|---------------------------------|--|--|--|---------------------|-----------------------------------|---|--|---|--|--------------------------------------|-----------------------|---------------------|--|--------------------|--|--|--|--|--|------|--|--|--|--|--|
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) UNDERWOOD,LAUREN A | | | | 7. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 08-02-2010 | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-A. Code 980 | | 5-B. Nature of Action CAN Change | | | | 6-A. Code | | 6-B. Nature of Action | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Policy Coordinator PD: 10AA05 Position: 00244797 | | | | | | 15. TO: Position Title and Number Policy Coordinator PD: 10AA05 Position: 00244797 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 09 | | 11. Step/Rate 10 | | 12. Tot. Salary \$67,114.00 | | 13. Pay Basis PA | | 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 09 | | 19. Step/Rate 10 | | 20. Tot. Salary/Award \$67,114.00 | | 21. Pay Basis PA | | | | | | | | | | | | | |
| 12A. Basic Pay \$54,028.00 | | | 12B. Locality Adj. \$13,086.00 | | | 12C. Adj. Basic Pay \$67,114.00 | | | 12D. Other Pay \$0 | | | 20A. Basic Pay \$54,028.00 | | | 20B. Locality Adj. \$13,086.00 | | | 20C. Adj. Basic Pay \$67,114.00 | | | 20D. Other Pay \$0 | | | | | | | | | | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | | | | | | | | | 24. Tenure 2 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | | | | | | | | | | | |
| 27. FEGLI (b)(6) | | | | | | | | | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | | | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | | | 31. Service Comp. Date (Leave) (b)(6) | | | | | | 32. Work Schedule F Full Time | | | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | | | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 0199RE09 | | | | | | 37. Bargaining Unit Status 8888 | | | | | | | | | | | | | | | | | |
| 38. Duty Station Code 110010001 | | | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40. Agency Data | | | | 41. | | | | 42. | | | | 43. | | | | 44. | | | | | | | | | | | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Attd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | | | | | | | | | | | | | | | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | | | | | Signature | | | | | | App 08-27-2010 | | | | | | | | | | | | | | | | | |

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

Payroll Related Action

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| 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 09-26-2010 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) UNDERWOOD,LAUREN A | | | | 2. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 09-26-2010 | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRST ACTION | | | | | | | SECOND ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-A. Code 980 | | 5-B. Nature of Action CAN Change | | | | | 6-A. Code | | 6-B. Nature of Action | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Policy Coordinator PD: 10AA05 Position: 00244797 | | | | | | | 15. TO: Position Title and Number Policy Coordinator PD: 10AA05 Position: 00244797 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 09 | | 11. Step/Rate 10 | | 12. Tot. Salary \$67,114.00 | | 13. Pay Basis PA | | 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 09 | | 19. Step/Rate 10 | | 20. Tot. Salary/Award \$67,114.00 | | 21. Pay Basis PA | | | | | | | | | | | | | |
| 12A. Basic Pay \$54,028.00 | | | 12B. Locality Adj. \$13,086.00 | | 12C. Adj. Basic Pay \$67,114.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$54,028.00 | | | 20B. Locality Adj. \$13,086.00 | | 20C. Adj. Basic Pay \$67,114.00 | | 20D. Other Pay \$0 | | | | | | | | | | | | | | | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | | | | | | | | | 24. Tenure 2 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | | | | | | | | | | | |
| 27. FEGLI (b)(6) | | | | | | | | | | | | 28. Annuitant Indicator 9 Not Applicable | | | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | | | 31. Service Comp. Date (Leave) (b)(6) | | | | | | 32. Work Schedule F Full Time | | | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | | | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | | | | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 1199RE09 | | | | | | 37. Bargaining Unit Status 8888 | | | | | | | | | | | | | | | |
| 38. Duty Station Code 110010001 | | | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40. Agency Data | | | | 41. | | | | 42. | | | | 43. | | | | 44. | | | | | | | | | | | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | | | | | | | | | | | | | | | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | | | | | Signature | | | | | | Appr 09-25-2010 | | | | | | | | | | | | | | | | | |

CONTINUED ON REVERSE SIDE

OVER

Editions Prior to 7/91 Are Not Usable After 6/30/93

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

Data Change

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| | |
|--|--|
| 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 05-25-2011 |
| 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) UNDERWOOD, LAUREN A | 2. Social Security Number (b)(6) | 3. Date of Birth (b)(6) | 4. Effective Date 05-25-2011 |
|--|-------------------------------------|----------------------------|---------------------------------|

| FIRST ACTION | | SECOND ACTION | |
|------------------|--|---------------|-----------------------|
| 5-A. Code 999 | 5-B. Nature of Action Home Address Change | 6-A. Code | 6-B. Nature of Action |
| 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 Policy Coordinator PD: 10AA05 Position: 00244797 | 15. TO: Position Title and Number Policy Coordinator PD: 10AA05 Position: 00244797 |
|--|---|

| | | | | | | | | | | | | | | | |
|-------------------------------|--------------------|-----------------------------------|---------------------|------------------------------------|---------------------|-----------------------|---------------------|-------------------------------|---------------------|--------------------------------------|---------------------|------------------------------------|--|-----------------------|--|
| 8. Pay Plan GS | 9. Occ. CD 0301 | 10. Grd/Lvl 09 | 11. Step/Rate 10 | 12. Tot. Salary \$67,114.00 | 13. Pay Basis PA | 16. Pay Plan GS | 17. Occ. CD 0301 | 18. Grd/Lvl 09 | 19. Step/Rate 10 | 20. Tot. Salary/Award \$67,114.00 | 21. Pay Basis PA | | | | |
| 12A. Basic Pay \$54,028.00 | | 12B. Locality Adj. \$13,086.00 | | 12C. Adj. Basic Pay \$67,114.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$54,028.00 | | 20B. Locality Adj. \$13,086.00 | | 20C. Adj. Basic Pay \$67,114.00 | | 20D. Other Pay \$0 | |

| | |
|--|--|
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA |
|--|--|

EMPLOYEE DATA

| | | | | | | | | | | |
|--|--|--|---|--|--|--|--|--|--|--|
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | 24. Tenure 2 0-None 2-Conditional 1-Permanent 3-Indefinite | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) NO | | |
| 27. FEGLI (b)(6) | | | 28. Annuitant Indicator 9 Not Applicable | | | 29. Pay Rate Determinant 0 Regular Rate | | | | |
| 30. Retirement Plan (b)(6) | | | 31. Service Comp. Date (Leave) 06-01-2010 | | | 32. Work Schedule F Full Time | | 33. Part-Time Hours Per Biweekly Pay Period | | |

POSITION DATA

| | | | | | | | | | | | | | |
|--|--|---|--|------------------------------------|-----|------------------------------------|--|------------------------------------|--|-------------------------------|--|---------------------------------------|--|
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | 35. FLSA Category E E-Exempt N-Nonexempt | | 36. Appropriation Code 1199RE09 | | 37. Bargaining Unit Status 8888 | | | | | | | |
| 38. Duty Station Code 110010001 | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | |
| 40. Agency Data | | 41. | 42. | 43. | 44. | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | |

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 the proposed action is in compliance with statutory and regulatory requirements. | | | Signature | | |
| | | | 05-25-2011 | | |

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

Payroll Related Action

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| 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 06-01-2011 | | | | | | | |
| 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) UNDERWOOD, LAUREN A | | | | 2. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 06-01-2011 | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | |
| 5-A. Code 880 | | 5-B. Nature of Action Chg in Tenure Group | | | | 6-A. Code | | 6-B. Nature of Action | | | | | | | | | |
| 5-C. Code KMM | | 5-D. Legal Authority Reg 315.202 | | | | 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 Policy Coordinator PD: 10AA05 Position: 00244797 | | | | | | 15. TO: Position Title and Number Policy Coordinator PD: 10AA05 Position: 00244797 | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 09 | | 11. Step/Rate 10 | | 12. Tot. Salary \$67,114.00 | | 13. Pay Basis PA | | | | | | | |
| 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 09 | | 19. Step/Rate 10 | | 20. Tot. Salary/Award \$67,114.00 | | 21. Pay Basis PA | | | | | | | |
| 12A. Basic Pay \$54,028.00 | | | 12B. Locality Adj. \$13,086.00 | | 12C. Adj. Basic Pay \$67,114.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$54,028.00 | | | | | | | | |
| 20B. Locality Adj. \$13,086.00 | | | 20C. Adj. Basic Pay \$67,114.00 | | 20D. Other Pay \$0 | | | | | | | | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | 24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | |
| 27. FEGLI (b)(6) | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | 31. Service Comp. Date (Leave) (b)(6) | | | | 32. Work Schedule F Full Time | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 1199RE09 | | | | 37. Bargaining Unit Status 8888 | | | | | |
| 38. Duty Station Code 110010001 | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | |
| 40. Agency Data | | 41. | | 42. | | 43. | | 44. | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | | Signature | | | App 06-05-2011 | | | | | |

CONTINUED ON REVERSE SIDE

OVER

Editions Prior to 7/91 Are Not Usable After 6/30/93

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

Status Change

Automatic Conversion of Tenure Processed

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

- Completed service requirement for career tenure

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | |
|--|--|-------------------------------------|--------------------|--|--|--|--|--|--------------------|--|--|---------------------------------------|--|--|------|--|--|
| 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 06-01-2011 | | | | | | | | | |
| 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) UNDERWOOD,LAUREN A | | | | 2. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 06-15-2011 | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | |
| 5-A. Code 980 | | 5-B. Nature of Action CAN Change | | | | 6-A. Code | | 6-B. Nature of Action | | | | | | | | | |
| 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 Policy Coordinator PD: 10AA05 Position: 00244797 | | | | | | 15. TO: Position Title and Number Policy Coordinator PD: 10AA05 Position: 00244797 | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 09 | | 11. Step/Rate 10 | | 12. Tot. Salary \$67,114.00 | | 13. Pay Basis PA | | | | | | | |
| 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 09 | | 19. Step/Rate 10 | | 20. Tot. Salary/Award \$67,114.00 | | 21. Pay Basis PA | | | | | | | |
| 12A. Basic Pay \$54,028.00 | | 12B. Locality Adj. \$13,086.00 | | 12C. Adj. Basic Pay \$67,114.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$54,028.00 | | 20B. Locality Adj. \$13,086.00 | | | | | | | |
| | | | | | | | | 20C. Adj. Basic Pay \$67,114.00 | | 20D. Other Pay \$0 | | | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | 24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) NO | | | | | | | |
| 27. FEGLI (b)(6) | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | 31. Service Comp. Date (Leave) 06-01-2010 | | | | 32. Work Schedule F Full Time | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 11990362 | | | | 37. Bargaining Unit Status 8888 | | | | | |
| 38. Duty Station Code 110010001 | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | |
| 40. Agency Data | | 41. | | 42. | | 43. | | 44. | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | Signature | | | | App 06-17-2011 | | | | | |

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

Payroll Related Action

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| | |
|--|--|
| 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 09-25-2011 |
| 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) UNDERWOOD, LAUREN A | 2. Social Security Number (b)(6) | 3. Date of Birth (b)(6) | 4. Effective Date 09-25-2011 |
|--|-------------------------------------|----------------------------|---------------------------------|

| FIRST ACTION | | SECOND ACTION | |
|------------------|-------------------------------------|---------------|-----------------------|
| 5-A. Code 980 | 5-B. Nature of Action CAN Change | 6-A. Code | 6-B. Nature of Action |
| 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 Policy Coordinator PD: 10AA05 Position: 00244797 | 15. TO: Position Title and Number Policy Coordinator PD: 10AA05 Position: 00244797 |
|--|---|

| | | | | | | | | | | | |
|-------------------------------|-----------------------------------|------------------------------------|-----------------------|--------------------------------|-----------------------------------|------------------------------------|-----------------------|-------------------|---------------------|--------------------------------------|---------------------|
| 8. Pay Plan GS | 9. Occ. CD 0301 | 10. Grd/Lvl 09 | 11. Step/Rate 10 | 12. Tot. Salary \$67,114.00 | 13. Pay Basis PA | 16. Pay Plan GS | 17. Occ. CD 0301 | 18. Grd/Lvl 09 | 19. Step/Rate 10 | 20. Tot. Salary/Award \$67,114.00 | 21. Pay Basis PA |
| 12A. Basic Pay \$54,028.00 | 12B. Locality Adj. \$13,086.00 | 12C. Adj. Basic Pay \$67,114.00 | 12D. Other Pay \$0 | 20A. Basic Pay \$54,028.00 | 20B. Locality Adj. \$13,086.00 | 20C. Adj. Basic Pay \$67,114.00 | 20D. Other Pay \$0 | | | | |

| | |
|--|--|
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA |
|--|--|

EMPLOYEE DATA

| | | | |
|--|---|--|---|
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | 24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite | 25. Agency Use | 26. Veterans Preference for RIF (b)(6) |
| 27. FEGLI (b)(6) | 28. Annuitant Indicator 9 Not Applicable | 29. Pay Rate Determinant 0 Regular Rate | |
| 30. Retirement Plan (b)(6) | 31. Service Comp. Date (Leave) (b)(6) | 32. Work Schedule F Full Time | 33. Part-Time Hours Per Biweekly Pay Period |

POSITION DATA

| | | | |
|--|--|------------------------------------|---------------------------------------|
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | 35. FLSA Category E E-Exempt N-Nonexempt | 36. Appropriation Code 21990362 | 37. Bargaining Unit Status 8888 |
| 38. Duty Station Code 110010001 | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | |
| 40. Agency Data | 41. | 42. | 43. |
| 45. Edu. Lvl. 17 | 46. Yr. Degr. Att'd 2009 | 47. Acad. Discipl. 513808 | 48. Func. Class 00 |
| 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | 51. Supervisory Status 8 All Other |

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 the proposed action is in compliance with statutory and regulatory requirements. | Signature | App'd 09-24-2011 |
|---|-----------|------------------|

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

Data Change

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| 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 12-18-2011 | | | | | | | | | | | | | | | | | | | |
| 5. Action Requested By (Typed Name, Title, Signature, and Request Date) HACKLEY,WENDY L Supervisory HR Specialist 12-21-2011 | | | | | | 6. Action Authorized By (Typed Name, Title, Signature, and Date) HACKLEY,WENDY L Supervisory HR Specialist 12-21-2011 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | 2. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 12-18-2011 | | | | | | | | | | | | | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | | | | | | | | | | | | | |
| 5-A. Code 702 | | | 5-B. Nature of Action Promotion | | | 6-A. Code | | | 6-B. Nature of Action | | | | | | | | | | | | | | | | | | | | |
| 5-C. Code N6M | | | 5-D. Legal Authority Reg 335.102 Career Prom Career promotion. | | | 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 Policy Coordinator PD: 10AA05 Position: 00244797 | | | | | | 15. TO: Position Title and Number Policy Coordinator PD: 10AA06 Position: 00281506 | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 09 | | 11. Step/Rate 10 | | 12. Tot. Salary \$67,114.00 | | 13. Pay Basis PA | | 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 11 | | 19. Step/Rate 05 | | 20. Tot. Salary/Award \$70,794.00 | | 21. Pay Basis PA | | | | | | | |
| 12A. Basic Pay \$54,028.00 | | | 12B. Locality Adj. \$13,086.00 | | 12C. Adj. Basic Pay \$67,114.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$56,991.00 | | | 20B. Locality Adj. \$13,803.00 | | 20C. Adj. Basic Pay \$70,794.00 | | 20D. Other Pay \$0 | | | | | | | | | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | | | | | | | | | 24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | | | |
| 27. FEGLI (b)(6) | | | | | | | | | | | | 28. Annuitant Indicator 9 Not Applicable | | | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | | | 31. Service Comp. Date (Leave) 06-01-2010 | | | | | | 32. Work Schedule F Full Time | | | | | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | | | | | | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | | | 36. Appropriation Code 21990362 | | | | | | 37. Bargaining Unit Status 8888 | | | | | |
| 38. Duty Station Code 110010001 | | | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | | | | | | | | | | | |
| 40. Agency Data | | | | 41. | | | | 42. | | | | 43. | | | | 44. | | | | | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | | | | | | | | | | | | | |
| PART C - Reviews and Approvals (Not to be used by requesting office.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Office/Function Supervisory HR Specialist | | | | | | | | | | | | 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | | | | | Signature | | | | | | Applied 22-2011 | | | | | | | | | | | |

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

Career Ladder Promotion

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

- Full performance level of employee's position is GS-12.

REQUEST FOR PERSONNEL ACTION

| 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 01-18-2012 | | | | | | | |
| 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) UNDERWOOD,LAUREN A | | | | 2. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 01-18-2012 | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | |
| 5-A. Code 999 | | | 5-B. Nature of Action Home Address Change | | | 6-A. Code | | | 6-B. Nature of Action | | | | | | | | |
| 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 Policy Coordinator PD: 10AA06 Position: 00281506 | | | | | | 15. TO: Position Title and Number Policy Coordinator PD: 10AA06 Position: 00281506 | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 11 | | 11. Step/Rate 05 | | 12. Tot. Salary \$70,794.00 | | 13. Pay Basis PA | | | | | | | |
| 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 11 | | 19. Step/Rate 05 | | 20. Tot. Salary/Award \$70,794.00 | | 21. Pay Basis PA | | | | | | | |
| 12A. Basic Pay \$56,991.00 | | | 12B. Locality Adj. \$13,803.00 | | 12C. Adj. Basic Pay \$70,794.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$56,991.00 | | 20B. Locality Adj. \$13,803.00 | | 20C. Adj. Basic Pay \$70,794.00 | | 20D. Other Pay \$0 | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | 24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | |
| 27. FEGLI (b)(6) | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | 31. Service Comp. Date (Leave) 06-01-2010 | | | | 32. Work Schedule F Full Time | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 21990362 | | | | 37. Bargaining Unit Status 8888 | | | | | |
| 38. Duty Station Code 110010001 | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | |
| 40. Agency Data | | 41. | | 42. | | 43. | | 44. | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | | | Signature | | Approval Date 01-18-2012 | | | | | |

CONTINUED ON REVERSE SIDE

OVER

Editions Prior to 7/91 Are Not Usable After 6/30/93

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

Payroll Related Action

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------------------------|--|--|------------------------------------|--|--|------------------------------------|-----------------------|--|--|--|-----------------------------------|------------------------------------|------------------------------------|-------------------|-----------------------|---------------------|--|--------------------------------|--|---------------|--|
| 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 04-17-2012 | | | | | | | | | | | | | |
| 5. Action Requested By (Typed Name, Title, Signature, and Request Date) FLEMING, ANTONETTE O Human Resources Specialist (LE) 04-17-2012 | | | | | | 6. Action Authorized By (Typed Name, Title, Signature, and Date) PLUMMER, AMBERLY R Budget Analyst 04-25-2012 | | | | | | | | | | | | | | | | | |
| 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 | | | | 2. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 04-17-2012 | | | | | | | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | | | | | | | |
| 5-A. Code 846 | | | 5-B. Nature of Action Individual Time Off | | | 6-A. Code | | | 6-B. Nature of Action | | | | | | | | | | | | | | |
| 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 Policy Coordinator PD: 10AA06 Position: 00281506 | | | | | | 15. TO: Position Title and Number Policy Coordinator PD: 10AA06 Position: 00281506 | | | | | | | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 11 | | 11. Step/Rate 05 | | 12. Tot. Salary \$70,794.00 | | 13. Pay Basis PA | | 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 11 | | 19. Step/Rate 05 | | 20. Tot. Salary/Award 24.00 | | 21. Pay Basis | |
| 12A. Basic Pay \$56,991.00 | | | 12B. Locality Adj. \$13,803.00 | | 12C. Adj. Basic Pay \$70,794.00 | | | 12D. Other Pay \$0 | | 20A. Basic Pay \$56,991.00 | | | 20B. Locality Adj. \$13,803.00 | | 20C. Adj. Basic Pay \$70,794.00 | | 20D. Other Pay \$0 | | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | | | 24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | | | | | |
| 27. FEGLI (b)(6) | | | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | 31. Service Comp. Date (Leave) 06-01-2010 | | | | 32. Work Schedule F Full Time | | | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 21990362 | | | | 37. Bargaining Unit Status 8888 | | | | | | | | | |
| 38. Duty Station Code 110010001 | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | | | | | | | |
| 40. Agency Data | | 41. | | 42. | | 43. | | 44. | | | | | | | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | | | | | | | |
| PART C - Reviews and Approvals (Not to be used by requesting office.) | | | | | | | | | | | | | | | | | | | | | | | |
| 1. WORKFORCE FLEMING, ANTONETTE O Human Resources Specialist (LE) 04-17-2012 | | | | | | 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | Signature | | App 05-02-2012 | | | | | | | | | | | | | |

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

Individual Time Off

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| | |
|--|--|
| 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 05-03-2012 |
| 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) UNDERWOOD, LAUREN A | 2. Social Security Number (b)(6) | 3. Date of Birth (b)(6) | 4. Effective Date 05-03-2012 |
|--|-------------------------------------|----------------------------|---------------------------------|

| FIRST ACTION | | SECOND ACTION | |
|------------------|--|---------------|-----------------------|
| 5-A. Code 840 | 5-B. Nature of Action Individual Cash Award RB Ratings-Based | 6-A. Code | 6-B. Nature of Action |
| 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 Policy Coordinator PD: 10AA06 Position: 00281506 | 15. TO: Position Title and Number Policy Coordinator PD: 10AA06 Position: 00281506 |
|--|---|

| | | | | | | | | | | | |
|-------------------------------|-----------------------------------|------------------------------------|-----------------------|--------------------------------|-----------------------------------|------------------------------------|-----------------------|-------------------|---------------------|-------------------------------------|---------------|
| 8. Pay Plan GS | 9. Occ. CD 0301 | 10. Grd/Lvl 11 | 11. Step/Rate 05 | 12. Tot. Salary \$70,794.00 | 13. Pay Basis PA | 16. Pay Plan GS | 17. Occ. CD 0301 | 18. Grd/Lvl 11 | 19. Step/Rate 05 | 20. Tot. Salary/Award \$1,982.00 | 21. Pay Basis |
| 12A. Basic Pay \$56,991.00 | 12B. Locality Adj. \$13,803.00 | 12C. Adj. Basic Pay \$70,794.00 | 12D. Other Pay \$0 | 20A. Basic Pay \$56,991.00 | 20B. Locality Adj. \$13,803.00 | 20C. Adj. Basic Pay \$70,794.00 | 20D. Other Pay \$0 | | | | |

| | |
|--|--|
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA |
|--|--|

EMPLOYEE DATA

| | | | |
|--|--|--|---|
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | 24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite | 25. Agency Use | 26. Veterans Preference for RIF (b)(6) |
| 27. FEGLI (b)(6) | 28. Annuitant Indicator 9 Not Applicable | 29. Pay Rate Determinant 0 Regular Rate | |
| 30. Retirement Plan (b)(6) | 31. Service Comp. Date (Leave) (b)(6) | 32. Work Schedule F Full Time | 33. Part-Time Hours Per Biweekly Pay Period |

POSITION DATA

| | | | |
|--|--|------------------------------------|---------------------------------------|
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | 35. FLSA Category E E-Exempt N Nonexempt | 36. Appropriation Code 21990362 | 37. Bargaining Unit Status 8888 |
| 38. Duty Station Code 110010001 | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | |
| 40. Agency Data | 41. | 42. | 43. |
| 45. Edu. Lvl. 17 | 46. Yr. Degr. Att'd 2009 | 47. Acad. Discipl. 513808 | 48. Func. Class 00 |
| 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status X Non Vet | 51. Supervisory Status 8 All Other |

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 the proposed action is in compliance with statutory and regulatory requirements. | Signature | App 05-03-2012 |
|---|-----------|----------------|

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

Individual Cash Award RB

*HE_AWARDS: Inserted via Mass Mask Employee Awards process.

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| 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 05-30-2012 | | | | |
| 5. Action Requested By (Typed Name, Title, Signature, and Request Date) FLEMING, ANTONETTE O Human Resources Specialist (LE) 05-30-2012 | | | | | 6. Action Authorized By (Typed Name, Title, Signature, and Date) SEYMORE, DANYEL T Budget Analyst 05-30-2012 | | | | | | | |
| 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 | | | | 2. Social Security Number (b)(6) | | | 3. Date of Birth (b)(6) | | 4. Effective Date 05-30-2012 | | | |
| FIRST ACTION | | | | | SECOND ACTION | | | | | | | |
| 5-A. Code 846 | | 5-B. Nature of Action Individual Time Off | | | 6-A. Code | | 6-B. Nature of Action | | | | | |
| 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 Policy Coordinator PD: 10AA06 Position: 00281506 | | | | | 15. TO: Position Title and Number Policy Coordinator PD: 10AA06 Position: 00281506 | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | 10. Grd/Lvl 11 | 11. Step/Rate 05 | 12. Tot. Salary \$70,794.00 | 13. Pay Basis PA | 16. Pay Plan GS | 17. Occ. CD 0301 | 18. Grd/Lvl 11 | 19. Step/Rate 05 | 20. Tot. Salary/Award 24.00 | 21. Pay Basis |
| 12A. Basic Pay \$56,991.00 | | 12B. Locality Adj. \$13,803.00 | 12C. Adj. Basic Pay \$70,794.00 | 12D. Other Pay \$0 | 20A. Basic Pay \$56,991.00 | | 20B. Locality Adj. \$13,803.00 | 20C. Adj. Basic Pay \$70,794.00 | 20D. Other Pay \$0 | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | 24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | |
| 27. FEGLI (b)(6) | | | | 28. Annuitant Indicator 9 Not Applicable | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | |
| 30. Retirement Plan (b)(6) | | | 31. Service Comp. Date (Leave) 06-01-2010 | | | 32. Work Schedule F Full Time | | 33. Part-Time Hours Per Biweekly Pay Period | | | | |
| POSITION DATA | | | | | | | | | | | | |
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | 35. FLSA Category E E-Exempt N-Nonexempt | | 36. Appropriation Code 21990362 | | | 37. Bargaining Unit Status 8888 | | | | |
| 38. Duty Station Code 110010001 | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | |
| 40. Agency Data | | 41. | | 42. | | 43. | | 44. | | | | |
| 45. Edu. Lvl. 17 | 46. Yr. Degr. Att'd 2009 | 47. Acad. Discipl. 513808 | 48. Func. Class 00 | | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status X Non Vet | 51. Supervisory Status 8 All Other | | | |
| PART C - Reviews and Approvals (Not to be used by requesting office.) | | | | | | | | | | | | |
| 1. WORKFORCE FLEMING, ANTONETTE O 05-30-2012 Human Resources Specialist (LE) | | | | | 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | Signature | | Approved 05-30-2012 | | | |

CONTINUED ON REVERSE SIDE

OVER

Editions Prior to 7/91 Are Not Usable After 6/30/93

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

Individual Time Off

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| | |
|--|--|
| 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 06-03-2012 |
| 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) UNDERWOOD,LAUREN A | 2. Social Security Number (b)(6) | 3. Date of Birth (b)(6) | 4. Effective Date 06-03-2012 |
|---|-------------------------------------|----------------------------|---------------------------------|

| | | | |
|---------------------|--|----------------------|-----------------------|
| FIRST ACTION | | SECOND ACTION | |
| 5-A. Code 800 | 5-B. Nature of Action Chg in Data Element | 6-A. Code | 6-B. Nature of Action |
| 5-C. Code CGM | 5-D. Legal Authority 5 U.S.C. 552a(e)(5). Accuracy of personnel actions | 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 Policy Coordinator PD: 10AA06 Position: 00281506 | 15. TO: Position Title and Number Policy Coordinator PD: 10AA06 Position: 00281506 |
|--|---|

| | | | | | | | | | | | |
|-------------------------------|-----------------------------------|------------------------------------|-----------------------|--------------------------------|-----------------------------------|------------------------------------|-----------------------|-------------------|---------------------|--------------------------------------|---------------------|
| 8. Pay Plan GS | 9. Occ. CD 0301 | 10. Grd/Lvl 11 | 11. Step/Rate 05 | 12. Tot. Salary \$70,794.00 | 13. Pay Basis PA | 16. Pay Plan GS | 17. Occ. CD 0301 | 18. Grd/Lvl 11 | 19. Step/Rate 05 | 20. Tot. Salary/Award \$70,794.00 | 21. Pay Basis PA |
| 12A. Basic Pay \$56,991.00 | 12B. Locality Adj. \$13,803.00 | 12C. Adj. Basic Pay \$70,794.00 | 12D. Other Pay \$0 | 20A. Basic Pay \$56,991.00 | 20B. Locality Adj. \$13,803.00 | 20C. Adj. Basic Pay \$70,794.00 | 20D. Other Pay \$0 | | | | |

| | |
|--|--|
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA |
|--|--|

EMPLOYEE DATA

| | | | |
|--|--|--|---|
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | 24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite | 25. Agency Use | 26. Veterans Preference for RIF (b)(6) |
| 27. FEGLI (b)(6) | 28. Annuitant Indicator 9 Not Applicable | 29. Pay Rate Determinant 0 Regular Rate | |
| 30. Retirement Plan (b)(6) | 31. Service Comp. Date (Leave) (b)(6) | 32. Work Schedule F Full Time | 33. Part-Time Hours Per Biweekly Pay Period |

POSITION DATA

| | | | |
|--|--|------------------------------------|---------------------------------------|
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | 35. FLSA Category E E-Exempt N Nonexempt | 36. Appropriation Code 21990362 | 37. Bargaining Unit Status 8888 |
| 38. Duty Station Code 110010001 | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | |
| 40. Agency Data | 41. | 42. | 43. |
| 45. Edu. Lvl. 17 | 46. Yr. Degr. Att'd 2009 | 47. Acad. Discipl. 513808 | 48. Func. Class 00 |
| 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | 51. Supervisory Status 8 All Other |

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 the proposed action is in compliance with statutory and regulatory requirements. | Signature | App 06-06-2013 |
|---|-----------|----------------|

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

Payroll Related Action

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

- Changes data element in block 48.

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | |
|--|--|----------------------------|-------------------------------------|--|------------------------------------|--|-----------------------|--|-------------------------------|---|-----------------------------------|---|------------------------------------|--|-----------------------|--|--|
| 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 09-23-2012 | | | | | | | |
| 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) UNDERWOOD,LAUREN A | | | | 2. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 09-23-2012 | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | |
| 5-A. Code 980 | | | 5-B. Nature of Action CAN Change | | | 6-A. Code | | | 6-B. Nature of Action | | | | | | | | |
| 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 Policy Coordinator PD: 10AA06 Position: 00281506 | | | | | | 15. TO: Position Title and Number Policy Coordinator PD: 10AA06 Position: 00281506 | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 11 | | 11. Step/Rate 05 | | 12. Tot. Salary \$70,794.00 | | 13. Pay Basis PA | | | | | | | |
| 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 11 | | 19. Step/Rate 05 | | 20. Tot. Salary/Award \$70,794.00 | | 21. Pay Basis PA | | | | | | | |
| 12A. Basic Pay \$56,991.00 | | | 12B. Locality Adj. \$13,803.00 | | 12C. Adj. Basic Pay \$70,794.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$56,991.00 | | 20B. Locality Adj. \$13,803.00 | | 20C. Adj. Basic Pay \$70,794.00 | | 20D. Other Pay \$0 | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | 24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | |
| 27. FEGLI (b)(6) | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | 31. Service Comp. Date (Leave) (b)(6) | | | | 32. Work Schedule F Full Time | | | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 31990362 | | | | 37. Bargaining Unit Status 8888 | | | | | |
| 38. Duty Station Code 110010001 | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | |
| 40. Agency Data | | 41. | | 42. | | 43. | | 44. | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Attd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status X Non Vet | | 51. Supervisory Status 8 All Other | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | | | Signature | | 09-22-2012 | | | | | |

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

Data Change

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| 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 11-29-2012 | | | | | | | | | | | | | | | | | |
| 5. Action Requested By (Typed Name, Title, Signature, and Request Date) FLEMING, ANTONETTE O Human Resources Specialist (LE) 11-29-2012 | | | | | | 6. Action Authorized By (Typed Name, Title, Signature, and Date) SEYMORE, DANYEL T Budget Analyst 11-30-2012 | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | 2. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 11-29-2012 | | | | | | | | | | | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | | | | | | | | | | | |
| 5-A. Code 846 | | | 5-B. Nature of Action Individual Time Off | | | 6-A. Code | | | 6-B. Nature of Action | | | | | | | | | | | | | | | | | | |
| 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 Policy Coordinator PD: 10AA06 Position: 00281506 | | | | | | 15. TO: Position Title and Number Policy Coordinator PD: 10AA06 Position: 00281506 | | | | | | | | | | | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 11 | | 11. Step/Rate 05 | | 12. Tot. Salary \$70,794.00 | | 13. Pay Basis PA | | 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 11 | | 19. Step/Rate 05 | | 20. Tot. Salary/Award 24.00 | | 21. Pay Basis | | | | | |
| 12A. Basic Pay \$56,991.00 | | | 12B. Locality Adj. \$13,803.00 | | 12C. Adj. Basic Pay \$70,794.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$56,991.00 | | | 20B. Locality Adj. \$13,803.00 | | 20C. Adj. Basic Pay \$70,794.00 | | 20D. Other Pay \$0 | | | | | | | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | | | | | | | | | 24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | | | |
| 27. FEGLI (b)(6) | | | | | | | | | | | | 28. Annuitant Indicator 9 Not Applicable | | | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | | | 31. Service Comp. Date (Leave) 06-01-2010 | | | | | | 32. Work Schedule F Full Time | | | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | | | | | | | | | 35. FLSA Category E E-Exempt N Nonexempt | | | | 36. Appropriation Code 31990362 | | | | | | 37. Bargaining Unit Status 8888 | | | | | |
| 38. Duty Station Code 110010001 | | | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | | | | | | | | | |
| 40. Agency Data | | | | 41. | | | | 42. | | | | 43. | | | | 44. | | | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | | | | | | | | | |
| PART C - Reviews and Approvals (Not to be used by requesting office.) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. WORKFORCE A. FLEMING, ANTONETTE O Human Resources Specialist (LE) | | | | | | | | | | | | 1. Office/Function | | | | Initials/Signature | | | | Date | | | | | | | |
| B. | | | | | | | | | | | | D. | | | | | | | | | | | | | | | |
| C. | | | | | | | | | | | | E. | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | F. | | | | | | | | | | | | | | | |
| 2. Approval: I certify that the information entered on this form is accurate and the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | | | | | Signature | | | | | | Approved: 11/30/2012 | | | | | | | | | |

CONTINUED ON REVERSE SIDE

OVER

Editions Prior to 7/91 Are Not Usable After 6/30/93

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

Individual Time Off

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|-------------------------------------|--|---|--|-------------------------------------|--|-----------------------------------|--|--|--|-----------------------|--|---|--|---|--|--------------------------------------|--|------------------------------------|--|--------------------|--|--|--|--|--|------|--|--|--|--|--|
| 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 12-16-2012 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) UNDERWOOD,LAUREN A | | | | 2. Social Security Number (b)(6) | | 3. Date of Birth (b)(6) | | 4. Effective Date 12-16-2012 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-A. Code 702 | | 5-B. Nature of Action Promotion | | | | 6-A. Code | | 6-B. Nature of Action | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-C. Code N6M | | 5-D. Legal Authority Reg 335.102 Career Prom Career promotion. | | | | 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 Policy Coordinator PD: 10AA06 Position: 00281506 | | | | | | 15. TO: Position Title and Number Policy Coordinator PD: 10AA07 Position: 00298270 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 11 | | 11. Step/Rate 05 | | 12. Tot. Salary \$70,794.00 | | 13. Pay Basis PA | | 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 12 | | 19. Step/Rate 02 | | 20. Tot. Salary/Award \$77,368.00 | | 21. Pay Basis PA | | | | | | | | | | | | | |
| 12A. Basic Pay \$56,991.00 | | 12B. Locality Adj. \$13,803.00 | | 12C. Adj. Basic Pay \$70,794.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$62,283.00 | | 20B. Locality Adj. \$15,085.00 | | 20C. Adj. Basic Pay \$77,368.00 | | 20D. Other Pay \$0 | | | | | | | | | | | | | | | | | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | | | | | | | | | 24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | | | | | | | | | | | |
| 27. FEGLI (b)(6) | | | | | | | | | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | | | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | | | 31. Service Comp. Date (Leave) 06-01-2010 | | | | | | 32. Work Schedule F Full Time | | | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | | | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | | | | | | | | | 35. FLSA Category E E-Exempt N Nonexempt | | | | 36. Appropriation Code 31990362 | | | | | | 37. Bargaining Unit Status 8888 | | | | | | | | | | | | | |
| 38. Duty Station Code 110010001 | | | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40. Agency Data | | | | 41. | | 42. | | 43. | | 44. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | | | | | | | | | | | | | | | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | | | | | Signature | | | | | | Approved 12-19-2012 | | | | | | | | | | | | | | | | | |

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

Career Ladder Promotion

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

- Position is at the full performance level or band.

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------------------------|--|--|------------------------------------|---|-----------------------|-------------------------------------|-------------------------------|--|--|--|--|------------------------------------|------|-----------------------|--|---------------------|--|--------------------------------|--|---------------|--|
| 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 08-23-2013 | | | | | | | | | | | | | | | |
| 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) UNDERWOOD,LAUREN A | | | | 2. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 08-23-2013 | | | | | | | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | | | | | | | |
| 5-A. Code 846 | | | 5-B. Nature of Action Individual Time Off | | | 6-A. Code | | | 6-B. Nature of Action | | | | | | | | | | | | | | |
| 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 Policy Coordinator PD: 10AA07 Position: 00298270 | | | | | | 15. TO: Position Title and Number Policy Coordinator PD: 10AA07 Position: 00298270 | | | | | | | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 12 | | 11. Step/Rate 02 | | 12. Tot. Salary \$77,368.00 | | 13. Pay Basis PA | | 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 12 | | 19. Step/Rate 02 | | 20. Tot. Salary/Award 40.00 | | 21. Pay Basis | |
| 12A. Basic Pay \$62,283.00 | | | 12B. Locality Adj. \$15,085.00 | | 12C. Adj. Basic Pay \$77,368.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$62,283.00 | | | 20B. Locality Adj. \$15,085.00 | | 20C. Adj. Basic Pay \$77,368.00 | | 20D. Other Pay \$0 | | | | | | | |
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| EMPLOYEE DATA | | | | | | | | | | | | | | | | | | | | | | | |
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| 27. FEGLI (b)(6) | | | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | 31. Service Comp. Date (Leave) 06-01-2010 | | | | 32. Work Schedule F Full Time | | | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 31990362 | | | | 37. Bargaining Unit Status 8888 | | | | | | | | | | | |
| 38. Duty Station Code 110010001 | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | | | | | | | |
| 40. Agency Data | | 41. | | 42. | | 43. | | 44. | | | | | | | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | | | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | Signature | | | | App 08-23-2013 | | | | | | | | | | | |

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

Individual Time Off

*HE_AWARDS: Inserted via Mass Mask Employee Awards process.

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| | |
|--|--|
| 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 09-22-2013 |
| 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) UNDERWOOD,LAUREN A | 2. Social Security Number (b)(6) | 3. Date of Birth (b)(6) | 4. Effective Date 09-22-2013 |
|---|-------------------------------------|----------------------------|---------------------------------|

| FIRST ACTION | | SECOND ACTION | |
|------------------|-------------------------------------|---------------|-----------------------|
| 5-A. Code 980 | 5-B. Nature of Action CAN Change | 6-A. Code | 6-B. Nature of Action |
| 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 Policy Coordinator PD: 10AA07 Position: 00298270 | 15. TO: Position Title and Number Policy Coordinator PD: 10AA07 Position: 00298270 |
|--|---|

| | | | | | | | | | | | | | | | |
|-------------------------------|--------------------|-----------------------------------|---------------------|------------------------------------|---------------------|-----------------------|---------------------|-------------------------------|---------------------|--------------------------------------|---------------------|------------------------------------|--|-----------------------|--|
| 8. Pay Plan GS | 9. Occ. CD 0301 | 10. Grd/Lvl 12 | 11. Step/Rate 02 | 12. Tot. Salary \$77,368.00 | 13. Pay Basis PA | 16. Pay Plan GS | 17. Occ. CD 0301 | 18. Grd/Lvl 12 | 19. Step/Rate 02 | 20. Tot. Salary/Award \$77,368.00 | 21. Pay Basis PA | | | | |
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| | |
|--|--|
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA |
|--|--|

EMPLOYEE DATA

| | | | | | | | | | |
|-------------------------|-----------|------------------------|--------------------------------|---|-------------|--------------------------|--|---|--|
| 23. Veterans Preference | | | 24. Tenure | | | 25. Agency Use | | 26. Veterans Preference for RIF | |
| (b)(6) | 1-None | 3-10 Point/Disability | 5-10 Point/Other | 1 | 0-None | 2-Conditional | | (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) | | | 9 | | | Not Applicable | | 0 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 | | | 36. Appropriation Code | | | 37. Bargaining Unit Status | | |
| 1 | 1-Competitive Service | 3-SES General | E | 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. | 42. | 43. | 44. | | | | | |
| 45. Edu. Lvl. | 46. Yr. Degr. Att'd | 47. Acad. Discipl. | | | 48. Func. Class | 49. Citizenship | | 50. Veterans Status | | 51. Supervisory Status | |
| 17 | 2009 | 513808 | | | 00 | 1 1-USA 8-Other | | (b)(6) | | 8 All Other | |

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

| | | |
|--|-----------|----------------|
| | Signature | App 09-22-2013 |
|--|-----------|----------------|

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

Data Change

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|---|--|---------------------------------------|--|--|--|
| 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 12-15-2013 | | | | | | | |
| 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) UNDERWOOD,LAUREN A | | | | 2. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 12-15-2013 | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | |
| 5-A. Code 893 | | 5-B. Nature of Action Within-range Increase Provided on Regular Cycle | | | | 6-A. Code | | 6-B. Nature of Action | | | | | | | |
| 5-C. Code Q7M | | 5-D. Legal Authority Reg 531.404. Within grade increase. | | | | 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 Policy Coordinator PD: 10AA07 Position: 00298270 | | | | | | 15. TO: Position Title and Number Policy Coordinator PD: 10AA07 Position: 00298270 | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 12 | | 11. Step/Rate 02 | | 12. Tot. Salary \$77,368.00 | | 13. Pay Basis PA | | | | | |
| 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 12 | | 19. Step/Rate 03 | | 20. Tot. Salary/Award \$79,864.00 | | 21. Pay Basis PA | | | | | |
| 12A. Basic Pay \$62,283.00 | | 12B. Locality Adj. \$15,085.00 | | 12C. Adj. Basic Pay \$77,368.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$64,292.00 | | 20B. Locality Adj. \$15,572.00 | | | | | |
| | | | | | | | | 20C. Adj. Basic Pay \$79,864.00 | | 20D. Other Pay \$0 | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | 24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | |
| 27. FEGLI (b)(6) | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | 31. Service Comp. Date (Leave) (b)(6) | | | | 32. Work Schedule F Full Time | | | | | | | |
| 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | |
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 41990362 | | | | 37. Bargaining Unit Status 8888 | | | |
| 38. Duty Station Code 110010001 | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | |
| 40. Agency Data | | 41. | | 42. | | 43. | | 44. | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | |
| PART C - Reviews and Approvals (Not to be used by requesting office.) | | | | | | | | | | | | | | | |
| 1. Office/Function | | | | Initials/Signature | | | | Date | | | | | | | |
| A. | | | | | | | | | | | | | | | |
| B. | | | | | | | | | | | | | | | |
| C. | | | | | | | | | | | | | | | |
| D. | | | | | | | | | | | | | | | |
| E. | | | | | | | | | | | | | | | |
| F. | | | | | | | | | | | | | | | |
| 2. Approval: I certify that the information entered on this form is accurate and the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | Signature | | Approval Date 12-15-2013 | | | | | |

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

WITHIN GRADE INCREASE
Automatic Within Grade Increase Processed

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

- Work performance is at an acceptable level of competence.

REQUEST FOR PERSONNEL ACTION

| 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 01-12-2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) UNDERWOOD, LAUREN A | | | | 7. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 01-12-2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-A. Code 894 | | | 5-B. Nature of Action Gen Adj | | | 6-A. Code | | | 6-B. Nature of Action | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-C. Code QWM | | | 5-D. Legal Authority Reg 531.207 | | | 6-C. Code | | | 6-D. Legal Authority | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-E. Code ZLM | | | 5-F. Legal Authority EO 13655 dated December 23, 2013 | | | 6-E. Code | | | 6-F. Legal Authority | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. FROM: Position Title and Number Policy Coordinator PD: 10AA07 Position: 00298270 | | | | | | 15. TO: Position Title and Number Policy Coordinator PD: 10AA07 Position: 00298270 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 12 | | 11. Step/Rate 03 | | 12. Tot. Salary \$79,864.00 | | 13. Pay Basis PA | | 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 12 | | 19. Step/Rate 03 | | 20. Tot. Salary/Award \$80,662.00 | | 21. Pay Basis PA | | | | | | | | | | | | | |
| 12A. Basic Pay \$64,292.00 | | | 12B. Locality Adj. \$15,572.00 | | 12C. Adj. Basic Pay \$79,864.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$64,935.00 | | | 20B. Locality Adj. \$15,727.00 | | 20C. Adj. Basic Pay \$80,662.00 | | 20D. Other Pay \$0 | | | | | | | | | | | | | | | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | | | | | | | | | 24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | | | | | | | | | | | |
| 27. FEGLI (b)(6) | | | | | | | | | | | | 28. Annuitant Indicator 9 Not Applicable | | | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | | | 31. Service Comp. Date (Leave) (b)(6) | | | | | | 32. Work Schedule F Full Time | | | | | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | | | | | | | | | 35. FLSA Category E E-Exempt N N-Nonexempt | | | | 36. Appropriation Code 41990362 | | | | | | 37. Bargaining Unit Status 8888 | | | | | | | | | | | | | |
| 38. Duty Station Code 110010001 | | | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40. Agency Data | | | | 41. | | | | 42. | | | | 43. | | | | 44. | | | | | | | | | | | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | | | | | | | | | | | | | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | | | | | Signature | | | | | | Approval Date 01-12-2014 | | | | | | | | | | | | | | | | | |

CONTINUED ON REVERSE SIDE

OVER

Editions Prior to 7/91 Are Not Usable After 6/30/93

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 - 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 compensation to which you are entitled.

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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 administration of unemployment compensation programs.

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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

- Salary includes a locality-based payment of 24.22%. (in block 20B).
- Salary increased as authorized by E.O. 13655, dtd 12/23/2013

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | |
|--|--|-------------------------------------|--------------------|--|--|--|--|--|--------------------|---|--|---------------------------------------|--|--|------|--|--|
| 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 01-12-2014 | | | | | | | | | |
| 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) UNDERWOOD,LAUREN A | | | | 2. Social Security Number (b)(6) | | 3. Date of Birth (b)(6) | | 4. Effective Date 01-12-2014 | | | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | |
| 5-A. Code 002 | | 5-B. Nature of Action Correction | | | | 6-A. Code 894 | | 6-B. Nature of Action Gen Adj | | | | | | | | | |
| 5-C. Code | | 5-D. Legal Authority | | | | 6-C. Code QWM | | 6-D. Legal Authority Reg 531.207 | | | | | | | | | |
| 5-E. Code | | 5-F. Legal Authority | | | | 6-E. Code ZLM | | 6-F. Legal Authority EO 13655 dated December 23, 2013 | | | | | | | | | |
| 7. FROM: Position Title and Number Policy Coordinator PD: 10AA07 Position: 00298270 | | | | | | 15. TO: Position Title and Number Policy Coordinator PD: 10AA07 Position: 00298270 | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 12 | | 11. Step/Rate 03 | | 12. Tot. Salary \$80,662.00 | | 13. Pay Basis PA | | | | | | | |
| 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 12 | | 19. Step/Rate 03 | | 20. Tot. Salary/Award \$80,662.00 | | 21. Pay Basis PA | | | | | | | |
| 12A. Basic Pay \$64,935.00 | | 12B. Locality Adj. \$15,727.00 | | 12C. Adj. Basic Pay \$80,662.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$64,935.00 | | 20B. Locality Adj. \$15,727.00 | | | | | | | |
| | | | | | | | | 20C. Adj. Basic Pay \$80,662.00 | | 20D. Other Pay \$0 | | | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | 24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | |
| 27. FEGLI (b)(6) | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | 31. Service Comp. Date (Leave) 06-01-2010 | | | | 32. Work Schedule F Full Time | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 41990362 | | | | 37. Bargaining Unit Status 3591 | | | | | |
| 38. Duty Station Code 110010001 | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | |
| 40. Agency Data | | 41. | | 42. | | 43. | | 44. | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | Signature | | | | Approval Date 01-19-2014 | | | | | |

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 - Employee Resignation/Retirement

Privacy Act Statement

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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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

- Corrects item 37 from 8888.
- Salary increased as authorized by E.O. 13655, dtd 12/23/2013

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------------------------|---|-------------------------------------|------------------------------------|---|-----------------------|--|-------------------------------|------------------------------------|--|--|--|---------------------------------------|--|---|--|--|--|--------------------------------------|--|---------------------|--|--------------------|--|--|--|--|--|------|--|--|--|--|--|
| 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 01-26-2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) UNDERWOOD,LAUREN A | | | | 2. Social Security Number (b)(6) | | 3. Date of Birth (b)(6) | | 4. Effective Date 01-26-2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-A. Code 702 | | | 5-B. Nature of Action Promotion | | | 6-A. Code | | | 6-B. Nature of Action | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-C. Code N3M | | | 5-D. Legal Authority Reg 335.102 Comp. Competitive prom/reas/CLG | | | 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 Policy Coordinator PD: 10AA07 Position: 00298270 | | | | | | 15. TO: Position Title and Number Policy Coordinator PD: 13AA10 Position: 00321493 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 12 | | 11. Step/Rate 03 | | 12. Tot. Salary \$80,662.00 | | 13. Pay Basis PA | | 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 13 | | 19. Step/Rate 01 | | 20. Tot. Salary/Award \$89,924.00 | | 21. Pay Basis PA | | | | | | | | | | | | | |
| 12A. Basic Pay \$64,935.00 | | | 12B. Locality Adj. \$15,727.00 | | 12C. Adj. Basic Pay \$80,662.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$72,391.00 | | | 20B. Locality Adj. \$17,533.00 | | 20C. Adj. Basic Pay \$89,924.00 | | 20D. Other Pay \$0 | | | | | | | | | | | | | | | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | | | | | | | | | 24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | | | | | | | | | | | |
| 27. FEGLI (b)(6) | | | | | | | | | | | | 28. Annuitant Indicator 9 Not Applicable | | | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | | | 31. Service Comp. Date (Leave) (b)(6) | | | | | | 32. Work Schedule F Full Time | | | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | | | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 41990362 | | | | | | | | 37. Bargaining Unit Status 0017 | | | | | | | | | | | | | | | |
| 38. Duty Station Code 110010001 | | | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40. Agency Data | | | | 41. | | | | 42. | | | | 43. | | | | 44. | | | | | | | | | | | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | | | | | | | | | | | | | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | | | | | Signature | | | | | | Approved 01-29-2014 | | | | | | | | | | | | | | | | | |

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

Competitive Promotion

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

- Selected from DF-14-LRo-1573980 dated 01/16/14 hhs-ios-mp-14-1021044
- Position is at the full performance level or band.

REQUEST FOR PERSONNEL ACTION

| | |
|--|--|
| 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 01-26-2014 |
| 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) UNDERWOOD, LAUREN A | 2. Social Security Number (b)(6) | 3. Date of Birth (b)(6) | 4. Effective Date 01-26-2014 |
|--|-------------------------------------|----------------------------|---------------------------------|

| FIRST ACTION | | SECOND ACTION | |
|------------------|-------------------------------------|------------------|---|
| 5-A. Code 002 | 5-B. Nature of Action Correction | 6-A. Code 702 | 6-B. Nature of Action Promotion |
| 5-C. Code | 5-D. Legal Authority | 6-C. Code N3M | 6-D. Legal Authority Reg 335.102 Comp. Competitive prom/reas/CLG |
| 5-E. Code | 5-F. Legal Authority | 6-E. Code | 6-F. Legal Authority |

| | |
|--|---|
| 7. FROM: Position Title and Number Policy Coordinator PD: 13AA10 Position: 00321493 | 15. TO: Position Title and Number Policy Coordinator PD: 13AA10 Position: 00321493 |
|--|---|

| | | | | | | | | | | | |
|-------------------------------|-----------------------------------|------------------------------------|-----------------------|--------------------------------|-----------------------------------|------------------------------------|-----------------------|-------------------|---------------------|--------------------------------------|---------------------|
| 8. Pay Plan GS | 9. Occ. CD 0301 | 10. Grd/Lvl 13 | 11. Step/Rate 01 | 12. Tot. Salary \$89,924.00 | 13. Pay Basis PA | 16. Pay Plan GS | 17. Occ. CD 0301 | 18. Grd/Lvl 13 | 19. Step/Rate 01 | 20. Tot. Salary/Award \$89,924.00 | 21. Pay Basis PA |
| 12A. Basic Pay \$72,391.00 | 12B. Locality Adj. \$17,533.00 | 12C. Adj. Basic Pay \$89,924.00 | 12D. Other Pay \$0 | 20A. Basic Pay \$72,391.00 | 20B. Locality Adj. \$17,533.00 | 20C. Adj. Basic Pay \$89,924.00 | 20D. Other Pay \$0 | | | | |

| | |
|--|--|
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA |
|--|--|

EMPLOYEE DATA

| | | | |
|--|--|--|---|
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | 24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite | 25. Agency Use | 26. Veterans Preference for RIF (b)(6) |
| 27. FEGLI (b)(6) | 28. Annuitant Indicator 9 Not Applicable | 29. Pay Rate Determinant 0 Regular Rate | |
| 30. Retirement Plan (b)(6) | 31. Service Comp. Date (Leave) (b)(6) | 32. Work Schedule F Full Time | 33. Part-Time Hours Per Biweekly Pay Period |

POSITION DATA

| | | | |
|--|--|------------------------------------|---------------------------------------|
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | 35. FLSA Category E E-Exempt N Nonexempt | 36. Appropriation Code 41990362 | 37. Bargaining Unit Status 3591 |
| 38. Duty Station Code 110010001 | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | |
| 40. Agency Data | 41. | 42. | 43. |
| 45. Edu. Lvl. 17 | 46. Yr. Degr. Att'd 2009 | 47. Acad. Discipl. 513808 | 48. Func. Class 00 |
| 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | 51. Supervisory Status 8 All Other |

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 the proposed action is in compliance with statutory and regulatory requirements. | Signature | App'd 01-19-2014 |
|---|-----------|------------------|

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

Competitive Promotion

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

- Corrects item 37 from 0017.

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | |
|--|--|-----------------------------|-------------------------------------|--|------------------------------------|--|-----------------------|--|-------------------------------|---|--|---------------------------------------|--|--|------|--|--|
| 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 03-26-2014 | | | | | | | | | |
| 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) UNDERWOOD,LAUREN A | | | | 2. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 03-26-2014 | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | |
| 5-A. Code 980 | | | 5-B. Nature of Action CAN Change | | | 6-A. Code | | | 6-B. Nature of Action | | | | | | | | |
| 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 Policy Coordinator PD: I3AA10 Position: 00321493 | | | | | | 15. TO: Position Title and Number Policy Coordinator PD: I3AA10 Position: 00321493 | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd./Lvl 13 | | 11. Step/Rate 01 | | 12. Tot. Salary \$89,924.00 | | 13. Pay Basis PA | | | | | | | |
| 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd./Lvl 13 | | 19. Step/Rate 01 | | 20. Tot. Salary/Award \$89,924.00 | | 21. Pay Basis PA | | | | | | | |
| 12A. Basic Pay \$72,391.00 | | | 12B. Locality Adj. \$17,533.00 | | 12C. Adj. Basic Pay \$89,924.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$72,391.00 | | | | | | | | |
| 20B. Locality Adj. \$17,533.00 | | | 20C. Adj. Basic Pay \$89,924.00 | | 20D. Other Pay \$0 | | | | | | | | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | 24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | |
| 27. FEGLI (b)(6) | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | 31. Service Comp. Date (Leave) 06-01-2010 | | | | 32. Work Schedule F Full Time | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 4199SAAE | | | | 37. Bargaining Unit Status 3591 | | | | | |
| 38. Duty Station Code 110010001 | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | |
| 40. Agency Data | | 41. | | 42. | | 43. | | 44. | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | Signature | | | | App 04-04-2014 | | | | | |

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

Payroll Related Action
Inserted via Employee CAN Update process.

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | |
|--|--|--|--------------------|--|--|--|--|--|--------------------|---|--|---------------------------------------|--|--|------|--|--|
| 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 06-17-2014 | | | | | | | |
| 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) UNDERWOOD,LAUREN A | | | | 2. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 06-17-2014 | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | |
| 5-A. Code 840 | | 5-B. Nature of Action Individual Cash Award RB Ratings-Based | | | | 6-A. Code | | 6-B. Nature of Action | | | | | | | | | |
| 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 Policy Coordinator PD: 13AA10 Position: 00321493 | | | | | | 15. TO: Position Title and Number Policy Coordinator PD: 13AA10 Position: 00321493 | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 13 | | 11. Step/Rate 01 | | 12. Tot. Salary \$89,924.00 | | 13. Pay Basis PA | | | | | | | |
| 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 13 | | 19. Step/Rate 01 | | 20. Tot. Salary/Award \$1,358.00 | | 21. Pay Basis | | | | | | | |
| 12A. Basic Pay \$72,391.00 | | 12B. Locality Adj. \$17,533.00 | | 12C. Adj. Basic Pay \$89,924.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$72,391.00 | | 20B. Locality Adj. \$17,533.00 | | | | | | | |
| | | | | | | | | 20C. Adj. Basic Pay \$89,924.00 | | 20D. Other Pay \$0 | | | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | 24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | |
| 27. FEGLI (b)(6) | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | 31. Service Comp. Date (Leave) (b)(6) | | | | 32. Work Schedule F Full Time | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 4199SAAE | | | | 37. Bargaining Unit Status 3591 | | | | | |
| 38. Duty Station Code 110010001 | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | |
| 40. Agency Data | | 41. | | 42. | | 43. | | 44. | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status X Non Vet | | 51. Supervisory Status 8 All Other | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | | | Signature | | App 06-17-2014 | | | | | |

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

Individual Cash Award RB

*HE_AWARDS: Inserted via Mass Mask Employee Awards process.

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------------------------|-------------------------------------|--|------------------------------------|---|-----------------------|-------------------------------------|--|---------------------------------|---|--|--|------------------------------------|------|-----------------------|--|---------------------|--|--------------------------------------|--|---------------------|--|
| 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 09-21-2014 | | | | | | | | | | | | | | | |
| 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) UNDERWOOD,LAUREN A | | | | 2. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 09-21-2014 | | | | | | | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | | | | | | | |
| 5-A. Code 980 | | | 5-B. Nature of Action CAN Change | | | 6-A. Code | | | 6-B. Nature of Action | | | | | | | | | | | | | | |
| 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 Policy Coordinator PD: 13AA10 Position: 00321493 | | | | | | 15. TO: Position Title and Number Policy Coordinator PD: 13AA10 Position: 00321493 | | | | | | | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 13 | | 11. Step/Rate 01 | | 12. Tot. Salary \$89,924.00 | | 13. Pay Basis PA | | 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 13 | | 19. Step/Rate 01 | | 20. Tot. Salary/Award \$89,924.00 | | 21. Pay Basis PA | |
| 12A. Basic Pay \$72,391.00 | | | 12B. Locality Adj. \$17,533.00 | | 12C. Adj. Basic Pay \$89,924.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$72,391.00 | | | 20B. Locality Adj. \$17,533.00 | | 20C. Adj. Basic Pay \$89,924.00 | | 20D. Other Pay \$0 | | | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | | | 24. Tenure 1 0-None 2-Conditional 1-Permanent 3-Indefinite | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | | | | | | |
| 27. FEGLI (b)(6) | | | | | | 28. Annuitant Indicator 9 Not Applicable | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | 31. Service Comp. Date (Leave) (b)(6) | | | | 32. Work Schedule F Full Time | | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 1 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 5199SAAE | | | | 37. Bargaining Unit Status 3591 | | | | | | | | | | | |
| 38. Duty Station Code 110010001 | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | | | | | | | |
| 40. Agency Data | | 41. | | 42. | | 43. | | 44. | | | | | | | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | | | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | Signature | | | | App 09-20-2014 | | | | | | | | | | | |

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

Data Change

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| | |
|--|--|
| 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 11-16-2014 |
| 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) UNDERWOOD,LAUREN A | 2. Social Security Number (b)(6) | 3. Date of Birth (b)(6) | 4. Effective Date 11-16-2014 |
|---|-------------------------------------|----------------------------|---------------------------------|

| | | | |
|---------------------|---|----------------------|-----------------------|
| FIRST ACTION | | SECOND ACTION | |
| 5-A. Code 570 | 5-B. Nature of Action Conv to Exc Appt | 6-A. Code | 6-B. Nature of Action |
| 5-C. Code Y7M | 5-D. Legal Authority SCH C, 213.3301a Agency-unique Schedule C auth. | 6-C. Code | 6-D. Legal Authority |
| 5-E. Code ZLM | 5-F. Legal Authority OPM form 1019 dated 11/10/2014. | 6-E. Code | 6-F. Legal Authority |

| | |
|--|--|
| 7. FROM: Position Title and Number Policy Coordinator PD: 13AA10 Position: 00321493 | 15. TO: Position Title and Number Special Assistant to the ASPR PD: HHS120 Position: 00332980 |
|--|--|

| | | | | | | | | | | | |
|-------------------------------|-----------------------------------|------------------------------------|-----------------------|--------------------------------|-----------------------------------|------------------------------------|-----------------------|-------------------|---------------------|--------------------------------------|---------------------|
| 8. Pay Plan GS | 9. Occ. CD 0301 | 10. Grd/Lvl 13 | 11. Step/Rate 01 | 12. Tot. Salary \$89,924.00 | 13. Pay Basis PA | 16. Pay Plan GS | 17. Occ. CD 0301 | 18. Grd/Lvl 13 | 19. Step/Rate 01 | 20. Tot. Salary/Award \$89,924.00 | 21. Pay Basis PA |
| 12A. Basic Pay \$72,391.00 | 12B. Locality Adj. \$17,533.00 | 12C. Adj. Basic Pay \$89,924.00 | 12D. Other Pay \$0 | 20A. Basic Pay \$72,391.00 | 20B. Locality Adj. \$17,533.00 | 20C. Adj. Basic Pay \$89,924.00 | 20D. Other Pay \$0 | | | | |

| | |
|--|---|
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services Immediate Office Of The Secretary WASHINGTON DC USA | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA |
|--|---|

EMPLOYEE DATA

| | | | |
|--|--|--|---|
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | 24. Tenure 3 0-None 2-Conditional 1-Permanent 3-Indefinite | 25. Agency Use | 26. Veterans Preference for RIF (b)(6) |
| 27. FEGLI (b)(6) | 28. Annuitant Indicator 9 Not Applicable | 29. Pay Rate Determinant 0 Regular Rate | |
| 30. Retirement Plan (b)(6) | 31. Service Comp. Date (Leave) (b)(6) | 32. Work Schedule F Full Time | 33. Part-Time Hours Per Biweekly Pay Period |

POSITION DATA

| | | | |
|--|--|------------------------------------|---------------------------------------|
| 34. Position Occupied 2 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | 35. FLSA Category E E-Exempt N-Nonexempt | 36. Appropriation Code 51991004 | 37. Bargaining Unit Status 8888 |
| 38. Duty Station Code 110010001 | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | |
| 40. Agency Data | 41. | 42. | 43. |
| 45. Edu. Lvl. 17 | 46. Yr. Degr. Att'd 2009 | 47. Acad. Discipl. 513808 | 48. Func. Class 00 |
| 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | 51. Supervisory Status 8 All Other |

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 the proposed action is in compliance with statutory and regulatory requirements. | Signature | Approval 7-2014 |
|---|-----------|-----------------|

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

Conversion

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------------------|-------------------------------------|-------------------------------------|------------------------------------|---|-----------------------|-------------------------------------|-------------------------------|------------------------------------|--|---|--|---------------------------------------|--|---|--|---|--|--------------------------------------|--|---------------------|--|--------------------|--|--|--|--|--|------|--|--|--|--|--|
| 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 12-09-2014 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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) UNDERWOOD,LAUREN A | | | | 2. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 12-09-2014 | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5-A. Code 980 | | | 5-B. Nature of Action CAN Change | | | 6-A. Code | | | 6-B. Nature of Action | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Special Assistant to the ASPR PD: HHS120 Position: 00332980 | | | | | | 15. TO: Position Title and Number Special Assistant to the ASPR PD: HHS120 Position: 00332980 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 13 | | 11. Step/Rate 01 | | 12. Tot. Salary \$89,924.00 | | 13. Pay Basis PA | | 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 13 | | 19. Step/Rate 01 | | 20. Tot. Salary/Award \$89,924.00 | | 21. Pay Basis PA | | | | | | | | | | | | | |
| 12A. Basic Pay \$72,391.00 | | | 12B. Locality Adj. \$17,533.00 | | 12C. Adj. Basic Pay \$89,924.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$72,391.00 | | | 20B. Locality Adj. \$17,533.00 | | 20C. Adj. Basic Pay \$89,924.00 | | 20D. Other Pay \$0 | | | | | | | | | | | | | | | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA | | | | | | | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | | | | | | | | | 24. Tenure 3 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | | | | | | | | | | | |
| 27. FEGLI (b)(6) | | | | | | | | | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | | | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | | | 31. Service Comp. Date (Leave) (b)(6) | | | | | | 32. Work Schedule F Full Time | | | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | | | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 2 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 51991002 | | | | | | 37. Bargaining Unit Status 8888 | | | | | | | | | | | | | | | | | | | |
| 38. Duty Station Code 110010001 | | | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40. Agency Data | | | | 41. | | | | 42. | | | | 43. | | | | 44. | | | | | | | | | | | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | | | | | | | | | | | | | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | | | | | Signature | | | | | | Approval Date 12-09-2014 | | | | | | | | | | | | | | | | | |

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

Payroll Related Action
Inserted via Employee CAN Update process.

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------------------|--|--|------------------------------------|---|-----------------------|--|-------------------------------|---|--|---|--|------------------------------------|------|-----------------------|--|---------------------|--|--------------------------------------|--|---------------------|--|
| 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 01-11-2015 | | | | | | | | | | | | | | | |
| 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) UNDERWOOD,LAUREN A | | | | 2. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 01-11-2015 | | | | | | | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | | | | | | | |
| 5-A. Code 894 | | | 5-B. Nature of Action Gen Adj | | | 6-A. Code | | | 6-B. Nature of Action | | | | | | | | | | | | | | |
| 5-C. Code QWM | | | 5-D. Legal Authority Reg 531.207 | | | 6-C. Code | | | 6-D. Legal Authority | | | | | | | | | | | | | | |
| 5-E. Code ZLM | | | 5-F. Legal Authority EO 13686 dated December 19, 2014 | | | 6-E. Code | | | 6-F. Legal Authority | | | | | | | | | | | | | | |
| 7. FROM: Position Title and Number Special Assistant to the ASPR PD: HHS120 Position: 00332980 | | | | | | 15. TO: Position Title and Number Special Assistant to the ASPR PD: HHS120 Position: 00332980 | | | | | | | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 13 | | 11. Step/Rate 01 | | 12. Tot. Salary \$89,924.00 | | 13. Pay Basis PA | | 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 13 | | 19. Step/Rate 01 | | 20. Tot. Salary/Award \$90,823.00 | | 21. Pay Basis PA | |
| 12A. Basic Pay \$72,391.00 | | | 12B. Locality Adj. \$17,533.00 | | 12C. Adj. Basic Pay \$89,924.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$73,115.00 | | | 20B. Locality Adj. \$17,708.00 | | 20C. Adj. Basic Pay \$90,823.00 | | 20D. Other Pay \$0 | | | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA | | | | | | | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | 24. Tenure 3 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | | | | | | | |
| 27. FEGLI (b)(6) | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | 31. Service Comp. Date (Leave) (b)(6) | | | | 32. Work Schedule F Full Time | | | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 2 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 51991002 | | | | 37. Bargaining Unit Status 8888 | | | | | | | | | | | |
| 38. Duty Station Code 110010001 | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | | | | | | | |
| 40. Agency Data | | 41. | | 42. | | 43. | | 44. | | | | | | | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | | | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | Signature | | | | Approval Date 01-12-2015 | | | | | | | | | | | |

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 - 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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

- Salary includes a locality-based payment of 24.22%. (in block 20B).
- Salary increased as authorized by E.O. 13686, dtd 12/19/2014

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | |
|---|--|---|--|---|--|---|--|---|--|---|--|---------------------------------------|--|
| 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) | | | | | | | |
| 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 | | | | 2. Social Security Number (b)(6) | | 3. Date of Birth (b)(6) | | 4. Effective Date 01-25-2015 | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | |
| 5-A. Code 893 | | 5-B. Nature of Action Within-range Increase Provided on Regular Cycle | | | | 6-A. Code | | 6-B. Nature of Action | | | | | |
| 5-C. Code Q7M | | 5-D. Legal Authority Reg 531.404. Within grade increase. | | | | 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 Special Assistant to the ASPR PD: HHS120 Position: 00332980 | | | | | | 15. TO: Position Title and Number Special Assistant to the ASPR PD: HHS120 Position: 00332980 | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 13 | | 11. Step/Rate 01 | | 12. Tot. Salary \$90,823.00 | | 13. Pay Basis PA | | | |
| 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 13 | | 19. Step/Rate 02 | | 20. Tot. Salary/Award \$93,851.00 | | 21. Pay Basis PA | | | |
| 12A. Basic Pay \$73,115.00 | | 12B. Locality Adj. \$17,708.00 | | 12C. Adj. Basic Pay \$90,823.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$75,552.00 | | 20B. Locality Adj. \$18,299.00 | | | |
| 20C. Adj. Basic Pay \$93,851.00 | | 20D. Other Pay \$0 | | 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | 24. Tenure 3 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | |
| 27. FEGLI (b)(6) | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | |
| 30. Retirement Plan (b)(6) | | | | 31. Service Comp. Date (Leave) (b)(6) | | | | 32. Work Schedule F Full Time | | 33. Part-Time Hours Per Biweekly Pay Period | | | |
| POSITION DATA | | | | | | | | | | | | | |
| 34. Position Occupied 2 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | 36. Appropriation Code 51991002 | | | | 37. Bargaining Unit Status 8888 | | | |
| 38. Duty Station Code 110010001 | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | |
| 40. Agency Data | | 41. | | 42. | | 43. | | 44. | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | Signature | | Approved Date 01-25-2015 | | | |

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

WITHIN GRADE INCREASE
Automatic Within Grade Increase Processed

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

- Work performance is at an acceptable level of competence.

REQUEST FOR PERSONNEL ACTION

| | |
|--|--|
| 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) |

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 | | 2. Social Security Number (b)(6) | 3. Date of Birth (b)(6) | 4. Effective Date 09-20-2015 |
| FIRST ACTION | | SECOND ACTION | | |
| 5-A. Code 980 | 5-B. Nature of Action CAN Change | 6-A. Code | 6-B. Nature of Action | |
| 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 Special Assistant to the ASPR PD: HHS120 Position: 00332980 | 15. TO: Position Title and Number Special Assistant to the ASPR PD: HHS120 Position: 00332980 |
|---|--|

| | | | | | | | | | | | |
|-------------------------------|-----------------------------------|------------------------------------|-----------------------|--------------------------------|-----------------------------------|------------------------------------|-----------------------|-------------------|---------------------|--------------------------------------|---------------------|
| 8. Pay Plan GS | 9. Occ. CD 0301 | 10. Grd/Lvl 13 | 11. Step/Rate 02 | 12. Tot. Salary \$93,851.00 | 13. Pay Basis PA | 16. Pay Plan GS | 17. Occ. CD 0301 | 18. Grd/Lvl 13 | 19. Step/Rate 02 | 20. Tot. Salary/Award \$93,851.00 | 21. Pay Basis PA |
| 12A. Basic Pay \$75,552.00 | 12B. Locality Adj. \$18,299.00 | 12C. Adj. Basic Pay \$93,851.00 | 12D. Other Pay \$0 | 20A. Basic Pay \$75,552.00 | 20B. Locality Adj. \$18,299.00 | 20C. Adj. Basic Pay \$93,851.00 | 20D. Other Pay \$0 | | | | |

| | |
|---|---|
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA |
|---|---|

EMPLOYEE DATA

| | | | |
|--|--|--|---|
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | 24. Tenure 3 0-None 2-Conditional 1-Permanent 3-Indefinite | 25. Agency Use | 26. Veterans Preference for RIF (b)(6) |
| 27. FEGLI (b)(6) | 28. Annuitant Indicator 9 Not Applicable | 29. Pay Rate Determinant 0 Regular Rate | |
| 30. Retirement Plan (b)(6) | 31. Service Comp. Date (Leave) (b)(6) | 32. Work Schedule F Full Time | 33. Part-Time Hours Per Biweekly Pay Period |

POSITION DATA

| | | | |
|--|--|------------------------------------|---------------------------------------|
| 34. Position Occupied 2 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | 35. FLSA Category E E-Exempt N Nonexempt | 36. Appropriation Code 61991002 | 37. Bargaining Unit Status 8888 |
| 38. Duty Station Code 110010001 | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | |
| 40. Agency Data | 41. | 42. | 43. |
| 45. Edu. Lvl. 17 | 46. Yr. Degr. Att'd 2009 | 47. Acad. Discipl. 513808 | 48. Func. Class 00 |
| 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | 51. Supervisory Status 8 All Other |

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 the proposed action is in compliance with statutory and regulatory requirements. | Signature | App'd 09-19-2015 |
|---|-----------|------------------|

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

Data Change

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-----------------------------|--|--|------------------------------------|---|-----------------------|--|-------------------------------|---|--|---|--|------------------------------------|------|-----------------------|--|---------------------|--|--------------------------------------|--|---------------------|--|
| 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 01-10-2016 | | | | | | | | | | | | | | | |
| 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) UNDERWOOD,LAUREN A | | | | 2. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 01-10-2016 | | | | | | | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | | | | | | | |
| 5-A. Code 894 | | | 5-B. Nature of Action Gen Adj | | | 6-A. Code | | | 6-B. Nature of Action | | | | | | | | | | | | | | |
| 5-C. Code QWM | | | 5-D. Legal Authority Reg 531.207 | | | 6-C. Code | | | 6-D. Legal Authority | | | | | | | | | | | | | | |
| 5-E. Code ZLM | | | 5-F. Legal Authority EO 13715 dated December 18, 2015 | | | 6-E. Code | | | 6-F. Legal Authority | | | | | | | | | | | | | | |
| 7. FROM: Position Title and Number Special Assistant to the ASPR PD: HHS120 Position: 00332980 | | | | | | 15. TO: Position Title and Number Special Assistant to the ASPR PD: HHS120 Position: 00332980 | | | | | | | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 13 | | 11. Step/Rate 02 | | 12. Tot. Salary \$93,851.00 | | 13. Pay Basis PA | | 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 13 | | 19. Step/Rate 02 | | 20. Tot. Salary/Award \$95,217.00 | | 21. Pay Basis PA | |
| 12A. Basic Pay \$75,552.00 | | | 12B. Locality Adj. \$18,299.00 | | 12C. Adj. Basic Pay \$93,851.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$76,308.00 | | | 20B. Locality Adj. \$18,909.00 | | 20C. Adj. Basic Pay \$95,217.00 | | 20D. Other Pay \$0 | | | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA | | | | | | | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | 24. Tenure 3 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | | | | | | | |
| 27. FEGLI (b)(6) | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | 31. Service Comp. Date (Leave) (b)(6) | | | | 32. Work Schedule F Full Time | | | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 2 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 61991002 | | | | 37. Bargaining Unit Status 8888 | | | | | | | | | | | |
| 38. Duty Station Code 110010001 | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | | | | | | | |
| 40. Agency Data | | 41. | | 42. | | 43. | | 44. | | | | | | | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | | | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | Signature | | | | Approval Date 01-10-2016 | | | | | | | | | | | |

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 - 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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

- Salary includes a locality-based payment of 24.78%. (in block 20B).
- Salary increased as authorized by E.O. 13715, dated 12/18/2015

REQUEST FOR PERSONNEL ACTION

| | |
|--|--|
| 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 01-24-2016 |
| 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) UNDERWOOD, LAUREN A | 2. Social Security Number (b)(6) | 3. Date of Birth (b)(6) | 4. Effective Date 01-24-2016 |
|--|-------------------------------------|----------------------------|---------------------------------|

| | | | |
|---------------------|--|----------------------|-----------------------|
| FIRST ACTION | | SECOND ACTION | |
| 5-A. Code 893 | 5-B. Nature of Action Within-range Increase Provided on Regular Cycle | 6-A. Code | 6-B. Nature of Action |
| 5-C. Code Q7M | 5-D. Legal Authority Reg 531.404. Within grade increase. | 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 Special Assistant to the ASPR PD: HHS120 Position: 00332980 | 15. TO: Position Title and Number Special Assistant to the ASPR PD: HHS120 Position: 00332980 |
|--|---|

| | | | | | | | | | | | |
|-------------------------------|-----------------------------------|------------------------------------|-----------------------|--------------------------------|-----------------------------------|------------------------------------|-----------------------|-------------------|---------------------|--------------------------------------|---------------------|
| 8. Pay Plan GS | 9. Occ. CD 0301 | 10. Grd/Lvl 13 | 11. Step/Rate 02 | 12. Tot. Salary \$95,217.00 | 13. Pay Basis PA | 16. Pay Plan GS | 17. Occ. CD 0301 | 18. Grd/Lvl 13 | 19. Step/Rate 03 | 20. Tot. Salary/Award \$98,289.00 | 21. Pay Basis PA |
| 12A. Basic Pay \$76,308.00 | 12B. Locality Adj. \$18,909.00 | 12C. Adj. Basic Pay \$95,217.00 | 12D. Other Pay \$0 | 20A. Basic Pay \$78,770.00 | 20B. Locality Adj. \$19,519.00 | 20C. Adj. Basic Pay \$98,289.00 | 20D. Other Pay \$0 | | | | |

| | |
|---|---|
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA |
|---|---|

EMPLOYEE DATA

| | | | |
|--|--|--|---|
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | 24. Tenure 3 0-None 2-Conditional 1-Permanent 3-Indefinite | 25. Agency Use | 26. Veterans Preference for RIF (b)(6) |
| 27. FEGLI (b)(6) | 28. Annuitant Indicator 9 Not Applicable | 29. Pay Rate Determinant 0 Regular Rate | |
| 30. Retirement Plan (b)(6) | 31. Service Comp. Date (Leave) (b)(6) | 32. Work Schedule F Full Time | 33. Part-Time Hours Per Biweekly Pay Period |

POSITION DATA

| | | | |
|--|--|------------------------------------|---------------------------------------|
| 34. Position Occupied 2 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | 35. FLSA Category E E-Exempt N-Nonexempt | 36. Appropriation Code 61991002 | 37. Bargaining Unit Status 8888 |
| 38. Duty Station Code 110010001 | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | |
| 40. Agency Data | 41. | 42. | 43. |
| 45. Edu. Lvl. 17 | 46. Yr. Degr. Att'd 2009 | 47. Acad. Discipl. 513808 | 48. Func. Class 00 |
| 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status X Non Vet | 51. Supervisory Status 8 All Other |

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 the proposed action is in compliance with statutory and regulatory requirements. | | | Signature | | Approved Date 01-24-2016 |

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

WITHIN GRADE INCREASE
Automatic Within Grade Increase Processed

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

- Work performance is at an acceptable level of competence.

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | |
|---|--|-----------------------------|-------------------------------------|--|------------------------------------|---|-----------------------|--|-------------------------------|---|-----------------------------------|---|------------------------------------|--|-----------------------|--|--|
| 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 09-18-2016 | | | | | | | |
| 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) UNDERWOOD,LAUREN A | | | | 2. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 09-18-2016 | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | |
| 5-A. Code 980 | | | 5-B. Nature of Action CAN Change | | | 6-A. Code | | | 6-B. Nature of Action | | | | | | | | |
| 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 Special Assistant to the ASPR PD: HHS120 Position: 00332980 | | | | | | 15. TO: Position Title and Number Special Assistant to the ASPR PD: HHS120 Position: 00332980 | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 13 | | 11. Step/Rate 03 | | 12. Tot. Salary \$98,289.00 | | 13. Pay Basis PA | | | | | | | |
| 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 13 | | 19. Step/Rate 03 | | 20. Tot. Salary/Award \$98,289.00 | | 21. Pay Basis PA | | | | | | | |
| 12A. Basic Pay \$78,770.00 | | | 12B. Locality Adj. \$19,519.00 | | 12C. Adj. Basic Pay \$98,289.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$78,770.00 | | 20B. Locality Adj. \$19,519.00 | | 20C. Adj. Basic Pay \$98,289.00 | | 20D. Other Pay \$0 | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | 24. Tenure 3 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | |
| 27. FEGLI (b)(6) | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | 31. Service Comp. Date (Leave) (b)(6) | | | | 32. Work Schedule F Full Time | | | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 2 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 71991002 | | | | 37. Bargaining Unit Status 8888 | | | | | |
| 38. Duty Station Code 110010001 | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | |
| 40. Agency Data | | | | 41. | | 42. | | 43. | | 44. | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status X Non Vet | | 51. Supervisory Status 8 All Other | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | | | Signature | | Approved 7-2016 | | | | | |

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

Data Change

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| | |
|--|--|
| 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 10-16-2016 |
| 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) UNDERWOOD, LAUREN A | 2. Social Security Number (b)(6) | 3. Date of Birth (b)(6) | 4. Effective Date 10-16-2016 |
|--|-------------------------------------|----------------------------|---------------------------------|

| | | | |
|---------------------|---|----------------------|-----------------------|
| FIRST ACTION | | SECOND ACTION | |
| 5-A. Code 702 | 5-B. Nature of Action Promotion | 6-A. Code | 6-B. Nature of Action |
| 5-C. Code Y7M | 5-D. Legal Authority SCH C, 213.3301a Agency-unique Schedule C auth. | 6-C. Code | 6-D. Legal Authority |
| 5-E. Code ZLM | 5-F. Legal Authority OPM Form 1019 Dated October 18, 2016 | 6-E. Code | 6-F. Legal Authority |

| | |
|---|---|
| 7. FROM: Position Title and Number Special Assistant to the ASPR PD: HHS120 Position: 00332980 | 15. TO: Position Title and Number Senior Advisor PD: GS6054 Position: 00373525 |
|---|---|

| | | | | | | | | | | | | | | | |
|-------------------------------|--------------------|-----------------------------------|---------------------|------------------------------------|---------------------|-----------------------|---------------------|-------------------------------|---------------------|---------------------------------------|---------------------|-------------------------------------|--|-----------------------|--|
| 8. Pay Plan GS | 9. Occ. CD 0301 | 10. Grd/Lvl 13 | 11. Step/Rate 03 | 12. Tot. Salary \$98,289.00 | 13. Pay Basis PA | 16. Pay Plan GS | 17. Occ. CD 0301 | 18. Grd/Lvl 14 | 19. Step/Rate 01 | 20. Tot. Salary/Award \$108,887.00 | 21. Pay Basis PA | | | | |
| 12A. Basic Pay \$78,770.00 | | 12B. Locality Adj. \$19,519.00 | | 12C. Adj. Basic Pay \$98,289.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$87,263.00 | | 20B. Locality Adj. \$21,624.00 | | 20C. Adj. Basic Pay \$108,887.00 | | 20D. Other Pay \$0 | |

| | |
|---|---|
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA |
|---|---|

EMPLOYEE DATA

| | | | |
|--|--|--|---|
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | 24. Tenure 3 0-None 2-Conditional 1-Permanent 3-Indefinite | 25. Agency Use | 26. Veterans Preference for RIF (b)(6) |
| 27. FEGLI (b)(6) | 28. Annuitant Indicator 9 Not Applicable | 29. Pay Rate Determinant 0 Regular Rate | |
| 30. Retirement Plan (b)(6) | 31. Service Comp. Date (Leave) (b)(6) | 32. Work Schedule F Full Time | |
| 33. Part-Time Hours Per Biweekly Pay Period | | | |

POSITION DATA

| | | | |
|--|--|--|---------------------------------------|
| 34. Position Occupied 2 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | 35. FLSA Category E E-Exempt N-Nonexempt | 36. Appropriation Code 71991002 | 37. Bargaining Unit Status 8888 |
| 38. Duty Station Code 110010001 | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | |
| 40. Agency Data | 41. | 42. | 43. |
| 44. | | | |
| 45. Edu. Lvl. 17 | 46. Yr. Degr. Att'd 2009 | 47. Acad. Discipl. 513808 | 48. Func. Class 00 |
| 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | 51. Supervisory Status 8 All Other |

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 the proposed action is in compliance with statutory and regulatory requirements. | Signature | App 10-20-2016 |
|---|-----------|----------------|

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

Promotion

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------------------------|--|--|-------------------------------------|---|-----------------------|--|-------------------------------|---|--|---|--|-------------------------------------|------|-----------------------|--|---------------------|--|---------------------------------------|--|---------------------|--|
| 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 01-08-2017 | | | | | | | | | | | | | | | |
| 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) UNDERWOOD, LAUREN A | | | | 2. Social Security Number (b)(6) | | | | 3. Date of Birth (b)(6) | | 4. Effective Date 01-08-2017 | | | | | | | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | | | | | | | |
| 5-A. Code 894 | | | 5-B. Nature of Action Gen Adj | | | 6-A. Code | | | 6-B. Nature of Action | | | | | | | | | | | | | | |
| 5-C. Code QWM | | | 5-D. Legal Authority Reg 531.207 | | | 6-C. Code | | | 6-D. Legal Authority | | | | | | | | | | | | | | |
| 5-E. Code ZLM | | | 5-F. Legal Authority EO # 13756 dated December 27, 2016 | | | 6-E. Code | | | 6-F. Legal Authority | | | | | | | | | | | | | | |
| 7. FROM: Position Title and Number Senior Advisor PD: GS6054 Position: 00373525 | | | | | | 15. TO: Position Title and Number Senior Advisor PD: GS6054 Position: 00373525 | | | | | | | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 14 | | 11. Step/Rate 01 | | 12. Tot. Salary \$108,887.00 | | 13. Pay Basis PA | | 16. Pay Plan GS | | 17. Occ. CD 0301 | | 18. Grd/Lvl 14 | | 19. Step/Rate 01 | | 20. Tot. Salary/Award \$112,021.00 | | 21. Pay Basis PA | |
| 12A. Basic Pay \$87,263.00 | | | 12B. Locality Adj. \$21,624.00 | | 12C. Adj. Basic Pay \$108,887.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay \$88,136.00 | | | 20B. Locality Adj. \$23,885.00 | | 20C. Adj. Basic Pay \$112,021.00 | | 20D. Other Pay \$0 | | | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA | | | | | | 22. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA | | | | | | | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | 24. Tenure 3 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | | | | | | | |
| 27. FEGLI (b)(6) | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | 31. Service Comp. Date (Leave) 06-01-2010 | | | | 32. Work Schedule F Full Time | | | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 2 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 71991002 | | | | 37. Bargaining Unit Status 8888 | | | | | | | | | | | |
| 38. Duty Station Code 110010001 | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | | | | | | | |
| 40. Agency Data | | 41. | | 42. | | 43. | | 44. | | | | | | | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Attd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | | | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | Signature | | | | Appr 01-08-2017 | | | | | | | | | | | |

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 - 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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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

- Salary includes a locality-based payment of 27.1%. (in block 20B).
- Salary increased as authorized by E.O. # 13756, dated 12/27/2016

REQUEST FOR PERSONNEL ACTION

| | |
|--|--|
| 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 01-22-2017 |
| 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) UNDERWOOD, LAUREN A | 2. Social Security Number (b)(6) | 3. Date of Birth (b)(6) | 4. Effective Date 01-20-2017 |
|--|-------------------------------------|----------------------------|---------------------------------|

| | | | |
|---------------------|--|----------------------|-----------------------|
| FIRST ACTION | | SECOND ACTION | |
| 5-A. Code 317 | 5-B. Nature of Action Resignation | 6-A. Code | 6-B. Nature of Action |
| 5-C. Code RPM | 5-D. Legal Authority Reg 715.202. Resignation | 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 | 15. TO: Position Title and Number |
|--|-----------------------------------|

| | | | | | | | | | | | | |
|-------------------------------|-----------------------------------|-------------------------------------|-----------------------|---------------------------------|---------------------|---------------------|----------------|-------------|---------------|-----------------------|---------------|--|
| 8. Pay Plan GS | 9. Occ. CD 0301 | 10. Grd/Lvl 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. Salary/Award | 21. Pay Basis | |
| 12A. Basic Pay \$88,136.00 | 12B. Locality Adj. \$23,885.00 | 12C. Adj. Basic Pay \$112,021.00 | 12D. Other Pay \$0 | 20A. Basic Pay | 20B. Locality Adj. | 20C. Adj. Basic Pay | 20D. Other Pay | | | | | |

| | |
|---|--|
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA | 22. Name and Location of Position's Organization |
|---|--|

EMPLOYEE DATA

| | | | |
|--|--|--|---|
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | 24. Tenure 3 0-None 2-Conditional 1-Permanent 3-Indefinite | 25. Agency Use | 26. Veterans Preference for RIF (b)(6) |
| 27. FEGLI (b)(6) | 28. Annuitant Indicator 9 Not Applicable | 29. Pay Rate Determinant 0 Regular Rate | |
| 30. Retirement Plan (b)(6) | 31. Service Comp. Date (Leave) (b)(6) | 32. Work Schedule F Full Time | 33. Part-Time Hours Per Biweekly Pay Period |

POSITION DATA

| | | | |
|--|--|------------------------------------|---------------------------------------|
| 34. Position Occupied 2 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | 35. FLSA Category E E-Exempt N-Nonexempt | 36. Appropriation Code 71991002 | 37. Bargaining Unit Status 8888 |
| 38. Duty Station Code 110010001 | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | |
| 40. Agency Data | 41. | 42. | 43. |
| 45. Edu. Lvl. 17 | 46. Yr. Degr. Att'd 2009 | 47. Acad. Discipl. 513808 | 48. Func. Class 00 |
| 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | 51. Supervisory Status 8 All Other |

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 the proposed action is in compliance with statutory and regulatory requirements. | Signature | Approved 7-2017 |
|---|-----------|-----------------|

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

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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.)

Resignation

2. Effective Date

3. Your Signature

4. Date Signed

5. Forwarding Address (Number, Street, City, State, ZIP Code)

PART F - Remarks for SF 50

800 4TH STREET SW #S705
WASHINGTON, DC 20024

01-22-2017

UNDERWOOD,LAUREN A

- SF 2819 was provided. (b)(6)
- (b)(6)
- (b)(6)
- Forwarding address: (b)(6)
- Jump-sum payment to be made for any unused annual leave.
- Reason for resignation: (b)(6)

REQUEST FOR PERSONNEL ACTION

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--------------------|--|--|--|--|--|--------------------|---|--|---|--|----------------|------|-------------|--|---------------|--|-----------------------|--|---------------|--|
| 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 01-21-2017 | | | | | | | | | | | | | | | |
| 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) UNDERWOOD,LAUREN A | | | | 2. Social Security Number (b)(6) | | 3. Date of Birth (b)(6) | | 4. Effective Date 01-21-2017 | | | | | | | | | | | | | | | |
| FIRST ACTION | | | | | | SECOND ACTION | | | | | | | | | | | | | | | | | |
| 5-A. Code 001 | | 5-B. Nature of Action Cancellation | | | | 6-A. Code 317 | | 6-B. Nature of Action Resignation | | | | | | | | | | | | | | | |
| 5-C. Code ATM | | 5-D. Legal Authority 5 U.S.C. 302. Delegation of personnel 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 Senior Advisor PD: GS6054 Position: 00373525 | | | | | | 15. TO: Position Title and Number | | | | | | | | | | | | | | | | | |
| 8. Pay Plan GS | | 9. Occ. CD 0301 | | 10. Grd/Lvl 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. Salary/Award | | 21. Pay Basis | |
| 12A. Basic Pay \$88,136.00 | | 12B. Locality Adj. \$23,885.00 | | 12C. Adj. Basic Pay \$112,021.00 | | 12D. Other Pay \$0 | | 20A. Basic Pay | | 20B. Locality Adj. | | 20C. Adj. Basic Pay | | 20D. Other Pay | | | | | | | | | |
| 14. Name and Location of Position's Organization Office of the Secretary of Health and Human Services OFC OF THE ASST SECRETARY FOR PREPAREDNE WASHINGTON DC USA | | | | | | 22. Name and Location of Position's Organization | | | | | | | | | | | | | | | | | |
| EMPLOYEE DATA | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Veterans Preference (b)(6) 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30% | | | | 24. Tenure 3 0-None 2-Conditional 1-Permanent 3-Indefinite | | | | 25. Agency Use | | 26. Veterans Preference for RIF (b)(6) | | | | | | | | | | | | | |
| 27. FEGLI (b)(6) | | | | 28. Annuitant Indicator 9 Not Applicable | | | | 29. Pay Rate Determinant 0 Regular Rate | | | | | | | | | | | | | | | |
| 30. Retirement Plan (b)(6) | | | | 31. Service Comp. Date (Leave) (b)(6) | | | | 32. Work Schedule F Full Time | | | | 33. Part-Time Hours Per Biweekly Pay Period | | | | | | | | | | | |
| POSITION DATA | | | | | | | | | | | | | | | | | | | | | | | |
| 34. Position Occupied 2 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved | | | | 35. FLSA Category E E-Exempt N-Nonexempt | | | | 36. Appropriation Code 71991002 | | | | 37. Bargaining Unit Status 8888 | | | | | | | | | | | |
| 38. Duty Station Code 110010001 | | | | 39. Duty Station (City-County-State or Overseas Location) WASHINGTON Dist Columbia DC USA | | | | | | | | | | | | | | | | | | | |
| 40. Agency Data | | 41. | | 42. | | 43. | | 44. | | | | | | | | | | | | | | | |
| 45. Edu. Lvl. 17 | | 46. Yr. Degr. Att'd 2009 | | 47. Acad. Discipl. 513808 | | 48. Func. Class 00 | | 49. Citizenship 1 1-USA 8-Other | | 50. Veterans Status (b)(6) | | 51. Supervisory Status 8 All Other | | | | | | | | | | | |
| 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 the proposed action is in compliance with statutory and regulatory requirements. | | | | | | | | Signature | | | | Approved 7-2017 | | | | | | | | | | | |

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

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 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 and 3301 authorize OPM and agencies to issue

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 administration of unemployment compensation programs.

The furnishing of this information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of those documents you should have; (2) pay or other compensation due you; (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.)

Resignation

2. Effective Date

3. Your Signature

4. Date Signed

5. Forwarding Address (Number, Street, City, State, ZIP Code)

PART F - Remarks for SF 50

(b)(6)

01-21-2017

UNDERWOOD,LAUREN A

(b)(6)

POSITION DESCRIPTION (Please Read Instructions on the Back)

1. Agency Position No.
10AA06

2. Reason for Submission

- Redescription New
- Reestablishment Other

Explanation (Show any positions replaced)

Non-BU Position

3. Service
- Hdqtrs Field

4. Employing Office Location
Washington DC

5. Duty Station
Washington DC

6. OPM Certification

7. Fair Labor Standards Act
- Exempt Nonexempt

8. Financial Statements Required
- Executive Personnel Employment and Financial

9. Subject to IA Action
 Yes No

10. Position Status
- Competitive
 - Excepted (Specify in Remarks)
 - SES (Gen.) SES (CR)

11.
12. Sensitivity
- 1-Non-Serious 3-Critical
 - 2-Minor 4-Serious

13. Competitive Level Code
0000

14. Agency Use

| 15. Classified/Graded by | Official Title of Position | Pay Plan | Occupational | Gra | Initial | Date |
|---|----------------------------|-----------|--------------|-----------|-----------|------|
| a. U.S. Office of Personnel Management | | | | | | |
| b. Department, Agency or Establishment | Policy Coordinator | GS | 0301 | 11 | WT | |
| c. Second Level Review | | | | | | |
| d. First Level Review | Policy Coordinator | GS | 0301 | 11 | | |
| e. Recommended by Supervisor or Initiating Office | | | | | | |

16. Organization Title of Position (If different from the official title)

17. Name of Employee (If vacant, specify)
Lauren Underwood

18. Department, Agency, or Establishment
Department of Health and Human Services

a. First Subdivision
Office of the Secretary

b. Second Subdivision
Immediate office of the Secretary (Executive Secretariat)

c. Third Subdivision

d. Fourth Subdivision

e. Fifth Subdivision

19. Employee Review — This is an accurate description of the major duties and responsibilities of my position.

Signature of Employee (optional)

20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the

knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

a. Type Name and Title of Immediate Supervisor
Rasheed Williams, Executive Officer

Signature: (b)(6)

Date: **5/24/10**

b. Type Name and Title of Higher-Level Supervisor or Manager (optional)

Signature

Date

21. Classification and Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.

22. Position Classification Standards Used in Classifying/Grading Position

Typed Name and Title of Official Taking Action
Lek Terrell, HR Specialist

Signature: (b)(6)

Date: **5/25/10**

Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.

| 23. Position Review | Initials | Date | Initials | Date | Initials | Date | Initial | Date | Initial | Date |
|------------------------|----------|------|----------|------|----------|------|---------|------|---------|------|
| a. Employee (optional) | | | | | | | | | | |
| b. Supervisor | | | | | | | | | | |
| c. Classifier | | | | | | | | | | |

24. Remarks

FPLV-GS-12 PD# 10AA07

Bus Code:

25. Description of Major Duties and Responsibilities (See Attached)

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.

PURPOSE 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)

| | | | | | | | |
|---|--|---|--|---|--------------------------|---|----------|
| POSITION DESCRIPTION (Please read instructions on the back) | | | | 1. Agency PD Number 10AA07 | | | |
| 2a. Reason for Submission <input type="checkbox"/> Redescription <input type="checkbox"/> New <input checked="" type="checkbox"/> Update Supervisor Certification <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other <input type="checkbox"/> Reorganization | | 3. Service <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Field | | 4. Employing Office Location Washington, DC | | 5. Duty Station Washington, DC | |
| 2b. Position Information (Complete all that apply) <input type="checkbox"/> PCA <input type="checkbox"/> Drug Testing <input type="checkbox"/> Physical Exam Required | | 6. Fair Labor Standards Act <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt | | 7. Financial Statements Required <input type="checkbox"/> OGE-27B <input type="checkbox"/> OGE-450 <input checked="" type="checkbox"/> N/A | | 8. Subject to IA <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Acq Code: BUS Code: 8888 Cyber Sec Code: FPL: 13 <input type="checkbox"/> Select Agent Access <input type="checkbox"/> Incumbency Only <input type="checkbox"/> Commissioned Corps | | 9. Position Status <input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in remarks) <input type="checkbox"/> SES (GEN) <input type="checkbox"/> SES (CR) | | 11. Position Is: <input type="checkbox"/> Supervisor/Manager (Code 2) <input type="checkbox"/> Supervisor-CSRA (Code 4) <input type="checkbox"/> Management Official (CSRA) (Code 5) <input type="checkbox"/> Work Leader (Code 6) <input type="checkbox"/> Team Leader (Code 7) <input checked="" type="checkbox"/> Neither (Code 8) | | 12. Position Sensitivity <input checked="" type="checkbox"/> 1-Non-sensitive <input type="checkbox"/> 2-Noncritical Sensitive <input type="checkbox"/> 3-Critical Sensitive <input type="checkbox"/> 4-Special Sensitive <input type="checkbox"/> 5-Public Trust/Moderate <input type="checkbox"/> 6-Public Trust/High Risk | |
| 2c. Explanation (Show any positions replaced) <input type="checkbox"/> Limited Term <input type="checkbox"/> Limited Emergency NTE Date: | | 10a. Administrative Code AA | | 10b. Job Requisition/Position Number 197572 | | 13. Comp Level Code 0000 14. Job Code 10AA07 15. OPM Certification No. | |
| 16. Classified/Graded by: | | Official Title of Position | | Pay Plan | Occupational Series Code | Grade | Initials |
| a. U.S. Office of Personnel Management | | | | | | | |
| b. Department, Agency or Establishment | | Policy Coordinator | | GS | 0301 | 12 | |
| c. Recommended by Supervisor or Initiating Office | | | | | | | |
| 17. Organizational Title of Position (if different from official title) | | | | 18. Name of Employee (if vacant, specify) | | | |
| 19. Department of Health and Human Services | | | | c. Third subdivision | | | |
| a. First subdivision Office of the Secretary | | | | d. Fourth subdivision | | | |
| b. Second subdivision Immediate Office of the Secretary | | | | e. Fifth subdivision | | | |
| 20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry our Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations. | | | | | | | |
| 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 | | | |
| Signature (b)(6) | | | | Signature (b)(6) | | | |
| 21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by the Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards. Typed Name and Title of Official Taking Action Belinda Thomas-Blackwell, Supervisory HR Specialist | | | | 22. Position Classification Standards Used in Classifying/Grading Position Position Classification Flysheet for Misc. Administration and Program Series, GS-0301, Jan 1979. Administrative Analysis Grade Evaluation Guide, August 1990. | | | |
| Signature (b)(6) 2/25/15 | | | | Information for Employees. The standards and information on their application are available in the human resources office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA is available from the human resources office of the U.S. Office of Personnel Management. | | | |
| 23. Remarks. FPL is GS-13, JC 00-197. The next position in this career ladder is GS-13. The position below in this career ladder is GS-11, JC 10AA06. BU code: 8888 | | | | | | | |
| 24. Description of Major Duties and Responsibilities and Evaluation Statement (See Attached) | | | | | | | |

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

FI. 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: _____

Date: _____

POSITION DESCRIPTION (Please Read Instructions on the Back)

1. Agency Position No. **10AA05**

2. Reason for Submission: Redescription New Reestablishment Other

3. Service: Hdqtrs Field

4. Employing Office Location: Washington DC

5. Duty Station: Washington DC

6. OPM Certification

7. Fair Labor Standards Act: Exempt Nonexempt

8. Financial Statements Required: Executive Personnel Employment and Personnel

9. Subject to IA Action: Yes No

10. Position Status: Competitive Excepted (except by Authority) SES (Gen.) SES (CX)

11.

12. Sensitivity: 1-High Sensitivity 2-Critical 3 4

13. Competitive Level Code: 0000

14. Agency Use

15. Classification/Graded by:

| | Official Title of Position | Pay Plan | Occupational | Grn | Initial | Date |
|---|----------------------------|----------|--------------|-----|---------|----------|
| a. U.S. Office of Personnel Management | | | | | | |
| b. Department, Agency or Establishment | Policy Coordinator | GS | 0301 | 9 | WT | |
| c. Second Level Review | | | | | | |
| d. First Level Review | Policy Coordinator | GS | 0301 | 9 | | 12/16/10 |
| e. Recommended by Supervisor or Initiating Office | | | | | | |

16. Organization Title of Position (if different from the official title)

17. Name of Employee (if vacant, specify)

18. Department, Agency, or Establishment: Department of Health and Human Services

a. First Subdivision: Office of the Secretary

b. Second Subdivision: Executive Office of the Secretary (Executive Secretariat)

c. Third Subdivision

d. Fourth Subdivision

e. Fifth Subdivision

19. Employee Review — This is an accurate description of the major duties and responsibilities of my position.

20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

a. Type Name and Title of Immediate Supervisor: Rashood Williams, Executive Officer

Signature: (b)(6) Date: 5/27/10

b. Type Name and Title of Higher-Level Supervisor or Manager (optional)

Signature: _____ Date: _____

21. Classification/Job Grading Certification: I verify that this position has been classified/graded as required by Title 5, U.S. Code in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.

Typed Name and Title of Official Taking Action: Lok Terrell, HR Specialist

Signature: (b)(6) Date: 5/25/10

22. Position Classification Standards Used in Classifying/Grading Position

Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLRA, is available from the personnel office or the U.S. Office of Personnel Management.

23. Position Review

| | Initials | Date | Initials | Date | Initials | Date | Initials | Date | Initials | Date |
|------------------------|----------|------|----------|------|----------|------|----------|------|----------|------|
| a. Employee (optional) | | | | | | | | | | |
| b. Supervisor | | | | | | | | | | |
| c. Classifier | | | | | | | | | | |

24. Remarks: GS-11 PD# 10AA06
N-GS-12 PD# 10AA07
Bus Code: 8888

25. Description of Major Duties and Responsibilities (See Attached)

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.

POSITION DESCRIPTION (Please Read Instructions on the Back)

1. Agency Position No.
13AA10

| | | | | | |
|---|---|--|--|---|--|
| 2. Reason for Submission <input type="checkbox"/> Redescription <input type="checkbox"/> New <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other Explanation (Show any positions replaced) | 3. Service <input checked="" type="checkbox"/> Hdqtrs <input type="checkbox"/> Field | 4. Employing Office Location Washington, DC | 5. Duty Station Washington, DC | 6. OPM Certification No. | 9. Subject to IA Action <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Fair Labor Standards Act <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt | | 8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interest | | 13. Competitive Level Code 0000 | |
| 10. Position Status <input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Excepted (Specify in Remarks) <input type="checkbox"/> SES (Gen.) SES (CR) | | 11. Position Is <input type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither | | 12. Sensitivity <input type="checkbox"/> 1-Non-Sensitive <input type="checkbox"/> 3-Critical <input checked="" type="checkbox"/> 2-Noncritical Sensitive <input type="checkbox"/> 4-Special Sensitive | |

| 15. Classified/Graded by | Official Title of Position | Pay Plan | Occupational Code | Grade | Initials | Date |
|---|----------------------------|-----------|-------------------|-----------|-----------|------------------|
| a. Office of Personnel Management | | | | | | |
| b. Department, Agency or Establishment | | | | | | |
| c. Second Level Review | | | | | | |
| d. First Level Review | Policy Coordinator | GS | 0301 | 13 | wr | 9/17/2013 |
| e. Recommended by Supervisor or Initiating Office | Policy Coordinator | GS | 301 | 13 | | |

16. Organizational Title of Position (if different from official title) _____ 17. Name of Employee (if vacant, specify) _____

| | |
|--|-----------------------|
| 18. Department, Agency, or Establishment Department of Health and Human Services | c. Third Subdivision |
| a. First Subdivision Office of the Secretary | d. Fourth Subdivision |
| b. Second Subdivision Immediate Office of the Secretary | e. Fifth Subdivision |

19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.
Signature of Employee (optional) _____

20. **Supervisory Certification.** I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.

| | |
|--|---|
| a. Typed Name and Title of Immediate Supervisor Barbara Holland Deputy Executive Secretariat Signature: _____ Date: _____ | b. Typed Name and Title of Higher-Level Supervisor or Manager (optional) Rasheed Williams Executive Officer Signature: _____ Date: _____ |
|--|---|

21. **Classification/Job Grading Certification.** I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.

| | |
|--|---|
| Typed Name and Title of Official Taking Action Warren Rose Human Resources Specialist Signature: _____ Date: 9/17/13 | 22. Position Classification Standards Used in Classifying/Grading Position OPM Misc Admin & Program Series, GS-0301 1/79 OPM AAGEG 8/90 |
|--|---|

| 23. Position Review | Initials | Date | Initials | Date | Initials | Date | Initials | Date |
|------------------------|----------|------|----------|------|----------|------|----------|------|
| a. Employee (optional) | | | | | | | | |
| b. Supervisor | | | | | | | | |
| c. Classifier | | | | | | | | |

24. Remarks
FPL: GS-13 BUS: 0017

25. Description of Major Duties and Responsibilities (See Attached)

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 Type: | Vch | Document Name: | VCH062130 |
| TA Number: | TANUM02JRZ | Trip Name: | Trip from Washington to Luxembourg |
| TA Date: | 10/27/15 | Currency: | USD |
| Organization: | HHSPANC | Current Status: | Paid |
| Purpose: | MISSION (OPERATIONAL) | Document Detail: | Lauren will be staffing Dr. Lurie at the Scientific Symposium of the Institut Pasteur International Network. |
| Type Code: | SINGLE TRIP | | |

Traveler Profile

| | | | |
|--------------------|--|------------------|---------------------------|
| Name: | UNDERWOOD, LAUREN ASHLEY | ID: | (b)(6) |
| TID: | 0014102934 | Organization: | HHSPANC |
| Title: | SPECIAL ASSISTANT TO | Duty Station: | WASHINGTON DC |
| Security Cl: | | Card: | No Advance |
| Office Address: | 200 INDEPENDENCE AVE SW RM 621H HHH BLDG WASHINGTON, DC 20201 | EMAIL: | LAUREN.UNDERWOOD@IHHS.GOV |
| Office Phone: | (202) 205-5446 | Cell Phone: | |
| Home Address: | 800 4th St SW S705 Washington, DC 20024 | Home Phone: | (b)(6) |
| Alternate Address: | | Alternate Phone: | |

Document Information

Trip Number: 1
Purpose: Lauren will be staffing Dr. Lurie at the Scientific Symposium of the Institut Pasteur International Network.

Itinerary Locations

| From | To | Itinerary Location | Purpose | Per Diem Rates |
|----------|----------|--------------------|-----------------------|-----------------|
| 10/11/15 | 10/14/15 | LUXEMBOURG, LUX | MISSION (OPERATIONAL) | 253.00 / 139.00 |
| 10/14/15 | 10/16/15 | PARIS, FRA | MISSION (OPERATIONAL) | 337.00 / 143.00 |

Notification of Foreign Travel

Trip Number: 1

Traveler Information

| | | | |
|---|---|--|--|
| Job Title ("&" character not allowed) | Assistant to the ASPR | Employee Status | GS |
| Passport Type | Official | Passport # and Expiration Date ("&" character not allowed) | (b)(6) |
| Passport Issuing Country ("&" character not allowed) | USA | Country of Birth ("&" character not allowed) | USA |
| Organization & Trip Information | | | |
| Agency | OS | Center | ASPR |
| Additional Organization Description ("&" character not allowed) | Lauren will be staffing Dr. Lurie in Luxembourg and Paris | Country Clearance Cable Prepared? | Yes |
| Multilateral Travel Activity? | No | Are Multiple Employees Traveling Together? | Yes |
| | | Additional Employee Names List ("&" character not allowed) | Dr. Nicole Lurie |
| | | Late Reason | LATE INVITATION |
| | | Late Justification ("&" character not allowed) | Dr. Lurie received the invitation within the last 30 days. |

Destination Information

LUXEMBOURG, LUX (10/11/15 - 10/14/15)

| | |
|---|---|
| Hotel Name ("&" character not allowed) | In-Country Point of Contact Name ("&" character not allowed) |
| Hotel Address ("&" character not allowed) | In-Country Point of Contact Address ("&" character not allowed) |
| Hotel Phone ("&" character not allowed) | In-Country Point of Contact Phone ("&" character not allowed) |
| TDY Purpose | In-Country Point of Contact Other ("&" character not allowed) |
| Area of Activity | Additional Area of Activity |

| | | | |
|---|---|-----------------|---------|
| Purpose of Travel ("&" character not allowed) | PARIS, FRA (10/14/15 - 10/16/15) | | |
| Hotel Name ("&" character not allowed) | In-Country Point of Contact Name ("&" character not allowed) | | |
| Hotel Address ("&" character not allowed) | In-Country Point of Contact Address ("&" character not allowed) | | |
| Hotel Phone ("&" character not allowed) | In-Country Point of Contact Phone ("&" character not allowed) | | |
| TDY Purpose | In-Country Point of Contact Other ("&" character not allowed) | | |
| Area of Activity | Additional Area of Activity | | |
| Purpose of Travel ("&" character not allowed) | | | |
| Funding Information | | | |
| Funding Source 1 | OS/NOT OGHA | Funded Amount 1 | 5200.00 |
| Funding Details 1 ("&" character not allowed) | Paid for by ASPR | | |
| Funding Source 2 | | Funded Amount 2 | |
| Funding Details 2 ("&" character not allowed) | | Total Funding | 5200 |
| Cost Information | | | |
| Is business or premium class used for any leg of this trip? | No | | |

Document Totals

| | |
|----------------------------|----------|
| Total Expenses: | 4,553.29 |
| 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 |

Trip 1 Details

Reservations Summary

| Reservation Type | Vendor | Ticket# | Location | Cost |
|------------------|--------------------|------------|----------|------|
| COMM-CARR | Delta Airlines Inc | 1001283673 | | .00 |
| COMM-CARR | Delta Airlines Inc | 1001283673 | | .00 |
| COMM-CARR | Luxair | 1001283673 | | .00 |
| COMM-CARR | Delta Airlines Inc | 1001283673 | | .00 |

Trip Itinerary

No Itinerary Available

Expenses

| | | | | |
|----------|------------------------------|----------|--------------------------|------------|
| Trip#: 1 | Total Non-Per Diem Expenses: | 3,017.04 | Total Per Diem Expenses: | 1,536.25 |
| Date | Description | Category | Cost | Pay Method |
| | | | | Per Diem |

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 |

Document History 08/23/2019 Vch: VCH062130

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| 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 | 5:11AMEST | User, EAI | |
| PENDING | 10/28/2015 | 5:11AMEST | User, EAI | |
| PAYMENT SUBMITTED | 10/28/2015 | 10:51AMEST | User, EAI | |
| Paid | 10/29/2015 | 1:27PMEST | User, EAI | |

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

SIGNED DATE

Document Signatures

Traveler/Preparer Name: _____
 Traveler/Preparer Signature: _____
 Date: _____
 Approver Name: _____
 Approver Signature: _____
 Date: _____



Transactions Reports Accounts Employees Payments Administration Help



Transaction List

New Query [Advanced](#)

| TransactionID | Transaction Date | PostDate | Account Number | First Name | Transaction Amount | Last Name | MCC | MCC Description | Mercha |
|---------------|------------------|------------|----------------|------------|----------------------------|-----------|------|---------------------------------------|-------------------|
| 156169998 | 10/20/2015 | 10/20/2015 | (b)(6) | LAUREN | (\$332.81) | UNDERWOOD | 0000 | Internal Transaction | PAYMENT RECEIV |
| 156096250 | 10/15/2015 | 10/19/2015 | | LAUREN | \$2.95 | UNDERWOOD | 0000 | Internal Transaction | INTERNATIONAL TR |
| 156096249 | 10/15/2015 | 10/19/2015 | | LAUREN | \$25.31 | UNDERWOOD | 5812 | Eating Places, Restaurants | LES MONTPARNOS |
| 156096248 | 10/15/2015 | 10/19/2015 | | LAUREN | \$0.25 | UNDERWOOD | 0000 | Internal Transaction | INTERNATIONAL TR |
| 156096247 | 10/17/2015 | 10/19/2015 | | LAUREN | \$79.38 | UNDERWOOD | 4121 | Taxicabs/Limousines | DULLES AIRPORT T |
| 156096246 | 10/16/2015 | 10/19/2015 | | LAUREN | \$415.99 | UNDERWOOD | 7011 | Hotels-Lodging (Not Listed Elsewhere) | L'HOTEL SENATEUR |
| 156096245 | 10/16/2015 | 10/19/2015 | | LAUREN | \$4.16 | UNDERWOOD | 0000 | Internal Transaction | INTERNATIONAL TR |
| 156096244 | 10/15/2015 | 10/19/2015 | | LAUREN | \$295.23 | UNDERWOOD | 7011 | Hotels-Lodging (Not Listed Elsewhere) | AC HOTEL 4220501 |
| 155990192 | 10/14/2015 | 10/16/2015 | | LAUREN | \$28.28 | UNDERWOOD | 5812 | Eating Places, Restaurants | AU PETIT SUISSE C |
| 155990191 | 10/14/2015 | 10/16/2015 | | LAUREN | \$0.28 | UNDERWOOD | 0000 | Internal Transaction | INTERNATIONAL TR |
| 155833538 | 10/11/2015 | 10/13/2015 | | LAUREN | \$85.18 | UNDERWOOD | 4121 | Taxicabs/Limousines | YELLOW CAB CO O |
| 155833537 | 10/12/2015 | 10/13/2015 | | LAUREN | \$118.54 | UNDERWOOD | 4121 | Taxicabs/Limousines | TAXI LORSCHIED |
| 155833536 | 10/12/2015 | 10/13/2015 | | LAUREN | \$1.19 | UNDERWOOD | 0000 | Internal Transaction | INTERNATIONAL TR |



Travel Expense Report



Traveler Information

Name of Traveler:

USPHS Officer: Yes No

Last 4 SSN: XXX-XX-

Work Email:

Dates of Travel: From: To:

Work Phone:

Purpose of Travel:

EA Email:
(if applicable)

Travel Expenses

To claim expenses for additional days/weeks, please use an additional expense report.

| Dates: | 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: | | | | | | | |
| Air: | | | | | | | |
| Lodging: | | 171.18 | 171.18 | 207.51 | 207.51 294.55* | | |
| Lodging Tax: | | | | | | | |
| Rental Car: | | | | | | | |
| Rental Car Gas: | | | | | | | |
| Taxi/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: | | | | | | | |

Additional Information

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

Madame Lauren UNDERWOOD
nc

NC nc
ROYAUME-UNI

CF (b)(6)

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

Référence : UNDERW005Mme 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 12/10/2015 Séminaire PREMIUM | 150.00 | | 150.00 |
| 1 | Le 13/10/2015 Séminaire PREMIUM | 150.00 | | 150.00 |
| | Le 14/10/2015 Visa | | | -300.00 |

DOMAINE THERMAL
AERIE DES BAINS
5601 MONDORF LES BAINS

*** Justificatif Client ***

Vente
Visa Credit
(b)(6)

14.10.2015 12:00:58
Tm-Id: 3040389
Trx_Sep-Id: 33311
Code d'autorisation: 094990

Total EFT EUR: 300.00
SIX Payment Services

| Libellé | H.T. | Taxe | T.T.C |
|-----------|----------|--------|----------|
| T.V.A 3% | 287.07 € | 8.61 € | 295.68 € |
| T.V.A 17% | 3.69 € | 0.63 € | 4.32 € |

| | |
|-------------|-----------|
| Total | 300.00 € |
| Déjà versé | -300.00 € |
| Net à payer | 0.00 € |



N° Chambre / Room N° :
Date Arrivée / Arrival : 14.10.15
Date Départ / Departure : 16.10.15
Caissier / Cashier :
N° Confirmation ; 92173370
Membership : MR (b)(6)

Ms Lauren Underwood

Nom Client / Guest name : Ms Lauren Underwood

Date de facture: 18-OCT-15

| Date | Description | Débit | Crédit | | | |
|----------|---|--------|--------|----------------|-----------------|--------|
| 15.10.15 | Cancellation Fees | 259.00 | | | | |
| | late CXL fees, CXL at 1930 on the day of arrival, email has been sent to the client | | | | | |
| 15.10.15 | Visa Card | | 259.00 | | | |
| | (b)(6) XX/XX | | | | | |
| | HT | TVA | TTC | Total | 259.00 | 259.00 |
| TVA 0% | 259.00 | | 259.00 | Balance | 0,00 EUR | |

J'accepte la responsabilité du règlement 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.

AC HOTEL PARIS PORTE MAILLOT
6, rue Gustave Charpentier - 75017 PARIS - France
Tel : +33 (0)1 84 82 49 09 - Fax : +33 (0)1 84 82 49 10
www.achotelparismaillot.com

SNC SHEPI au capital de | 524,49 € - RCS PARIS : B 423 652 510 - Siret : 423 652 510 00037 - Code NAF : 5510Z - TVA intracommunautaire: FR 07 423 652 510

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: 03/18
 Voucher: 868230
 Auth: 081645

THANK YOU

 PASSENGER COPY
 CUSTOMER SERVICE
 CALL 703-661-8230

YELLOW CAB OF DC
(202) 544-1212

DATE 10-11-2015
 TIME 15:39
 CAR 8869
 DRIVER (b)(6)
 PLATE # H93188

 JOB ID 11138652
 METER 8
 START 15:00
 END 15:38
 MILEAGE 29.6

FARE 68.32
 DISPATCH 2.00
 SURCH. 0.25
 AIRPORT 3.00
 LUGGAGE 0.50
 EXTRAS 5.75
 TIP 11.11

 TOTAL 85.18

PAYMENT CREDIT
 VISA

(b)(6)
 AUTH. 090182
 SWIPE
 AMOUNT 70.00
 TOTAL 85.18

SIGNATURE

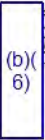
 DCTC COMPLAINTS
 TEL: 855-484-4967
 DCTAXI. DC. GOV

SIX Payment Services

Total EFT EUR: 104.00

Code d'autorisation:

12.10.2015
11:05:44
30008727
4348
060730



Vente
MISA

Aff. Justificatif Client MISA



TAXIS PARISIENS

MONTANT PAYÉ :

95,60 €

Lieu de départ: *Boulevard de la Chapelle*

Lieu d'arrivée: *Boulevard de la Chapelle*

Date: *15/10/15* Heure de départ: *07h00*

Date: *15/10/15* Heure d'arrivée: *07h15*

N° inféralogique obligatoire:

BARCO

SIRET 562 136 390 00035
NAF 4932 Z

GAT

SIRET 552 017 402 00025
NAF 4932 Z

TAXICOP

SIRET 622 032 357 00049
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 €

| TARIFS APPLICABLES | A | B | C |
|---|------------------------------|---|---|
| ZONE URBAINE Paris, Boulevard périphérique compris | 10h à 17h lundi au samedi | 17h à 10h lundi au samedi 7h à 24h dimanches 0h à 24h jours fériés | 0h à 7h dimanches et dimanches fériés |
| ZONE SUBURBAINE Fin de la zone des taxis parisiens et desserte des aéroports d'Orly, de Roissy et du Parc des expositions de Villepinte | | 7h à 19h lundi au samedi | 19h à 7h lundi au samedi 0h à 24h dimanches et jours fériés |
| AU-DELÀ DE LA ZONE SUBURBAINE | | | quels que soient 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.

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

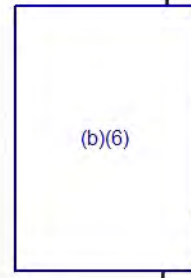
Taxis Lorscheid

104,00 €

QUITTANCE €

Reçu de

la somme de



TVA 3% comprise

Reconnu exact, le chauffeur

Delouis
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

Facture / Invoice N°510-3607-1

Le : 16/10/2015

Chambre / Room 505
 Nom / Name UNDERWOOD LAUREN
 Ste / Co.
 Arrivée 14/10/2015
 Départ 16/10/2015

TICKET CLIENT
 A CONSERVER
 MERCI ET A BIENTOT

| Date | Qté | Description | PU HT | TVA | PU TTC | TOTAL TTC |
|-------------------|-----|----------------|--------|-----|--------|-----------|
| 14/10/15 | 1 | Chambre Indiv. | 163.64 | B | 180.00 | 180.00 |
| | 1 | TAXE DE SEJOUR | 2.47 | Z | 2.47 | 2.4 |
| 15/10/15 | 1 | Chambre Indiv. | 163.64 | B | 180.00 | 180.00 |
| | 1 | TAXE DE SEJOUR | 2.47 | Z | 2.47 | 2.4 |
| Total prestations | | | | | | 364.90 |
| Total réglé | | | | | | 0.00 |
| SOLDE (EURO) | | | | | | 364.90 |

La Direction vous souhaite
 Facturé à un agréable retour

| | | | | |
|----------|---------|----------|----------|----------|
| Tx (%) : | 5.50(A) | 10.00(B) | 20.00(C) | 0.00(X2) |
| TVA : | 0.00 | 32.72 | 0.00 | 0.00 |
| HT : | 0.00 | 327.28 | 0.00 | 4.94 |
| TTC : | 0.00 | 360.00 | 0.00 | 4.94 |

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 set on back side

Signature :



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:

006-7640513056
 (b)(6)
 Wed, Oct 07, 2015
 3NCG6I
 XOD
 GR
 (b)(6)
 Electronic Ticket
 USD

Name: Underwood/Lauren.Ashley

| Carrier Equip | Flight # / Class Fare Basis | Travel Dates | City - Airport | Time |
|-------------------------|---|------------------------------------|--|---------------|
| DELTA AIR LINES 1333 | 9385 / L LDG Confirmation: H5HPW5 | Sun, 10/11/2015 Mon, 10/12/2015 | Leave :: WASHINGTON-DLS Arrive :: AMSTERDAM **** Connecting **** | 545P 730A |
| DELTA AIR LINES 1E90 | 9304 / L LDG Confirmation: H5HPW5 | Mon, 10/12/2015 Mon, 10/12/2015 | Leave :: AMSTERDAM Arrive :: LUXEMBOURG LUX | 915A 1010A |
| LUXAIR 1ER4 | 8019 / G COW Confirmation: 34XFG4 | Wed, 10/14/2015 Wed, 10/14/2015 | Leave :: LUXEMBOURG LUX Arrive :: PARIS-D'GAULLE | 435P 535P |
| DELTA AIR LINES 177W | 8496 / L LDG Confirmation: H5HPW5 | Fri, 10/16/2015 Fri, 10/16/2015 | Leave :: PARIS-D'GAULLE Arrive :: WASHINGTON-DLS | 145P 410P |

| - Fee(s) - | | | | Fare: | \$1,556.00 |
|-----------------------------|--------------|---------|-----------------|-----------------------------------|------------|
| Description | Payment Date | Amount | Form of Payment | Tax: | \$710.10 |
| Agent-Assisted Int Air/Rail | 10/07/2015 | \$39.90 | V (b)(6) | Total Amount: | \$2,266.10 |
| | | | | Amount Charged: | \$2,266.10 |
| | | | | <i>Air only indicated here.</i> | |
| - Remark(s) - | | | | Fee : Agent-Assisted Int Air/Rail | \$39.90 |
| U22/HHSPANC | | | | Air + Fee: | \$2,306.00 |
| U29/UNDERWOODLAUREN10112015 | | | | | |

WAS DL X/AMS DL LUX M676.00LG PAR347.00DL WAS533.00NUC1556.00END ROE1.00 DL
 XT35.40US.00XA5.60AY7.60CJ7.10RN0.60VV4.30LU23.20FR5.10IZ32.70QX516.00YR50.50YQ4.50XF
 IAD4.5

Document Header Information

Document Vch Document VCH110735
 Type: Name:
 TA Number: TANUM04B78 Trip Name: 2016 Flint, MI Water Crisis
 TA Date: 02/26/16 Currency: USD
 Organization: HHSPANC Current Paid
 Status:
 Purpose: EMERGENCY Document Travel to Flint, MI as lead Federal Response Official. Airfare charged to the CBA. Rental Vehicle
 DEPLOYMENT Detail: approved and needed to travel to Flint, MI with the ASPR and COO. Apply all costs to CAN
 1991954
 Type Code: SINGLE TRIP

Traveler Profile

Name: UNDERWOOD, LAUREN A ID: (b)(6)
 TID: 0014102934 Organization: HHSPANC
 Title: SPECIAL ASSISTANT TO Duty Station: WASHINGTON DC
 Security Cl: Card: No Advance
 Office Address: 200 INDEPENDENCE AVE SW RM 621H HHH BLDG
WASHINGTON, DC 20201 EMAIL: LAUREN.UNDERWOOD@HHS.GOV
 Office Phone: (202) 205-5446 Cell Phone:
 Home Address: (b)(6) Home Phone: (b)(6)
 Alternate Address: Alternate 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 | Itinerary Location | Purpose | Per Diem Rates |
|----------|----------|--------------------|----------------------|----------------|
| 02/17/16 | 02/18/16 | FLINT, MI | EMERGENCY DEPLOYMENT | 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 |

Trip 1 Details

Reservations Summary

| Reservation Type | Vendor | Ticket# | Location | Cost |
|------------------|-------------|------------|----------|--------|
| COMM-CARR | Delta | 1001620351 | | 570.20 |
| COMM-CARR | Delta | 1001620351 | | .00 |
| LODGE | Holiday Inn | 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
 No Seat Assigned

Emissions 157.6 lbs of CO2
 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
 Picking Up at DTW-Detroit, MI (USA) (M
 Confirmation Number: 1112054074COUNT.
 Returning 02/18/2016 4:25PM
 Returning to DTW-Detroit, MI (USA) (M
 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
 No Seat Assigned.

Emissions 157.6 lbs of CO2

Expenses

Trip#: 1 Total Non-Per Diem 799.00 Total Per Diem Expenses: 161.50
 Expenses:

| Date | Description | Category | Cost | Pay Method | Per Diem |
|---|----------------------|-------------------|--------|--------------------------|----------|
| 02/17/2016 | Airfare | COM.CARR. | 570.20 | CBA-CENTRALLY BILLEDACCT | |
| 02/17/2016 | Lodging | LODGING | 85.00 | IBA-TRAVEL CARD | * |
| Comment: Conf Num: 66595624 Cmt: CXL AFTER 1800 17FEB FORFEIT ONE NITE STAY | | | | | |
| 02/17/2016 | Hotel Tax - Domestic | LODGING MISC | 9.35 | IBA-TRAVEL CARD | |
| 02/17/2016 | M&IE | M&IE | 38.25 | PERSONAL | * |
| 02/17/2016 | Rental Car | RENTAL CAR | 144.83 | IBA-TRAVEL CARD | |
| Comment: Conf Num: 1112054074COUNT Cmt: | | | | | |
| 02/17/2016 | Taxi - Airport | TAXI/PUBLIC TRANS | 18.54 | IBA-TRAVEL CARD | |
| 02/18/2016 | M&IE | M&IE | 38.25 | PERSONAL | * |
| 02/18/2016 | Taxi - Airport | TAXI/PUBLIC TRANS | 17.00 | IBA-TRAVEL CARD | |
| 02/26/2016 | TDY Voucher Fee | TAV EXP-C | 14.75 | CBA-CENTRALLY BILLEDACCT | |
| 02/26/2016 | Travel Fee | TMC FEE | 8.26 | CBA-CENTRALLY | |

Comment: OTRS Domestic-Intl w-Air-Rail
02/26/2016Travel Fee

TMC FEE

BILLEDACCT
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 | 38.25 | |

Account Summary for the Selected Trip

| | | | |
|-------------------------------------|------------------------------|-------------------|--------|
| Org: HHSPANC | Label: 2016 Flint, MI Crisis | Acct 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 | (b)(6) | CBA-CENTRALLY BILLEDACCT | 609.28 |
| HHSPANC | 2016 Flint, MI Crisis | | IBA-TRAVEL CARD | 274.72 |
| HHSPANC | 2016 Flint, MI Crisis | | PERSONAL | 76.50 |

Totals by Label

HHSPANC 2016 Flint, MI Crisis Total 960.50

Totals by Payment Method

CBA-CENTRALLY BILLEDACCT Total 609.28
IBA-TRAVEL CARD Total 274.72
PERSONAL Total 76.50

Attachments

Attachments Exist

Receipt Checklist

| Date | Description | Cost |
|----------|-----------------|----------|
| 02/17/16 | Lodging | \$85.00 |
| 02/17/16 | RENT Rental Car | \$144.83 |

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. |

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

Document History 08/23/2019 Vch: VCH110735

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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 signatures listed above are valid and on file

SIGNED DATE

Document Signatures

Traveler/Preparer Name: _____
Traveler/Preparer Signature: _____
Date: _____
Approver Name: _____
Approver Signature: _____
Date: _____



Travel Expense Report



Traveler Information

Name of Traveler:

Last 4 SSN: XXX-XX-

Dates of Travel: From: To:

Purpose of Travel:

USPHS Officer: Yes No

Work Email:

Work Phone:

EA Email:
(if applicable)

Travel Expenses

To claim expenses for additional days/weeks, please use an additional expense report.

| Dates: | Feb 17, 2016 | Feb 18, 2016 | | | | | |
|-------------------------|--------------|--------------|--|--|--|--|--|
| Destination(s): | Flint, MI | DCA | | | | | |
| Mode of Transportation: | | | | | | | |
| Lodging: | 85.00 | | | | | | |
| Lodging Tax: | 5.10 4.25 | | | | | | |
| Rental Car: | 119.79 | | | | | | |
| Rental Car Gas: | 25.04 | | | | | | |
| Taxi/Shuttle: | 18.54 | 17.00 | | | | | |
| Parking Airport: | | | | | | | |
| Baggage Fees: | | | | | | | |
| POV Mileage: | | | | | | | |
| Meals Provided: | | | | | | | |
| Other Expense: | | | | | | | |
| International Trans+: | | | | | | | |
| Other Expense: | | | | | | | |
| Other Expense: | | | | | | | |
| Other Expense: | | | | | | | |

Additional Information

Lauren
 Underwood
 2/17, Flint, MI
 2/18

**YELLOW CAB OF DC
 (202)544-1212**

DATE 02-17-2016
 TIME 06:49
 CAR B109
 DRIVER (b)(6)
 PLATE # H98838

JOB ID 11589764
 METER 3
 START 06:37
 END 06:49
 MILEAGE 4.5

FARE 13.24
 DISPATCH 2.00
 SURCH. 0.25
 EXTRAS 2.25
 TIP 3.05

TOTAL 19.54

PAYMENT CREDIT
 VISA

(b)(6)
 AUTH. 886841

SWIPE
 AMOUNT 19.54
 TOTAL 19.54

SIGNATURE

DCTC COMPLAINTS
 TEL 855-484-4967
 DCIAXI.DC.GOV

UNPRINTED DATA ONLY ABOVE THIS LINE — DO NOT CIRCLE EXPIRATION DATE

EXPIRATION DATE _____ SERVER/CASHIER _____
 DATA AUTHORIZATION NO. REFERENCE NO.
 CHECKED

5210248

PURCHASER SIGN HERE
 X
 (b)(6)

| QTY | DESCRIPTION | AMOUNT |
|-----|--------------|--------|
| | | |
| | | |
| | TAX | |
| | TIP | |
| | MISC. | |
| | TOTAL | |

CUSTOMER COPY

IMPORTANT: RETAIN THIS COPY FOR YOUR RECORDS



02-18-16

| | | |
|-------------------------|-----------------------------------|-----------------------------|
| Lauren Underwood | Folio No. : | Room No. : 318 |
| (b)(6) | A/R Number : | Arrival : 02-17-16 |
| United States | Group Code : | Departure : 02-18-16 |
| | Company : Radius Travel | Conf. No. : 66595624 |
| | Membership No. : PC (b)(6) | Rate Code : IMSTI |
| | | Page No. : 1 of 1 |

| 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 |
| Total | | 94.35 | 94.35 |
| Balance | | 0.00 | |

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.

(Owned and Operated by Flint Nights.)

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability 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.



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

MI 48242

RA # 738773747
 16-FEB-2016 02:16 PM
 17-FEB-2016 09:30 AM
 Phone (734)2293100

Bill Ref# 90075588412
 Rentor Name LAUREN UNDERWOOD

(b)(6)

FACSIMILE

Return Location
 DETROIT METRO ARPT

18-FEB-2016 10:47 AM

USGOV US GOV'T ON ORDERS TRAVEL
 Contract ID

Vehicle # GOP25363
 Model X5
 Class Driven WZAR
 Class Charge IFAR
 License# K7592U
 State/Province TENNESSEE
 M/Kms Driven 180
 M/Kms Out 7179
 M/Kms In 7359

| Charges | No | Unit | Price/Unit | Amount |
|----------------------------------|----|---------|------------|---------|
| TIME & DISTANCE | 1 | Days | 69.00 | 69.00 * |
| TIME & DISTANCE | 1 | Hours | 13.00 | 13.00 * |
| UNLIMITED MILES/HR - TIME & DIST | | M/Kms | | 0.00 * |
| CDW / LDW | 1 | Days | | 0.00 * |
| REFUELING SERVICE CHARGE | 11 | Gallons | 2.28 | 25.04 * |
| GARS CHARGE | 2 | Days | 5.00 | 10.00 * |
| ARPT COST RECOVERY FEE | | | 118.76 | 13.19 * |
| CUSTOMER FACILITY CHARGE | 2 | Days | 1.00 | 2.00 * |
| STADIUM TAX | | | 133.95 | 2.68 * |
| VLF REC | 2 | Days | 0.86 | 1.72 * |
| SALES TAX @6.000 % | | | 136.63 | 9.20 * |

Rate Info

Messages

* Taxable Items
 Subject to Audit

Total Charges USD 144.83

Payments

Visa 0942
 AUTH# 081801 16-FEB-2016 182.02 Payment -144.83

For Reservations: 1-800-RENT-A-CAR