

Standard Form 50

Rev 7/91

U.S. Office of Personnel Management

Guide to Processing Personnel Actions, Chapter 4

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) SNYDER, ANNA M				2. Social Security Number (b)(6)		3. Date of Birth		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 DEPUTY CHIEF OPERATING OFFICER PD: ES2264					15. TO: Position Title and Number DEPUTY CHIEF OPERATING OFFICER PD: ES2264						
Position: 00126583					Position: 00126583						
8. Pay Plan ES		9. Occ. CD 0340		10. Grd/Lvl 00		11. Step/Rate 0		12. Tot. Salary \$179,700.00		13. Pay Basis PA	
16. Pay Plan ES		17. Occ. CD 0340		18. Grd/Lvl 00		19. Step/Rate 0		20. Tot. Salary/Award \$179,700.00		21. Pay Basis PA	
12A. Basic Pay \$179,700.00		12B. Locality Adj. \$0		12C. Adj. Basic Pay \$179,700.00		12D. Other Pay \$0		20A. Basic Pay \$179,700.00		20B. Locality Adj. \$0	
				20C. Adj. Basic Pay \$179,700.00		20D. Other Pay \$0					
14. Name and Location of Position's Organization Centers for Medicare & Medicaid Services OFFICE OF THE ADMINISTRATOR						22. Name and Location of Position's Organization Centers for Medicare & Medicaid Services OFFICE OF THE ADMINISTRATOR					
WOODLAWN MD USA						WOODLAWN MD USA					
EMPLOYEE DATA											
23. Veterans Preference				24. Tenure				25. Agency Use		26. Veterans Preference for RIF	
<input type="checkbox"/> 1-None	<input type="checkbox"/> 3-10 Point/Disability		<input type="checkbox"/> 5-10 Point/Other			<input type="checkbox"/> 0-None		<input type="checkbox"/> 2-Conditional		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
<input type="checkbox"/> 2-5 Point	<input type="checkbox"/> 4-10 Point/Compensable		<input type="checkbox"/> 6-10 Point/Compensable/30%			<input type="checkbox"/> 1-Permanent		<input type="checkbox"/> 3-Indefinite			
27. FEGLI				28. Annuitant Indicator				29. Pay Rate Determinant			
<input type="checkbox"/> D0	Basic + Option A					<input type="checkbox"/> 9		Not Applicable		<input type="checkbox"/> 0	
<input type="checkbox"/> 0										Regular Rate	
30. Retirement Plan				31. Service Comp. Date (Leave)				32. Work Schedule		33. Part-Time Hours Per Biweekly Pay Period	
<input type="checkbox"/> 1	CSRS			03-31-1974			<input type="checkbox"/> F		Full Time		
POSITION DATA											
34. Position Occupied				35. FLSA Category				36. Appropriation Code		37. Bargaining Unit Status	
<input type="checkbox"/> 3	1-Competitive Service 3-SES General			<input type="checkbox"/> E	E-Exempt			25997001		8888	
	2-Excepted Service 4-SES Career Reserved			<input type="checkbox"/> N	N-Nonexempt						
38. Duty Station Code				39. Duty Station (City-County-State or Overseas Location)							
241698005				WOODLAWN Baltimore MD USA							
40. Agency Data		41.		42.		43.		44. PAR Number:			
45. Remarks											
46. Employing Department or Agency Department of HHS Centers for Medicare & Medicaid Services						50. Signature/Authentication and Title of Approving Official SMALL, DOUGLAS F Director, Client Service Center					
47. Agency Code		48. Personnel Office ID		49. Approval Date							
HE70		4222		09-24-2011							

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

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) SNYDER,ANNA M	2. Social Security Number (b)(6)	3. Date of Birth	4. Effective Date 10-01-2011
---	-------------------------------------	------------------	--

FIRST ACTION

SECOND ACTION

5-A. Code 827	5-B. Nature of Action Retention Incentive 30-SEP-2012	6-A. Code	6-B. Nature of Action
5-C. Code VPN	5-D. Legal Authority 5 U.S.C. 5754(d)(3)(A)	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number

15. TO: Position Title and Number
DEPUTY CHIEF OPERATING OFFICER
PD:ES2264
Position:00126583

8. Pay Plan	9. Occ. Code	10. Grade/Level	11. Step/Rate	12. Total Salary	13. Pay Basis	16. Pay Plan'	17. Occ. Code	18. Grade/Level	19. Step/Rate	20. Total Salary/Award 25.00 %	21. Pay Basis
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay				

14. Name and Location of Position's Organization

22. Name and Location of Position's Organization

Centers for Medicare & Medicaid Services
OFFICE OF THE ADMINISTRATOR

WOODLAWN MD USA

EMPLOYEE DATA

23. Veterans Preference 1	1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%	24. Tenure 0	0 - None 1 - Permanent 2 - Conditional 3 - Indefinite	25. Agency Use	26. Veterans Preference for RIF YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------------	--	------------------------	--	----------------	--

27. FEGLI D0	Basic + Option A	28. Annuitant Indicator 9	Not Applicable	29. Pay Rate Determinant Regular Rate
------------------------	------------------	-------------------------------------	----------------	--

30. Retirement Plan 1	CSRS	31. Service Comp. Date (Leave) 03-31-1974	32. Work Schedule F	Full Time	33. Part-Time Hours Per Biweekly Pay Period
---------------------------------	------	---	-------------------------------	-----------	---

POSITION DATA

34. Position Occupied 3	1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved	35. FLSA Category E	E - Exempt N - Nonexempt	36. Appropriation Code 25997001	37. Bargaining Unit Status 8888
-----------------------------------	---	-------------------------------	-----------------------------	---	---

38. Duty Station Code
241698005

39. Duty Station (City - County - State or Overseas Location)
WOODLAWN Baltimore MD USA

40. Agency Data	41.	42.	43.	44. PAR Number:
-----------------	-----	-----	-----	--------------------

45. Remarks

Approved by the CMS Principal Deputy Administrator on 09-21-2011.

46. Employing Department or Agency

Department of HHS - Centers for Medicare & Medicaid Services

50. Signature/Authentication and Title of Approving Official

SMALL,DOUGLAS F
Director, Client Service Center

47. Agency Code HE70	48. Personnel Office ID 4222	49. Approval Date 10-05-2011
--------------------------------	--	--

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) SNYDER,ANNA M				2. Social Security Number (b)(6)		3. Date of Birth		4. Effective Date 12-13-2011			
FIRST ACTION					SECOND ACTION						
5-A. Code 879		5-B. Nature of Action SES Performance Award			6-A. Code		6-B. Nature of Action				
5-C. Code VWK		5-D. Legal Authority 5 U.S.C. 5384. SES performance award.			6-C. Code		6-D. Legal Authority				
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority				
7. FROM: Position Title and Number					15. TO: Position Title and Number DEPUTY CHIEF OPERATING OFFICER PD:ES2264 Position:00126583						
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award \$10,333.00	21. Pay Basis
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay				
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization Centers for Medicare & Medicaid Services OFFICE OF THE ADMINISTRATOR WOODLAWN MD USA						
EMPLOYEE DATA											
23. Veterans Preference 1 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%						24. Tenure 0 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
27. FEGLI D0 Basic + Option A			31. Service Comp. Date (Leave) 03-31-1974			28. Annuitant Indicator 9 Not Applicable		32. Work Schedule F Full Time		29. Pay Rate Determinant <input type="checkbox"/> Regular Rate	
30. Retirement Plan 1 CSRS			33. Part-Time Hours Per Biweekly Pay Period								
POSITION DATA											
34. Position Occupied 3 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Nonexempt		36. Appropriation Code 25997001		37. Bargaining Unit Status 8888			
38. Duty Station Code 241698005				39. Duty Station (City - County - State or Overseas Location) WOODLAWN Baltimore MD USA							
40. Agency Data		41.	42.	43.	44. PAR Number:						
45. Remarks FY 2011 SES Performance Award approved by the Secretary of HHS 12/13/11											
46. Employing Department or Agency Department of HHS - Centers for Medicare & Medicaid Services						50. Signature/Authentication and Title of Approving Official SMALL,DOUGLAS F Director, Client Service Center					
47. Agency Code HE70		48. Personnel Office ID 4222		49. Approval Date 12-15-2011							

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) SNYDER, ANNA M				2. Social Security Number (b)(6)		3. Date of Birth		4. Effective Date 12-12-2012						
FIRST ACTION					SECOND ACTION									
5-A. Code 879		5-B. Nature of Action SES Performance Award			6-A. Code		6-B. Nature of Action							
5-C. Code VWK		5-D. Legal Authority 5 U.S.C. 5384. SES performance award.			6-C. Code		6-D. Legal Authority							
5-E. Code		5-F. Legal Authority			6-E. Code		6-F. Legal Authority							
7. FROM: Position Title and Number					15. TO: Position Title and Number DEPUTY CHIEF OPERATING OFFICER PD:ES2264 Position:00126583									
8. Pay Plan		9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award \$8,985.00	21. Pay Basis		
12A. Basic Pay		12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay		20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay					
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization Centers for Medicare & Medicaid Services OFFICE OF THE ADMINISTRATOR WOODLAWN MD USA									
EMPLOYEE DATA														
23. Veterans Preference 1 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%				24. Tenure 0 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
27. FEGLI D0 Basic + Option A		28. Annuitant Indicator 9 Not Applicable		29. Pay Rate Determinant Regular Rate		30. Retirement Plan 1 CSRS		31. Service Comp. Date (Leave) 03-31-1974		32. Work Schedule F Full Time		33. Part-Time Hours Per Biweekly Pay Period		
POSITION DATA				34. Position Occupied 3 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved		35. FLSA Category E E - Exempt N - Nonexempt		36. Appropriation Code 25997001		37. Bargaining Unit Status 8888				
38. Duty Station Code 241698005		39. Duty Station (City - County - State or Overseas Location) WOODLAWN Baltimore MD USA						40. Agency Data		41.		42.	43.	44. PAR Number:
45. Remarks FY 2012 SES Performance Award approved by the Secretary of HHS on 12/12/12														
46. Employing Department or Agency Department of HHS - Centers for Medicare & Medicaid Services						50. Signature/Authentication and Title of Approving Official ANGELA K. PORTER DIR HUMAN CAPITAL MGMT GROUP								
47. Agency Code HE70		48. Personnel Office ID 4222		49. Approval Date 12-12-2012										