

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) Allmony, Tyson	2. Social Security Number 000-00-8394	3. Date of Birth 08/09/89	4. Effective Date 12/28/14
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FIRST ACTION

5-A. Code	5-B. Nature of Action	6-A. Code 702	6-B. Nature of Action Promotion
5-C. Code	5-D. Legal Authority	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number	15. TO: Position Title and Number Budget Officer										
8. Pay Plan	9. Occ. Code	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan GS	17. Occ. Code	18. Grade or Level 07	19. Step or Rate 10	20. Total Salary/Award 44615	21. Pay Basis
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay 44615	20B. Locality Adj.	20C. Adj. Basic Pay 44615	20D. Other Pay				
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization					

EMPLOYEE DATA

23. Veterans Preference	24. Tenure	25. Agency Use	26. Veterans Pref. for RIF
<input type="checkbox"/> 1 - None <input type="checkbox"/> 2 - 5-Point	<input type="checkbox"/> 0 - None <input type="checkbox"/> 1 - Permanent	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> 3 - 10-Point/Disability <input type="checkbox"/> 4 - 10-Point/Compensable	<input type="checkbox"/> 2 - Conditional <input type="checkbox"/> 3 - Indefinite		
27. FEGLI C0	28. Annuitant Indicator	29. Pay Rate Determinant	
30. Retirement Plan K	31. Service Comp. Date (Leave) 9/27/04	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
<input type="checkbox"/> 1 - Competitive Service <input type="checkbox"/> 2 - Excepted Service	<input type="checkbox"/> E - Exempt <input type="checkbox"/> N - Non-exempt		
38. Duty Station Code	39. Duty Station (City - County - State or Overseas Location)		

40. AGENCY DATA	41.	42.	43.	44.
45. Remarks				

46. Employing Department or Agency Department of Veterans Affairs	50. Signature/Authentication and Title of Approving Official		
47. Agency Code VA	48. Personnel Office ID	49. Approval Date	Human Resources Officer

TURN OVER FOR IMPORTANT INFORMATION

5-Part

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