

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) ANDRES, GREG D				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 08/01/17							
FIRST ACTION					SECOND ACTION										
5-A. Code 171		5-B. Nature of Action EXC APPT NTE 09/30/18			6-A. Code		6-B. Nature of Action								
5-C. Code ZLM		5-D. Legal Authority 28 USC 515			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 ATTORNEY 90044456 SL000A										
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	21. Pay Basis				
						GS	0905	15	10	161,900.00	PA				
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	
		.00				.00		134,776.00		27,124.00		161,900.00		.00	
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 15 2017										
EMPLOYEE DATA															
23. Veterans Preference (b) (6), (b) (7)(C)					24. Tenure 3 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite			25. Agency Use		26. Veterans Preference for RIF YES X NO					
27. EEOGLI (b) (6), (b) (7)(C)					28. Annuitant Indicator (b) (6), (b) (7)(C)			29. Pay Rate Determinant 0 NOT APPLICABLE							
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 08/01/17		32. Work Schedule F FULL TIME			33. Part-Time Hours Per Biweekly Pay Period						
POSITION DATA															
34. Position Occupied 2 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Nonexempt		36. Appropriation Code				37. Bargaining Unit Status 8888					
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC											
40. Agency Data		41. SEX: M		42. CITIZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV: 15 YR: 95 INST PRG: 220101							
45. Remarks WELCOME TO THE DEPARTMENT OF JUSTICE APPOINTMENT AFFIDAVIT EXECUTED 08/01/2017. REASON FOR TEMPORARY APPOINTMENT: BACKGROUND IS STILL PENDING ON SUBJECT FROZEN SERVICE: 00 YRS. 00 MOS CREDITABLE MILITARY SERVICE: (b) (6), (b) (7)(C) PREVIOUS RETIREMENT COVERAGE: (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)															
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: THERESA TOLL ACTING DEPUTY DIRECTOR JMD/HR									
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 08/03/17											

REQUEST FOR PERSONNEL ACTION

on the Yohine

PART A - Requesting Office (Also complete Part B, items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested Resignation		2. Request Number
3. For Additional Information Call (Name and Telephone Number) Adele Norton 202-305-7500		4. Proposed Effective Date
5. Action Requested By (Typed Name, Title, Signature, and Request Date) Beth McGarry Executive Officer, Special Counsel's Office		6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) ACTING Beth McGarry Executive Officer, Special Counsel's Office 4/1/19

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) Andres, Greg, D.		2. Social Security Number (b) (6), (b) (7)(C)	3. Date of Birth (b) (6), (b) (7)(C)	4. Effective Date 3/30/2019
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 715.202	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 Attorney		15. TO: Position Title and Number		
8. Pay Plan GS	9. Occ. Code 0905	10. Grade or Level 15	11. Step or Rate 10	12. Total Salary \$164,200.00
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	
14. Name and Location of Position's Organization U.S. Department of Justice Special Counsel's Office HC280000000000000000		22. Name and Location of Position's Organization		

EMPLOYEE DATA

23. Veterans Preference (b) (6), (b) (7)(C)		24. Tenure 3	25. Agency Use Y840	26. Veterans Pref for RIF YES <input checked="" type="checkbox"/> NO
27. FEGLI (b) (6), (b) (7)(C)		28. Annuitant Indicator (b) (6), (b) (7)(C)		29. Pay Rate Determinant 0
30. Retirement Plan (b) (6), (b) (7)(C)		31. Service Comp. Date (Leave) 1/29/2003	32. Work Schedule F	33. Part-time Hours Per Biweekly Pay Period
POSITION DATA		35. FLSA Category E - Exempt		37. Bargaining Unit Status 8888
34. Position Occupied 2		36. Appropriation Code		
38. Duty Station Code 110010001		39. Duty Station (City - County - State or Overseas Location) Washington, DC		
40. Agency Data	41.	42.	43.	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship 1 - USA 8 - Other
				50. Veterans Status x not vet
				51. Supervisory Status

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	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 that the proposed action is in compliance with statutory and regulatory requirements.			Signature		
			Approval Date		

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 SF 52.)

☐ 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; and (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.)

The investigation is complete.

2. Effective Date 3. Your Signature

3/29/19 *May D. Anderson*

4. Date Signed

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

PART F - Remarks for SF/50

M67 - Forwarding Address:
R19 - Reason for Resignation:
W27 - Lump Sum payment

(b) (6), (b) (7)(C)

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested Extension of Excepted Appt NTE 1 year	2. Request Number
3. For Additional Information Call (Name and Telephone Number) Adele Norton, 202-305-7500	4. Proposed Effective Date
5. Action Requested By (Typed Name, Title, Signature, and Request Date) Beth McGarry Executive Officer, Special Counsel	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) Beth McGarry Executive Officer, Special Counsel 09/25/2018

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) Andres, Greg, D.	2. Social Security Number (b) (6), (b) (7)(C)	3. Date of Birth (b) (6), (b) (7)(C)	4. Effective Date 10/1/2018
FIRST ACTION		SECOND ACTION	
5-A. Code 5-B. Nature of Action 760 Ext of Appt (NTE 9/30/2019)	5-A. Code 5-B. Nature of Action		
5-C. Code 5-D. Legal Authority ZLM 28 USC 515	5-C. Code 5-D. Legal Authority		
5-E. Code 5-F. Legal Authority	5-E. Code 5-F. Legal Authority		

7. FROM: Position Title and Number Attorney	15. TO: Position Title and Number Attorney						
8. Pay Plan 9. Occ. Code 10. Grade or Level 11. Step or Rate 12. Total Salary 13. Pay Basis GS 0905 15 10 \$164,200.00 PA	16. Pay Plan 17. Occ. Code 18. Grade or Level 19. Step or Rate 20. Total Salary/Award 21. Pay Basis GS 0905 15 10 \$164,200.00 PA						
12A. Basic Pay \$136,659.00	12B. Locality Adj. \$27,541.00	12C. Adj. Basic Pay \$164,200.00	12D. Other Pay	20A. Basic Pay \$136,659.00	20B. Locality Adj. \$27,541.00	20C. Adj. Basic Pay \$164,200.00	20D. Other Pay
14. Name and Location of Position's Organization U.S. Department of Justice The Special Counsel's Office Washington, DC HC28020000000000				22. Name and Location of Position's Organization U.S. Department of Justice The Special Counsel's Office Washington, DC HC28020000000000			

23. Veterans Preference <input checked="" type="checkbox"/> 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other <input type="checkbox"/> 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%			24. Tenure 0 - None 2 - Conditional 3 - Permanent 3 - Indefinite		25. Agency Use	26. Veterans Pref for RIF <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
27. FEGLI (b) (6), (b) (7)(C)			28. Annuitant Indicator (b) (6), (b) (7)(C)		29. Pay Rate Determinant 0	
30. Retirement Plan (b) (6), (b) (7)(C)			31. Service Comp. Date (Leave) 1/29/2003		32. Work Schedule F	
33. Part-Time Hours Per Biweekly Pay Period			34. Position Occupied 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career			35. FLSA Category E - Exempt N - Nonexempt
36. Appropriation Code			37. Bargaining Unit Status 8888			38. Duty Station Code 110010001
39. Duty Station (City - County - State or Overseas Location) Washington, DC						

40. Agency Date	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship <input checked="" type="checkbox"/> 1 - USA <input type="checkbox"/> 5 - Other	50. Veterans Status <input checked="" type="checkbox"/> not vet	51. Supervisory Status

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function HR/JMD/ER	Initials/Signature Denise Howell Parker	Date 9/28/2018	Office/Function D.	Initials/Signature Jamila Jones	Date 9/25/18
B.			E.		
C.			F.		
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.			Signature DIRECTOR / DEPUTY DIRECTOR OFFICE OF ATTORNEY RECRUITMENT AND MANAGEMENT		
			Approval Date		

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 SF 52.)

☐ 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; and (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)
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PART F - Remarks for SF 50

M06 Reason for temporary appointment: to support the Office of the Special Counsel

RECEIVED

SEP 25 2018

OARM

DIRECTORIAL

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.

A NAME OF PAYEE <i>(last, first, middle initial)</i> Andres, Greg, D		D TYPE OF DEPOSITOR ACCOUNT (b) (6), (b) (7)(C)	
ADDRESS <i>(street, route, P.O. Box, APO/FPO)</i> (b) (6), (b) (7)(C)		E DEPOSITOR ACCOUNT NUMBER (b) (6), (b) (7)(C)	
TELEPHONE NUMBER (b) (6), (b) (7)(C)		F TYPE OF PAYMENT <i>(Check only one)</i> (b) (6), (b) (7)(C)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT Greg D. Andres			
C CLAIM OR PAYROLL ID NUMBER Prefix Suffix		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY <i>(if applicable)</i> TYPE AMOUNT	
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION <i>(optional)</i> I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE <i>[Signature]</i>		SIGNATURE	
DATE <i>7/31/17</i>		DATE	
SIGNATURE		SIGNATURE	
DATE		DATE	

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
ENTERED	

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
		DEPOSITOR ACCOUNT TITLE		
FINANCIAL INSTITUTION CERTIFICATION				
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.				
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE		TELEPHONE NUMBER	DATE

Designed using Perlman Firm (PHSCADSI 344-2)



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) MUELLER III, ROBERT S				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 05/29/19			
FIRST ACTION				SECOND ACTION							
5-A. Code 302		5-B. Nature of Action RETIREMENT VOLUNTARY		6-A. Code		6-B. Nature of Action					
5-C. Code SQM		5-D. Legal Authority 5 U.S.C. 8336		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 COUNSEL 90043818 SCR000				15. TO: Position Title and Number							
8. Pay Plan GS		9. Occ. Code 0905		10. Grade or Level 15		11. Step or Rate 10		12. Total Salary 166,500.00		13. Pay Basis PA	
12A. Basic Pay 138,572.00		12B. Locality Adj. 27,928.00		12C. Adj. Basic Pay 166,500.00		12D. Other Pay .00		20A. Basic Pay .00		20B. Locality Adj. .00	
14. Name and Location of Position's Organization SPECIAL COUNSEL				22. Name and Location of Position's Organization 7A DJ HC2800000000000000 PP 12 2019							
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 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 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF YES X NO			
27. EEO-1 (b) (6), (b) (7)(C)				28. Annuitant Indicator (b) (6), (b) (7)(C)				29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 04/28/80		32. Work Schedule F FULL TIME		33. Part-Time Hours Per Biweekly Pay Period			
POSITION DATA											
34. Position Occupied 2 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888	
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: M		42. CITZ (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:73 INST PRG:220101			
45. Remarks YOUR SERVICE TO THE DEPARTMENT OF JUSTICE HAS BEEN APPRECIATED. FORWARDING ADDRESS= (b) (6), (b) (7)(C) " " (b) (6), (b) (7)(C) LUMP-SUM PAYMENT TO BE MADE FOR ANY UNUSED ANNUAL LEAVE.											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TERRY L. MINTZ AD JMD HR SERVICES					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 06/13/19							



REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested Voluntary Retirement - CSRS	2. Request Number
3. For Additional Information Call (Name and Telephone Number) Blaine C. Jackson, Jr. (202) 514-7772	4. Proposed Effective Date
5. Action Requested By (Typed Name, Title, Signature, and Request Date) Blaine C. Jackson, Jr.	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) Mueller III, Robert S.	2. Social Security Number (b) (6), (b) (7)(C)	3. Date of Birth (b) (6), (b) (7)(C)	4. Effective Date 05/29/19
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FIRST ACTION

5-A. Code 302	5-B. Nature of Action Retirement Voluntary
5-C. Code SQM	5-D. Legal Authority 5 USC 8336
5-E. Code	5-F. Legal Authority

SECOND ACTION

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

7. FROM: Position Title and Number

Special Counsel

15. TO: Position Title and Number

8. Pay Plan GS	9. Occ. Code 0905	10. Grade or Level 15	11. Step or Rate 10	12. Total Salary \$166,500.00	13. Pay Basis PA	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	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

Special Counsel

22. Name and Location of Position's Organization

EMPLOYEE DATA

23. Veterans Preference (b) (6), (b) (7)(C) 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 - None 2 - Conditional 3 1 - Permanent 3 - Indefinite	25. Agency Use	26. Veterans Pref for RIF <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
27. FEGLI	28. Annuitant Indicator (b) (6), (b) (7)(C)	29. Pay Rate Determinant 0	30. Retirement Plan (b) (6), (b) (7)(C)
31. Service Comp. Date (Leave) 04/28/80	32. Work Schedule F	33. Part-time Hours Per Biweekly Pay Period	

POSITION DATA

34. Position Occupied 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career 2	35. FLSA Category E - Exempt N - Nonexempt E	36. Appropriation Code	37. Bargaining Unit Status 8888
38. Duty Station Code 11-0010-001	39. Duty Station (City - County - State or Overseas Location) Washington District of Columbia DC		

40. Agency Data	41. SEX: M	42. CITZ: (b) (6), (b) (7)(C)	43. VET STAT: X	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship 1 - USA 8 - Other	50. Veterans Status	51. Supervisory Status

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A. OBD/HR Serv		05/13/2019	D.		
B.			E.		
C.			F.		
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.			Signature		Approval Date

CONTINUED ON REVERSE SIDE
52-118

OVER

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



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 SF 52.)

☐ 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; and (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)
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PART F - Remarks for SF 50

M67 Forwarding Address: (b) (6), (b) (7)(C)

N27 Lump Sum Payment to be made for any unused annual leave.

389 (b) (6), (b) (7)(C)

~~OR~~

B02 (b) (6), (b) (7)(C)

31J Your service to the Department of Justice has been appreciated.



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) MUELLER III, ROBERT S				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 01/06/19															
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 E O 13866				6-E. Code		6-F. Legal Authority															
7. FROM: Position Title and Number						15. TO: Position Title and Number SPECIAL COUNSEL 90043818 SCR000																	
8. Pay Plan		9. Occ. Code		10. Grade or Level		11. Step or Rate		12. Total Salary 164,200.00		13. Pay Basis PA		16. Pay Plan GS		17. Occ. Code 0905		18. Grade or Level 15		19. Step or Rate 10		20. Total Salary/Award 166,500.00		21. Pay Basis PA	
12A. Basic Pay 136,659.00		12B. Locality Adj. 27,541.00		12C. Adj. Basic Pay 164,200.00		12D. Other Pay .00		20A. Basic Pay 138,572.00		20B. Locality Adj. 27,928.00		20C. Adj. Basic Pay 166,500.00		20D. Other Pay .00									
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 07 2019																	
EMPLOYEE DATA																							
23. Veterans Preference (b) (6), (b) (7)(C) 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 YES <input checked="" type="checkbox"/> NO									
27. REGULARITY (b) (6), (b) (7)(C)						28. Annuitant Indicator (b) (6), (b) (7)(C)						29. Pay Rate Determinant 0 NOT APPLICABLE											
30. Retirement Plan (b) (6), (b) (7)(C)						31. Service Comp. Date (Leave) 04/28/80						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 - Non-exempt						36. Appropriation Code						37. Bargaining Unit Status 8888					
38. Duty Station Code 11-0010-001						39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC																	
40. Agency Data				41. SEX: M				42. CITIZENSHIP: (b) (6), (b) (7)(C)				43. VET STAT: X				44. ED LV:15 YR:73 INST PRG:220101							
45. Remarks FEDERAL PAY INCREASE DUE TO E.O. 13866 SIGNED 03/28/19. SALARY INCLUDES A GENERAL INCREASE OF 1.4% ROUNDED AND A LOCALITY PAYMENT (OR OTHER GEOGRAPHIC ADJUSTMENT) APPLICABLE IN THIS AREA.																							
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC												50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TERRY L. MINTZ AD JMD HR SERVICES											
47. Agency Code DJ HC				48. Personnel Office ID 1831				49. Approval Date 03/28/19															



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) MUELLER III, ROBERT S				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 12/09/18							
FIRST ACTION				SECOND ACTION											
5-A. Code 917		5-B. Nature of Action (b) (6), (b) (7)(C)		6-A. Code		6-B. Nature of Action									
5-C. Code ZLM		5-D. Legal Authority (b) (6), (b) (7)(C)		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 SPECIAL COUNSEL 90043818 SCR000											
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	21. Pay Basis				
						GS	0905	15	10	164,200.00	PA				
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	
		.00				.00		136,659.00		27,541.00		164,200.00		.00	
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 25 2018									
EMPLOYEE DATA															
23. Veterans Preference (b) (6), (b) (7)(C) 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 YES X NO					
27. Annuity Indicator (b) (6), (b) (7)(C)						28. Annuity Indicator (b) (6), (b) (7)(C)		29. Pay Rate Determinant 0 NOT APPLICABLE							
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 04/28/80		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 - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888					
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC											
40. Agency Data		41. SEX: M		42. CITZ (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:73 INST PRG:220101							
(b) (6), (b) (7)(C)															
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TERRY L. MINTZ AD JMD HR SERVICES									
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 12/19/18											



S-Part 50-316

This is an 'official' document generated from the eOPF system.

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) MUELLER III, ROBERT S				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 01/07/18			
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 E O 13819		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number				15. TO: Position Title and Number SPECIAL COUNSEL 90043818 SCR000							
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	21. Pay Basis
				161,900.00	PA	GS	0905	15	10	164,200.00	PA
12A. Basic Pay 134,776.00		12B. Locality Adj. 27,124.00		12C. Adj. Basic Pay 161,900.00		12D. Other Pay .00		20A. Basic Pay 136,659.00		20B. Locality Adj. 27,541.00	
								20C. Adj. Basic Pay 164,200.00		20D. Other Pay .00	
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 01 2018					
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 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 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF YES X NO	
27. EEO-1 (b) (6), (b) (7)(C)						28. Annuitant Indicator (b) (6), (b) (7)(C)		29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 04/28/80		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 - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888	
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: M		42. CITZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:73 INST PRG:220101			
45. Remarks FEDERAL PAY INCREASE DUE TO E.O. 13819 SIGNED 12/22/17. SALARY INCLUDES A GENERAL INCREASE OF 1.4% ROUNDED AND A LOCALITY PAYMENT (OR OTHER GEOGRAPHIC ADJUSTMENT) APPLICABLE IN THIS AREA.											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: THERESA TOLL ACTING DEPUTY DIRECTOR JMD/HR					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 12/22/17							



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) MUELLER III, ROBERT S				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 12/10/17			
FIRST ACTION				SECOND ACTION							
5-A. Code 917		5-B. Nature of Action (b) (6), (b) (7)(C)		6-A. Code		6-B. Nature of Action					
5-C. Code ZLM		5-D. Legal Authority (b) (6), (b) (7)(C)		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 SPECIAL COUNSEL 90043818 SCR000							
8. Pay Plan		9. Occ. Code		10. Grade or Level		11. Step or Rate		12. Total Salary		13. Pay Basis	
12A. Basic Pay		12B. Locality Adj. .00		12C. Adj. Basic Pay		12D. Other Pay .00		16. Pay Plan GS		17. Occ. Code 0905	
18. Grade or Level 15		19. Step or Rate 10		20. Total Salary/Award 161,900.00		21. Pay Basis PA		20A. Basic Pay 134,776.00		20B. Locality Adj. 27,124.00	
20C. Adj. Basic Pay 161,900.00		20D. Other Pay .00		22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 11 2018							
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 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 YES X NO			
27. Pay Plan (b) (6), (b) (7)(C) BASIC				28. Annuitant Indicator (b) (6), (b) (7)(C)		29. Pay Rate Determinant 0 NOT APPLICABLE					
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 04/28/80		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 - Non-exempt		36. Appropriation Code		37. Bargaining Unit Status 8888			
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: M		42. CITZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:73 INST PRG:220101			
45. Remarks (b) (6), (b) (7)(C)											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TERRY L. MINTZ AD JMD HR SERVICES					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 06/11/18							



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) MUELLER III, ROBERT S				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 08/20/17							
FIRST ACTION					SECOND ACTION										
5-A. Code 882		5-B. Nature of Action CHG IN SCD			6-A. Code		6-B. Nature of Action								
5-C. Code VZM		5-D. Legal Authority 5 USC 6303			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 SPECIAL COUNSEL 90043818 SCR000										
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	21. Pay Basis			
							GS	0905	15	10	161,900.00	PA			
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	
		.00				.00		134,776.00		27,124.00		161,900.00		.00	
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 17 2017										
EMPLOYEE DATA															
23. Veterans Preference (b) (6), (b) (7)(C) 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 YES <input checked="" type="checkbox"/> NO					
27. FEGLI (b) (6), (b) (7)(C)					28. Annuitant Indicator (b) (6), (b) (7)(C)			29. Pay Rate Determinant 0 NOT APPLICABLE							
30. Retirement Plan (b) (6), (b) (7)(C)			31. Service Comp. Date (Leave) 04/28/80		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 - Non-exempt		36. Appropriation Code			37. Bargaining Unit Status 8888							
38. Duty Station Code 11-0010-001			39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC												
40. Agency Data		41. SEX: M		42. CITZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:73 INST PRG:220101							
45. Remarks															
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: THERESA TOLL ACTING DEPUTY DIRECTOR JMD/HR									
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 09/06/17											



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) MUELLER III, ROBERT S				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 08/20/17			
FIRST ACTION					SECOND ACTION						
5-A. Code 882		5-B. Nature of Action CHG IN SCD			6-A. Code		6-B. Nature of Action				
5-C. Code VZM		5-D. Legal Authority 5 USC 6303			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 SPECIAL COUNSEL 90043818 SCR000						
8. Pay Plan		9. Occ. Code		10. Grade or Level		11. Step or Rate		12. Total Salary		13. Pay Basis	
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.	
		.00				.00		134,776.00		27,124.00	
								20C. Adj. Basic Pay		20D. Other Pay	
								161,900.00		.00	
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 11 2018						
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 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 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
27. REGULARITY (b) (6), (b) (7)(C)						28. Applicant Indicator (b) (6), (b) (7)(C)		29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 04/28/80		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 - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888	
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: M		42. CITIZENSHIP (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:73 INST PRG:220101			
45. Remarks											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC											
47. Agency Code DJ HC				48. Personnel Office ID 1831		49. Approval Date 09/06/17		50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TERRY L. MINTZ AD JMD HR SERVICES			



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) MUELLER JIL, ROBERT S				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 05/19/17					
FIRST ACTION					SECOND ACTION								
5-A. Code 002		5-B. Nature of Action CORRECTION			6-A. Code 170		6-B. Nature of Action EXC APPT						
5-C. Code		5-D. Legal Authority			6-C. Code ZLM		6-D. Legal Authority 5 USC 515						
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 SPECIAL COUNSEL 90043818 SCR000								
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 0905	18. Grade or Level 15	19. Step or Rate 10	20. Total Salary/Award 161,900.00	21. Pay Basis PA	
12A. Basic Pay		12B. Locality Adj. .00	12C. Adj. Basic Pay		12D. Other Pay .00		20A. Basic Pay 134,776.00		20B. Locality Adj. 27,124.00		20C. Adj. Basic Pay 161,900.00		20D. Other Pay .00
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 11 2018								
EMPLOYEE DATA													
23. Veterans Preference (b) (6), (b) (7)(C) 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 YES X NO			
27. FEGLI (b) (6), (b) (7)(C)					28. Annuity Indicator (b) (6), (b) (7)(C)					29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)					31. Service Comp. Date (Leave) 05/17/17		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 - Non-exempt			36. Appropriation Code			37. Bargaining Unit Status 8888		
38. Duty Station Code 11-0010-001					39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC								
40. Agency Data		41. SEX: M		42. CITZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:73 INST PRG:220101					
45. Remarks (b) (6), (b) (7)(C) YOU SERVE AT THE WILL OF THE APPOINTING OFFICER. APPOINTMENT IS INDEFINITE. WELCOME TO THE DEPARTMENT OF JUSTICE APPOINTMENT AFFIDAVIT EXECUTED 05/19/2017. CREDITABLE MILITARY SERVICE: (b) (6), (b) (7)(C) PREVIOUS RETIREMENT COVERAGE: (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) YOU ARE REQUIRED TO SUBMIT TO THE PERSONNEL OFFICE A COPY OF ANY (b) (6), (b) (7)(C)													
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TERRY L. MINTZ AD JMD HR SERVICES							
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 05/31/17									



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) MUELLER JIL, ROBERT S				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 05/19/17			
FIRST ACTION				SECOND ACTION							
5-A. Code 170		5-B. Nature of Action EXC APPT		6-A. Code		6-B. Nature of Action					
5-C. Code ZLM		5-D. Legal Authority 5 USC 515		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 SPECIAL COUNSEL 90043818 SCR000							
8. Pay Plan		9. Occ. Code		10. Grade or Level		11. Step or Rate		12. Total Salary		13. Pay Basis	
12A. Basic Pay		12B. Locality Adj. .00		12C. Adj. Basic Pay		12D. Other Pay .00		20A. Basic Pay 134,776.00		20B. Locality Adj. 27,124.00	
								20C. Adj. Basic Pay 161,900.00		20D. Other Pay .00	
14. Name and Location of Position's Organization				22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 11 2017							
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C)				24. Tenure 3				25. Agency Use		26. Veterans Preference for RIF YES X NO	
27. EEO-1 (b) (6), (b) (7)(C)				28. Annuitant Indicator (b) (6), (b) (7)(C)				29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 05/17/17				32. Work Schedule F FULL TIME			
33. Part-Time Hours Per Biweekly Pay Period											
POSITION DATA											
34. Position Occupied 2				35. FLSA Category E				36. Appropriation Code		37. Bargaining Unit Status 8888	
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: M		42. CITZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:73 INST PRG:220101			
45. Remark AS A (b) (6), (b) (7)(C) YOU SERVE AT THE WILL OF THE APPOINTING OFFICER. APPOINTMENT IS INDEFINITE. WELCOME TO THE DEPARTMENT OF JUSTICE APPOINTMENT AFFIDAVIT EXECUTED 05/19/2017. CREDITABLE MILITARY SERVICE: (b) (6), (b) (7)(C) PREVIOUS RETIREMENT COVERAGE: (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) YOU ARE REQUIRED TO SUBMIT TO THE PERSONNEL OFFICE A COPY OF ANY (b) (6), (b) (7)(C)											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: THERESA TOLL ACTING DEPUTY DIRECTOR JMD/HR					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 05/31/17							



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) MUELLER III, ROBERT S				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 07/23/17			
FIRST ACTION					SECOND ACTION						
5-A. Code 915		5-B. Nature of Action (b) (6), (b) (7)(C)			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					15. TO: Position Title and Number SPECIAL COUNSEL 90043818 SCR000						
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 0905		18. Grade or Level 15		19. Step or Rate 10		20. Total Salary/Award 161,900.00		21. Pay Basis PA	
12A. Basic Pay		12B. Locality Adj. .00		12C. Adj. Basic Pay		12D. Other Pay .00		20A. Basic Pay 134,776.00		20B. Locality Adj. 27,124.00	
								20C. Adj. Basic Pay 161,900.00		20D. Other Pay .00	
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 15 2017						
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 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 YES <input checked="" type="checkbox"/> NO		
27. REGULARITY (b) (6), (b) (7)(C)					28. Annuitant Indicator (b) (6), (b) (7)(C)			29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 05/17/17		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			37. Bargaining Unit Status 8888		
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: M		42. CITIZENSHIP (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:73 INST PRG:220101			
45. Remarks THIS ACTION IS THE RESULT OF AN AUTOMATIC SYSTEM UPDATE. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) PLEASE CONTACT YOUR HUMAN RESOURCES OFFICE IF YOU HAVE ANY QUESTIONS.											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: THERESA TOLL ACTING DEPUTY DIRECTOR JMD/HR					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 07/23/17							



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) MUELLER III, ROBERT S				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 07/23/17			
FIRST ACTION					SECOND ACTION						
5-A. Code 915		5-B. Nature of Action (b) (6), (b) (7)(C)			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					15. TO: Position Title and Number SPECIAL COUNSEL 90043818 SCR000						
8. Pay Plan		9. Occ. Code		10. Grade or Level		11. Step or Rate		12. Total Salary		13. Pay Basis	
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		16. Pay Plan GS		17. Occ. Code 0905	
.00		.00		.00		.00		15		10	
20A. Basic Pay 134,776.00		20B. Locality Adj. 27,124.00		20C. Adj. Basic Pay 161,900.00		20D. Other Pay .00		20. Total Salary/Award 161,900.00		21. Pay Basis PA	
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 11 2018						
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 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 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF YES X NO		
27. FEGLI (b) (6), (b) (7)(C)					28. Annuitant Indicator (b) (6), (b) (7)(C)			29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)					31. Service Comp. Date (Leave) 05/17/17		32. Work Schedule F FULL TIME		33. Part-Time Hours Per Biweekly Pay Period		
POSITION DATA											
34. Position Occupied 2 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Non-exempt		36. Appropriation Code			37. Bargaining Unit Status 8888		
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: M		42. CITZ (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:73 INST PRG:220101			
45. Remarks (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) PLEASE CONTACT YOUR HUMAN RESOURCES OFFICE IF YOU HAVE ANY QUESTIONS.											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TERRY L. MINTZ AD JMD HR SERVICES					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 07/23/17							





THRIFT SAVINGS PLAN ELECTION FORM

TSP-1

Use this form to start, stop, or change the amount of your contributions to the Thrift Savings Plan (TSP).

Before completing this form, please read the *Summary of the Thrift Savings Plan* and the instructions on the back of this form. Type or print all information. **Return the completed form to your agency personnel or benefits office.** Your agency should return a copy to you after completing Section V.

Note: To choose your investment funds, see the instructions in the General Information section on the back of this form.

I. INFORMATION ABOUT YOU

1. MUELLER III ROBERT SWAN
Name (Last) (First) (Middle)
2. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
Street Address City State Zip Code
3. (b) (6), (b) (7)(C) 4. (b) (6), (b) (7)(C)
Social Security Number Payroll Number (Area Code and Number)
5. DOJ, THE SPECIAL COUNSEL'S OFFICE
Office Identification (Agency and Organization)

II. CHOOSE THE AMOUNT OF YOUR CONTRIBUTIONS

Your choice will cancel
all previous elections

To start or change the amount of traditional (pre-tax) or Roth (after-tax) contributions to your TSP account, enter either a whole percentage of your basic pay per pay period or a whole dollar amount per pay period for each type of contribution you elect. (You may choose a percentage for one type of contribution and a dollar amount for the other type of contribution.) **Remember:** A blank line next to a type of contribution equals 0% or \$0 contributed.

6. Traditional (Pre-Tax) Contributions (b) (6), (b) (7)(C) 0% OR 7. (b) (6), (b) (7)(C) 00
8. Roth (After-Tax) Contributions 0% OR 9. 00

III. STOP SOME OR ALL OF YOUR CONTRIBUTIONS

To stop all or just one type of your contributions to the TSP, check the box in Item 10 that applies and complete Section IV. Your payroll contributions will stop no later than the first full pay period after your agency employing office receives this form. (If you are a Federal Employees Retirement System [FERS] employee and you stop your contributions, your Agency Matching Contributions will stop, but Agency Automatic [1%] Contributions will continue. Read the instructions on the back.)

10. ☒ choose not to save for my retirement. Please stop all my payroll contributions to my TSP account.
☐ Stop only my traditional (pre-tax) payroll contributions to my TSP account.
☐ Stop only my Roth (after-tax) payroll contributions to my TSP account.

If you are a newly hired (or rehired) employee, you can generally stop your automatic employee contributions before they start if you submit this form to your agency before the end of your first full pay period. (See note on back.)

IV. SIGNATURE

11. [Signature] 12. 6/21/17
Participant's Signature Date Signed (mm/dd/yyyy)

V. FOR EMPLOYING OFFICE USE ONLY

13. 1240 0001 14. 06/22/2017 15. 06/11/2017
Payroll Office Number Receipt Date (mm/dd/yyyy) Effect vs Date (mm/dd/yyyy)
16. [Signature]
Signature of Agency Official

PRIVACY ACT NOTICE. We are authorized to request the information you provide on this form under 5 U.S.C. chapter 54, Federal Employees Retirement System. Your agency or service will use this information to identify your TSP account and to start, change, or stop your TSP contributions. In addition, this information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. The information may also be shared with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing a statute, rule, or order.

It may be shared with congress or all offices, or state sector and firms, spouses, former spouses, and beneficiaries, and their attorneys. Relevant portions of the information may also be disclosed to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide this information, but if you do not provide it, your agency or service will not be able to process your request.

ORIGINAL TO PERSONNEL FOLDER
Provide a copy to the employee and to the payroll office.

Form TSP-1 (9/2019)
PREVIOUS EDITIONS OBSOLETE



APPOINTMENT AFFIDAVITS

Special Assistant to the Acting Attorney General
(Position to which Appointed)

05/17/2017
(Date Appointed)

Department of Justice
(Department or Agency)

(Bureau or Division)

Washington, DC
(Place of Employment)

I, Robert S. Mueller, III, do solemnly swear (or affirm) that--

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.


(Signature of Appointee)

Subscribed and sworn (or affirmed) before me this 19 day of May, 2017

at Washington
(City)

District of Columbia
(State)

(SEAL)


(Signature of Officer)

Commission expires _____
(If by a Notary Public, the date of his/her Commission should be shown)

Asst. Attorney General for Admin.
(Title)

Note - If the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act. Please contact your agency's legal counsel for advice.

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested Voluntary Retirement - FERS	2. Request Number
3. For Additional Information Call (Name and Telephone Number) Blaine C. Jackson, Jr. (202) 514-7772	4. Proposed Effective Date
5. Action Requested By (Typed Name, Title, Signature, and Request Date) Blaine C. Jackson, Jr.	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) Quarles III, James L.	2. Social Security Number (b) (6), (b) (7)(C)	3. Date of Birth (b) (6), (b) (7)(C)	4. Effective Date 05/28/2019
FIRST ACTION		SECOND ACTION	
5-A. Code 302	5-B. Nature of Action Retirement Voluntary	6-A. Code	6-B. Nature of Action
5-C. Code USM	5-D. Legal Authority 5 USC Chapter 84	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 Counselor to the Special Counsel										15. TO: Position Title and Number									
8. Pay Plan GS	9. Occ. Code 0905	10. Grade or Level 15	11. Step or Rate 10	12. Total Salary \$166,500.00	13. Pay Basis PA	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	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 Special Counsel										22. Name and Location of Position's Organization									

EMPLOYEE DATA

23. Veterans Preference (b) (6), (b) (7)(C) - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%	24. Tenure 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite 3	25. Agency Use	26. Veterans Pref for RIF YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
27. FEGLI	28. Annuitant Indicator (b) (6), (b) (7)(C)	29. Pay Rate Determinant 0	30. Retirement Plan (b) (6), (b) (7)(C)
31. Service Comp. Date (Leave) 05/21/14	32. Work Schedule F	33. Part-time Hours Per Biweekly Pay Period	

POSITION DATA

34. Position Occupied 1 - Competitive Service 2 - Excepted Service 2	35. FLSA Category E - Exempt N - Nonexempt E	36. Appropriation Code	37. Bargaining Unit Status 8888
38. Duty Station Code 11-0010-001	39. Duty Station (City - County - State or Overseas Location) Washington District of Columbia DC		

40. Agency Data	41. SEX: M	42. CITZ: (b) (6), (b) (7)(C)	43. VET STAT: X	44.
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship 1 - USA 8 - Other
50. Veterans Status		51. Supervisory Status		

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A. HR Services		07/23/2019	D.		
B.			E.		
C.			F.		
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.			Signature		Approval Date



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 SF 52.)

☐ 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; and (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)
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PART F - Remarks for SF 50

M67 Forwarding Address: (b) (6), (b) (7)(C)

N27 Lump Sum Payment to be made for any unused annual leave.

389 (b) (6), (b) (7)(C)

~~OR~~

~~B02~~ (b) (6), (b) (7)(C)

31J Your service to the Department of Justice has been appreciated.



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) QUARLES III, JAMES L				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 05/28/19			
FIRST ACTION					SECOND ACTION						
5-A. Code 302		5-B. Nature of Action RETIREMENT VOLUNTARY			6-A. Code		6-B. Nature of Action				
5-C. Code USM		5-D. Legal Authority 5 U S C CHAPTER 84			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 COUNSELOR TO THE SPECIAL COUNSEL 90043816 SCR002					15. TO: Position Title and Number						
8. Pay Plan GS		9. Occ. Code 0905		10. Grade or Level 15		11. Step or Rate 10		12. Total Salary 166,500.00		13. Pay Basis PA	
12A. Basic Pay 138,572.00		12B. Locality Adj. 27,928.00		12C. Adj. Basic Pay 166,500.00		12D. Other Pay .00		16. Pay Plan		17. Occ. Code	
12A. Basic Pay 138,572.00		12B. Locality Adj. 27,928.00		12C. Adj. Basic Pay 166,500.00		12D. Other Pay .00		20A. Basic Pay .00		20B. Locality Adj. .00	
14. Name and Location of Position's Organization SPECIAL COUNSEL					22. Name and Location of Position's Organization 7A DJ HC2800000000000000 PP 14 2019						
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 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 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF YES X NO	
27. FEGLI (b) (6), (b) (7)(C)						28. Annuitant Indicator (b) (6), (b) (7)(C)		29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 05/21/14		32. Work Schedule F FULL TIME		33. Part-Time Hours Per Biweekly Pay Period			
POSITION DATA											
34. Position Occupied 2 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888	
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: M		42. CITZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:72 INST PRG:220101			
45. Remarks YOUR SERVICE TO THE DEPARTMENT OF JUSTICE HAS BEEN APPRECIATED. (b) (6), (b) (7)(C) FORWARDING ADDRESS= (b) (6), (b) (7)(C) " " : (b) (6), (b) (7)(C) LUMP-SUM PAYMENT TO BE MADE FOR ANY UNUSED ANNUAL LEAVE.											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TERRY L. MINTZ AD JMD HR SERVICES					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 07/23/19							



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) QUARLES III, JAMES L				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 01/06/19															
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 E O 13866				6-E. Code		6-F. Legal Authority															
7. FROM: Position Title and Number						15. TO: Position Title and Number COUNSELOR TO THE SPECIAL COUNSEL 90043816 SCR002																	
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		21. Pay Basis	
								164,200.00		PA		GS		0905		15		10		166,500.00		PA	
12A. Basic Pay 136,659.00		12B. Locality Adj. 27,541.00		12C. Adj. Basic Pay 164,200.00		12D. Other Pay .00		20A. Basic Pay 138,572.00		20B. Locality Adj. 27,928.00		20C. Adj. Basic Pay 166,500.00		20D. Other Pay .00									
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 07 2019																	
EMPLOYEE DATA																							
23. Veterans Preference (b) (6), (b) (7)(C) 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 1 - Permanent 2 - Conditional 3 - Indefinite						25. Agency Use		26. Veterans Preference for RIF YES <input checked="" type="checkbox"/> NO									
27. REGID (b) (6), (b) (7)(C)						28. Annuitant Indicator (b) (6), (b) (7)(C)						29. Pay Rate Determinant 0 NOT APPLICABLE											
30. Retirement Plan (b) (6), (b) (7)(C)						31. Service Comp. Date (Leave) 05/21/14						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 - Non-exempt						36. Appropriation Code						37. Bargaining Unit Status 8888					
38. Duty Station Code 11-0010-001						39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC																	
40. Agency Data				41. SEX: M				42. CITZ: (b) (6), (b) (7)(C)				43. VET STAT: X				44. ED LV:15 YR:72 INST PRG:220101							
45. Remarks FEDERAL PAY INCREASE DUE TO E.O. 13866 SIGNED 03/28/19. SALARY INCLUDES A GENERAL INCREASE OF 1.4% ROUNDED AND A LOCALITY PAYMENT (OR OTHER GEOGRAPHIC ADJUSTMENT) APPLICABLE IN THIS AREA.																							
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC												50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TERRY L. MINTZ AD JMD HR SERVICES											
47. Agency Code DJ HC				48. Personnel Office ID 1831				49. Approval Date 03/28/19															



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) QUARLES III, JAMES L				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 07/22/18			
FIRST ACTION				SECOND ACTION							
5-A. Code 760		5-B. Nature of Action EXT OF APPT NTE 07/21/19		6-A. Code		6-B. Nature of Action					
5-C. Code ZLM		5-D. Legal Authority 28 USC 515		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 COUNSELOR TO THE SPECIAL COUNSEL 90043816 SCR002							
8. Pay Plan		9. Occ. Code		10. Grade or Level		11. Step or Rate		12. Total Salary		13. Pay Basis	
12A. Basic Pay		12B. Locality Adj. .00		12C. Adj. Basic Pay		12D. Other Pay .00		16. Pay Plan GS		17. Occ. Code 0905	
								18. Grade or Level 15		19. Step or Rate 10	
								20. Total Salary/Award 164,200.00		21. Pay Basis PA	
14. Name and Location of Position's Organization				22. Name and Location of Position's Organization SPECIAL COUNSEL							
				DJ HC2800000000000000 PP 15 2018							
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C)				24. Tenure 3 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite				25. Agency Use		26. Veterans Preference for RIF YES X NO	
27. (b) (6), (b) (7)(C)				28. Annuitant Indicator (b) (6), (b) (7)(C)				29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 05/21/14		32. Work Schedule F FULL TIME		33. Part-Time Hours Per Biweekly Pay Period			
POSITION DATA											
34. Position Occupied 2 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888	
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: M		42. CITZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:72 INST PRG:220101			
45. Remarks REASON FOR TEMPORARY APPOINTMENT: TO SUPPORT THE OFFICE OF THE SPECIAL COUNSEL.											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TERRY L. MINTZ AD JMD HR SERVICES					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 07/18/18							



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) QUARLES III, JAMES L				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 01/07/18							
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 E O 13819		6-E. Code		6-F. Legal Authority									
7. FROM: Position Title and Number				15. TO: Position Title and Number COUNSELOR TO THE SPECIAL COUNSEL 90043816 SCR002											
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	21. Pay Basis				
				161,900.00	PA	GS	0905	15	10	164,200.00	PA				
12A. Basic Pay 134,776.00		12B. Locality Adj. 27,124.00		12C. Adj. Basic Pay 161,900.00		12D. Other Pay .00		20A. Basic Pay 136,659.00		20B. Locality Adj. 27,541.00		20C. Adj. Basic Pay 164,200.00		20D. Other Pay .00	
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 01 2018									
EMPLOYEE DATA															
23. Veterans Preference (b) (6), (b) (7)(C) 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 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF YES <input checked="" type="checkbox"/> NO					
27. FEGLI (b) (6), (b) (7)(C)						28. Annuitant Indicator (b) (6), (b) (7)(C)		29. Pay Rate Determinant 0 NOT APPLICABLE							
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 05/21/14		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 - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888					
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC											
40. Agency Data		41. SEX: M		42. CITZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:72 INST PRG:220101							
45. Remarks FEDERAL PAY INCREASE DUE TO E.O. 13819 SIGNED 12/22/17. SALARY INCLUDES A GENERAL INCREASE OF 1.4% ROUNDED AND A LOCALITY PAYMENT (OR OTHER GEOGRAPHIC ADJUSTMENT) APPLICABLE IN THIS AREA.															
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: THERESA TOLL ACTING DEPUTY DIRECTOR JMD/HR									
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 12/22/17											



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) QUARLES III, JAMES L				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 07/09/17							
FIRST ACTION					SECOND ACTION										
5-A. Code 882		5-B. Nature of Action CHG IN SCD			6-A. Code		6-B. Nature of Action								
5-C. Code VZM		5-D. Legal Authority 5 USC 6303			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 COUNSELOR TO THE SPECIAL COUNSEL 90043816 SCR002										
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	21. Pay Basis			
							GS	0905	15	10	161,900.00	PA			
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	
		.00				.00		134,776.00		27,124.00		161,900.00		.00	
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 17 2017										
EMPLOYEE DATA															
23. Veterans Preference (b) (6), (b) (7)(C) 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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> X NO					
27. FEGLI (b) (6), (b) (7)(C)					28. Annuitant Indicator (b) (6), (b) (7)(C)					29. Pay Rate Determinant 0 NOT APPLICABLE					
30. Retirement Plan (b) (6), (b) (7)(C)					31. Service Comp. Date (Leave) 05/21/14		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 - Non-exempt			36. Appropriation Code			37. Bargaining Unit Status 8888				
38. Duty Station Code 11-0010-001					39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC										
40. Agency Data		41. SEX: M		42. CITZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:72 INST PRG:220101							
45. Remarks															
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC							50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: THERESA TOLL ACTING DEPUTY DIRECTOR JMD/HR								
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 07/18/17											



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) QUARLES III, JAMES L				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 05/22/17			
FIRST ACTION					SECOND ACTION						
5-A. Code 171		5-B. Nature of Action EXC APPT NTE 07/21/18			6-A. Code		6-B. Nature of Action				
5-C. Code ZLM		5-D. Legal Authority 28 CFR 600 5			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 COUNSELOR TO THE SPECIAL COUNSEL 90043816 SCR002						
8. Pay Plan		9. Occ. Code		10. Grade or Level		11. Step or Rate		12. Total Salary		13. Pay Basis	
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.	
		.00				.00		134,776.00		27,124.00	
								20C. Adj. Basic Pay		20D. Other Pay	
								161,900.00		.00	
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization SPECIAL COUNSEL						
					DJ HC2800000000000000 PP 10 2017						
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 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 YES <input checked="" type="checkbox"/> NO	
27. FEGLI (b) (6), (b) (7)(C)						28. Annuitant Indicator (b) (6), (b) (7)(C)		29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 05/22/17		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 - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888	
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: M		42. CITZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:72 INST PRG:220101			
45. Remarks APPOINTMENT IS INDEFINITE. WELCOME TO THE DEPARTMENT OF JUSTICE APPOINTMENT AFFIDAVIT EXECUTED 05/22/2017. REASON FOR TEMPORARY APPOINTMENT: PENDING RI ADJUDICATION. CREDITABLE MILITARY SERVICE: (b) (6), (b) (7)(C) PREVIOUS RETIREMENT COVERAGE: (b) (6), (b) (7)(C)											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: THERESA TOLL ACTING DEPUTY DIRECTOR JMD/HR					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 05/31/17							



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) QUARLES III, JAMES L				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 05/22/17			
FIRST ACTION					SECOND ACTION						
5-A. Code 002		5-B. Nature of Action CORRECTION			6-A. Code 171		6-B. Nature of Action EXC APPT NTE 07/21/18				
5-C. Code		5-D. Legal Authority			6-C. Code ZLM		6-D. Legal Authority 28 USC 515				
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 COUNSELOR TO THE SPECIAL COUNSEL 90043816 SCR002						
8. Pay Plan		9. Occ. Code		10. Grade or Level		11. Step or Rate		12. Total Salary		13. Pay Basis	
12A. Basic Pay		12B. Locality Adj. .00		12C. Adj. Basic Pay		12D. Other Pay .00		16. Pay Plan GS		17. Occ. Code 0905	
								18. Grade or Level 15		19. Step or Rate 10	
								20. Total Salary/Award 161,900.00		21. Pay Basis PA	
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization SPECIAL COUNSEL						
					DJ HC2800000000000000 PP 13 2017						
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 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 YES <input checked="" type="checkbox"/> NO	
27. EGLI (b) (6), (b) (7)(C)					28. Annuitant Indicator (b) (6), (b) (7)(C)			29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)					31. Service Comp. Date (Leave) 05/22/17			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 - Non-exempt			36. Appropriation Code		37. Bargaining Unit Status 8888	
38. Duty Station Code 11-0010-001					39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC						
40. Agency Data		41. SEX: M		42. CITZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:72 INST PRG:220101			
45. Remarks CORRECTS LEGAL AUTHORITY TO READ 28 USC 515. APPOINTMENT IS INDEFINITE. WELCOME TO THE DEPARTMENT OF JUSTICE APPOINTMENT AFFIDAVIT EXECUTED 05/22/2017. REASON FOR TEMPORARY APPOINTMENT: PENDING RI ADJUDICATION. CREDITABLE MILITARY SERVICE: (b) (6), (b) (7)(C) PREVIOUS RETIREMENT COVERAGE: (b) (6), (b) (7)(C)											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: THERESA TOLL ACTING DEPUTY DIRECTOR JMD/HR					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 05/31/17							



Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A
B	Enter "1" if: <ul style="list-style-type: none">• You're single and have only one job; or• You're married, have only one job, and your spouse doesn't work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)	H

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2017
1	Your first name and middle initial <i>James L</i>	Last name <i>Quarles III</i>	(b) (6), (b) (7)(C) number	
(b) (6), (b) (7)(C) (street or rural route)		(b) (6), (b) (7)(C)		
(b) (6), (b) (7)(C)		Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)			(b) (6), (b) (7)(C)
6	Additional amount, if any, you want withheld from each paycheck			
7	I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.)				Date <i>05/22/2017</i>
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 102200

Form W-4 (2017)

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial) James L. Quarles III		D TYPE OF DEPOSITOR ACCOUNT (b) (6), (b) (7)(C)	
ADDRESS (last, first, middle initial, P.O. Box, PO/FPO) (b) (6), (b) (7)(C)		E DEPOSITOR ACCOUNT NUMBER []	
(b) (6), (b) (7)(C) STATE ZIP CODE (b) (6), (b) (7)(C)		F TYPE OF PAYMENT (Check only one) (b) (6), (b) (7)(C)	
TELEPHONE NUMBER AREA CODE		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		TYPE AMOUNT	
C CLAIM OR PAYROLL ID NUMBER Prefix Suffix		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		SIGNATURE DATE	
SIGNATURE DATE		SIGNATURE DATE	

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
-------------------------------	----------------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER []		CHECK DIGIT []
		DEPOSITOR ACCOUNT TITLE		
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.				
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE	

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1: Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) Charles II		First Name (Given Name) James		Middle Initial L	Other Last Names Used (if any)
Address (Street Number and Name) (b) (6), (b) (7)(C)		Apt. Number	City or Town (b) (6), (b) (7)(C)		State (b) (6), (b) (7)(C)
Date of Birth (mm/dd/yyyy) (b) (6), (b) (7)(C)	U.S. Social Security Number (b) (6), (b) (7)(C)	Employee's E-mail Address JLQ3@usdoj.gov		Employee's Telephone Number (b) (6), (b) (7)(C)	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> A citizen of the United States	<div>QR Code - Section 1 Do Not Write In This Space</div>	
<input type="checkbox"/> A noncitizen national of the United States (See instructions)		
<input type="checkbox"/> A lawful permanent resident (Alien Registration Number/USCIS Number):		
<input type="checkbox"/> An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "N/A" in the expiration date field. (See instructions)		
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: an Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.		
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____		
Signature of Employee 		Today's Date (mm/dd/yyyy) 08/22/2017

Preparer and/or Translator Certification (check one):
☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

Employers or authorized representatives must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A, OR a combination of one document from List B and one document from List C, as listed on the Lists of Acceptable Documents.

Employee Info from Section 1	Last Name (Family Name) <u>Quarles</u>	First Name (Given Name) <u>James</u>	M.I. <u>L</u>	Citizenship/Immigration Status <u>(b) (6), (b) (7)(C)</u>
------------------------------	---	---	------------------	--

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title <u>US Passport</u>		Document Title		Document Title
Issuing Authority <u>US Dept of State</u>		Issuing Authority		Issuing Authority
Document Number <u>(b) (6), (b) (7)(C)</u>		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy) <u>(b) (6), (b) (7)(C)</u>		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>OR Code - Sections 2 & 3 Do Not Write in This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 05/22/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <u>Linda M. Roy</u>	Today's Date (mm/dd/yyyy) <u>05/22/2017</u>	Title of Employer or Authorized Representative <u>Human Resource Spec</u>	
Last Name of Employer or Authorized Representative <u>Roper</u>	First Name of Employer or Authorized Representative <u>Linda</u>	Employer's Business or Organization Name <u>US DOT</u>	
Employer's Business or Organization Address (Street Number and Name) <u>950 Pennsylvania Ave. NW</u>	City or Town <u>Washington</u>	State <u>DC</u>	ZIP Code <u>20530</u>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

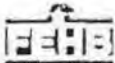
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Federal Employees
Health Benefits Program

Form Approved
OMB No. 3206-0160

Health Benefits Election Form

A. Enrollee and Family Member Information (for additional family members use a separate sheet and attach)

1. Enrollee name (last, first, middle initial) Quonaa, James L	2. Social Security Number (b) (6), (b) (7)(C)	3. Date of birth (month/day/yyyy) (b) (6), (b) (7)(C)	4. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	5. Are you married? (b) (6), (b) (7)(C)
6. Home mailing address (street, city, state, zip+4) (b) (6), (b) (7)(C)	7. If you are covered by Medicare, check all that apply: (b) (6), (b) (7)(C)		8. Medicare Claim Number (b) (6), (b) (7)(C)	
9. If you are covered by insurance other than Medicare? (b) (6), (b) (7)(C)		10. Policy Number		

☐ TRICARE ☐ Other ☐ FEHB ☐ Other ☐ Name of other insurance: _____

FEHB An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.

11. Family Member Name (last, first, middle initial) (b) (6), (b) (7)(C)	12. Preferred telephone number (if applicable, enter preferred phone number of family member) (b) (6), (b) (7)(C)
13. Social Security Number (b) (6), (b) (7)(C)	14. Date of birth (month/day/yyyy) (b) (6), (b) (7)(C)
15. Sex <input type="checkbox"/> M <input type="checkbox"/> F	16. Relationship code (b) (6), (b) (7)(C)
17. Address (if different from enrollee) (b) (6), (b) (7)(C)	18. If this family member is covered by Medicare, check all that apply: (b) (6), (b) (7)(C)
19. Medicare Claim Number (b) (6), (b) (7)(C)	
20. Is this family member covered by insurance other than Medicare? (b) (6), (b) (7)(C)	
21. Yes, indicate in item 22 below <input type="checkbox"/> No <input type="checkbox"/>	

☐ TRICARE ☐ Other ☐ FEHB ☐ Other ☐ Name of other insurance: _____

FEHB An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.

23. Family Member Name (last, first, middle initial) (b) (6), (b) (7)(C)	24. Preferred telephone number (if applicable, enter preferred phone number of family member) (b) (6), (b) (7)(C)
25. Social Security Number (b) (6), (b) (7)(C)	26. Date of birth (month/day/yyyy) (b) (6), (b) (7)(C)
27. Sex <input type="checkbox"/> M <input type="checkbox"/> F	28. Relationship code (b) (6), (b) (7)(C)
29. Address (if different from enrollee) (b) (6), (b) (7)(C)	30. If this family member is covered by Medicare, check all that apply: (b) (6), (b) (7)(C)
31. Medicare Claim Number (b) (6), (b) (7)(C)	
32. Is this family member covered by insurance other than Medicare? (b) (6), (b) (7)(C)	
33. Yes, indicate in item 34 below <input type="checkbox"/> No <input type="checkbox"/>	

☐ TRICARE ☐ Other ☐ FEHB ☐ Other ☐ Name of other insurance: _____

FEHB An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.

35. Email address (if applicable, enter email address of your spouse or adult child)	36. Preferred telephone number (if applicable, enter preferred phone number of your spouse or adult child)
37. Name of family member (last, first, middle initial)	38. Social Security Number
39. Date of birth (month/day/yyyy)	40. Sex <input type="checkbox"/> M <input type="checkbox"/> F
41. Relationship code	42. Address (if different from enrollee)
43. If this family member is covered by Medicare, check all that apply: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	44. Medicare Claim Number
45. Is this family member covered by insurance other than Medicare? <input type="checkbox"/> Yes, indicate in item 46 below <input type="checkbox"/> No <input type="checkbox"/>	46. Policy Number

☐ TRICARE ☐ Other ☐ FEHB ☐ Other ☐ Name of other insurance: _____

FEHB An FEHB self and family enrollment covers all eligible family members. No person may be covered under more than one FEHB enrollment. See instructions for item 10 on page 1.

(Continued on the reverse)



Enrollee name

James L. Quader II

Date of birth

(b) (6), (b) (7)(C)

Part B - FEHB Plan You Are Currently Enrolled In (if applicable)

1 Enrollee name

(b) (6), (b) (7)(C)

2 Enrollment code

Part C - FEHB Plan You Are Enrolling In or Changing To

(b) (6), (b) (7)(C)

2 Enrollment code
(b) (6), (b) (7)(C)

Part D - Event That Permits You To Enroll, Change, or Cancel (see page 2)

1 Event code

(b) (6), (b) (7)(C)

2 Date of event

May 22, 2017

Part E - Election NOT to Enroll (Employees Only)

I do NOT want to enroll in the FEHB Program

My signature in Part H certifies that I have read and understand the information on page 3 regarding this election.

Part F - Cancellation of FEHB

☐ I CANCEL my enrollment

My signature in Part H certifies that I have read and understand the information on page 3 regarding cancellation of enrollment.

Part G - Suspension of FEHB (Annuitants/Former Spouses Only)

☐ I SUSPEND my enrollment

My signature in Part H certifies that I have read and understand the information on page 3 regarding suspension of enrollment.

Part H - Signature

WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)

1 Your signature (do not print)

2 Date (mm/dd/yyyy)

06/20/2017

Part I - To be completed by agency or retirement system

REMARKS

1 Date received (mm/dd/yyyy)

06/21/2017

2 Effective date of action (mm/dd/yyyy)

06/25/2017

3 Personnel telephone number

(202) 517-7772

4 Name and address of agency or retirement system

Department of Justice

145 N St NE

Washington, DC 20530

5 Authorizing official (please print)

Blaine C. Jackson, Jr.

6 Signature of authorized agency official

Blaine C. Jackson, Jr.

7 Payroll office number

1240 0001

8 Payroll office contact (please print)

Tamara Murphy

9 Payroll telephone number

(202) 616-9008



Declaration for Federal Employment*

Form Approved:
OMB No. 3208-0182

(*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.", "Sr.", etc. enter this under Suffix. First, Middle, Last, Suffix)

James L. Quarles III

2. **SOCIAL SECURITY NUMBER**

(b) (6), (b) (7)(C)

3a. **PLACE OF BIRTH** (Include city and state or country)

(b) (6), (b) (7)(C)

3b. **ARE YOU A U.S. CITIZEN?**

(b) (6), (b) (7)(C)

4. **DATE OF BIRTH** (MM/DD/YYYY)

(b) (6), (b) (7)(C)

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc.)

6. **PHONE NUMBERS** (Include area codes)

Day (b) (6), (b) (7)(C)

Night (b) (6), (b) (7)(C)

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959?

(b) (6), (b) (7)(C)

7b. Have you registered with the Selective Service System?

7c. If "NO," describe your reason(s) in Item 16.

Military Service

8. Have you ever served in the United States military?

☐ YES (If "YES", provide information below) ☐ NO

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge
Army Reserve	11/68 (est)	11/74 (est)	(b) (6), (b) (7)(C)

Background Information

For all questions, provide all additional requested information under Item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use Item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

(b) (6), (b) (7)(C)

10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") If "YES," use Item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.

11. Are you currently under charges for any violation of law? If "YES," use Item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use Item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use Item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.

U.S. Office of Personnel Management

5 U.S.C. 1302, 3301, 3304, 3328 & 8716

Optional Form 305
Revised October 2011
Previous editions obsolete and unusable



Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved:
OMB No. 3200-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?

(b) (6), (b) (7)(C)

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate, specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____

(Sign in ink)

Date

5/21/2017

Appointing Officer:

Enter Date of Appointment or Conversion
MM / DD / YYYY

05 / 23 / 17

17b. Appointee's Signature: _____

(Sign in ink)

Date

18. Appointee (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job?

MM / DD / YYYY

DATE: 6/15/72

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

(b) (6), (b) (7)(C)

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.

(b) (6), (b) (7)(C)

U.S. Office of Personnel Management

5 U.S.C. 1302, 3301, 3304, 3328 & 3715

Optional Form 308
Revised October 2011
Previous editions obsolete and unavailable



This is an 'official' document generated from the eOPF system.

APPOINTMENT AFFIDAVITS

Counselor to the Special Counsel
(Position to which Appointed)

05/22/2017
(Date Appointed)

Department of Justice
(Department or Agency)

(Bureau or Division)

Washington, DC
(Place of Employment)

I, James L. Quarles, III, do solemnly swear (or affirm) that--

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

(Signature of Appointee)

Subscribed and sworn (or affirmed) before me this 22nd day of May, 2017

at Washington
(City)

DC
(State)

(SEAL)

(Signature of Officer)

Commission expires _____
(If by a Notary Public, the date of his/her Commission should be shown)

AAG (A)
(Title)

Note - If the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act. Please contact your agency's legal counsel for advice.



STATEMENT OF PRIOR FEDERAL SERVICE

To be Completed by Employee

1. Name (Last, First, Middle Initial)

Quander, James L

2. Social Security Number
(b) (6), (b) (7)(C)

3. Date of Birth (Month, Day, Year)

(b) (6), (b) (7)(C)

4. Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?

☒ Yes — If "Yes", check this block and skip to Item 8. ☐ No — If "No", check this block and complete Items 5 - 9.

5. List below your prior civilian service. Include service with the DC Government on appointments made before October 1, 1987.

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT AND WORK SCHEDULE (Full-Time, Part-Time, or Intermittent)
	Year	Month	Day	Year	Month	Day	
James Watergate Special Prosecution Force	1973	May	Unk	1975	July	15	Full-time

6. During periods of employment shown in Item 5, did you have a total of more than 6 months' absence without pay during any one calendar year?

☐ Yes — If "Yes", list the following information.

☐ No — If "No", go to Item 7.

TYPE OF ABSENCE, IF KNOWN (LWOP, Furlough, Suspension, AWOL, or Placement in Nonpay Status)	FROM			TO			TOTAL		
	Year	Month	Day	Year	Month	Day	YEARS	MONTHS	DAYS

7. List all uniformed service below. List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration.

BRANCH OF SERVICE	FROM			TO			DISCHARGE (Honorable or Dishonorable)
	Year	Month	Day	Year	Month	Day	
USAF							

8. Do you claim any type of veterans' preference which has not been verified?

☐ No ☐ Yes — Check one of the statements, if it applies to you. I claim preference as the:

☐ Spouse of a disabled veteran ☐ Mother of a deceased or disabled veteran ☐ Unmarried widow/widower of a veteran

9. CERTIFICATION: The prior Federal civilian and uniformed service listed on my application/resume and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.

Signature

Date 05/22/2017



I, James L. Quade^{III}, understand that each Department of Justice attorney must maintain an "active" membership in the bar of at least one State, territory or the District of Columbia. I hereby certify that I am an "active" member of the bar in District of Columbia and that my bar membership number (if any) is 359079. I further understand that failure on my part to maintain an "active" bar membership at any time during my employment as an attorney at the Department may result in my pay being withheld and subject me to possible disciplinary action.

In addition, for purposes of my background investigation, I hereby certify that, in addition to being an "active" member of the bar in the jurisdiction identified above, I am a member of the bar of each State or territory listed below:

State	Date of Admission (Provide month, day and year)	Membership Status (For each State listed, you must check one)	
		Active	Inactive
Massachusetts	6/11/74	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Howard	4/16/93	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Virginia	@ 1990	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Have you illegally used any drug or controlled substance (including any prescription drug not prescribed to you) since becoming a member of the Bar of any State, territory, or the District of Columbia?

(b) (6), (b) (7)(C)

Signature

Date

FORM DOJ-54
JUNE 2016



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) RHEE, JEANNIE S				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 05/25/19			
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			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 COUNSEL 90043815 SCR003					15. TO: Position Title and Number						
8. Pay Plan GS		9. Occ. Code 0905		10. Grade or Level 15		11. Step or Rate 10		12. Total Salary 166,500.00		13. Pay Basis PA	
12A. Basic Pay 138,572.00		12B. Locality Adj. 27,928.00		12C. Adj. Basic Pay 166,500.00		12D. Other Pay .00		20A. Basic Pay		20B. Locality Adj. .00	
20C. Adj. Basic Pay		20D. Other Pay .00		20A. Basic Pay		20B. Locality Adj. .00		20C. Adj. Basic Pay		20D. Other Pay .00	
14. Name and Location of Position's Organization SPECIAL COUNSEL					22. Name and Location of Position's Organization 1B DJ HC2800000000000000 PP 11 2019						
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 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 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF YES X NO		
27. REGULARITY (b) (6), (b) (7)(C)					28. Annuitant Indicator (b) (6), (b) (7)(C)			29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)					31. Service Comp. Date (Leave) 11/17/06		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 - Non-exempt		36. Appropriation Code			37. Bargaining Unit Status 8888		
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: F		42. CITIZENSHIP: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:97 INST PRG:220101			
45. Remarks YOUR SERVICE TO THE DEPARTMENT OF JUSTICE HAS BEEN APPRECIATED. FORWARDING ADDRESS- (b) (6), (b) (7)(C) " " : LUMP-SUM PAYMENT TO BE MADE FOR ANY UNUSED ANNUAL LEAVE. REASON FOR RESIGNATION: THE SPECIAL COUNSEL'S OFFICE INVESTIGATION IS COMPLETE.											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TERRY L. MINTZ AD JMD HR SERVICES					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 05/30/19							



REQUEST FOR PERSONNEL ACTION

ENTERED

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested

Resignation

2. Request Number

3. For Additional Information Call (Name and Telephone Number)

Adele Norton 202-305-7500

4. Proposed Effective Date

5. Action Requested By (Typed Name, Title, Signature, and Request Date)

6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date)

(b) (6), (b) (7)(C) Acting Executive Officer
Special Counsel's Office.

5/28/19

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle)

Rhee, Jeannie, S.

2. Social Security Number

(b) (6), (b) (7)(C)

3. Date of Birth

(b) (6), (b) (7)(C)

4. Effective Date

5/25/2019

FIRST ACTION

5-A. Code 5-B. Nature of Action

317 Resignation

SECOND ACTION

6-A. Code 6-B. Nature of Action

6-C. Code 6-D. Legal Authority

RPM 715.202

6-C. Code 6-D. Legal Authority

6-E. Code 6-F. Legal Authority

6-E. Code 6-F. Legal Authority

7. FROM: Position Title and Number

Counsel

15. TO: Position Title and Number

8. Pay Plan 9. Occ. Code 10. Grade or Level 11. Step or Rate 12. Total Salary 13. Pay Basis

GS 0905 15 10 \$166,500.00

16. Pay Plan 17. Occ. Code 18. Grade or Level 19. Step or Rate 20. Total Salary/Award 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

U.S. Department of Justice

Special Counsel's Office

22. Name and Location of Position's Organization

HC280000000000000000

EMPLOYEE DATA

23. Veterans Preference

(b) (6), (b) (7)(C) 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

Y840

26. Veterans Pref for Hire

YES ☒ NO

27. FEGLI

(b) (6), (b) (7)(C)

28. Annuitant Indicator

(b) (6), (b) (7)(C)

29. Pay Rate Determinant

0

30. Retirement Plan

(b) (6), (b) (7)(C)

31. Service Comp. Date (Leave)

11/17/2006

32. Work Schedule

F

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

35. FLSA Category

E E - Exempt
N - Nonexempt

36. Appropriation Code

37. Bargaining Unit Status

8888

38. Duty Station Code

110010001

39. Duty Station (City - County - State or Overseas Location)

Washington, DC

40. Agency Data

41.

42.

43.

44.

45. Educational Level

15

46. Year Degree Attained

1997

47. Academic Discipline

220101

48. Functional Class

49. Citizenship

i - USA B - Other

50. Veterans Status

x not vet

51. Supervisory Status

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function

Initials/Signature

Date

Office/Function

Initials/Signature

Date

A. CHD HK

Adele Norton

5/29/19

D.

B.

E.

C.

F.

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

Signature

Approval Date



PART D - Remarks by Requesting Office

(Note to Supervisors: Do you know of additional or conflicting reasons for this employee's resignation/retirement?
If "YES", please state those facts on a separate sheet and attach to SF 52.)

☐ 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

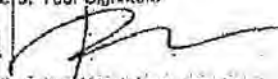
and agencies to issue regulations with regard to employment of individuals in the Federal service and their records, while section 8506 requires agencies to furnish the specific reason for termination of Federal service to the Secretary of Labor or a State agency in connection with administration of 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; and (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

5/25/19



4. Date Signed

4/12/19

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

(b) (6), (b) (7)(C)

PART F - Remarks for SF 50

M67 - Forwarding Address:

(b) (6), (b) (7)(C)

R19 - Reason for Resignation: The Special Counsel's Office investigation is complete.

W27 - Lump Sum payment

315 your service at the DOT...



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) RHEE, JEANNIE S				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 01/06/19			
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 E O 13866		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number				15. TO: Position Title and Number COUNSEL 90043815 SCR003							
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	21. Pay Basis
				164,200.00	PA	GS	0905	15	10	166,500.00	PA
12A. Basic Pay 136,659.00		12B. Locality Adj. 27,541.00		12C. Adj. Basic Pay 164,200.00		12D. Other Pay .00		20A. Basic Pay 138,572.00		20B. Locality Adj. 27,928.00	
								20C. Adj. Basic Pay 166,500.00		20D. Other Pay .00	
14. Name and Location of Position's Organization				22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 07 2019							
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 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 YES X NO			
27. FEGLI (b) (6), (b) (7)(C)				28. Annuitant Indicator (b) (6), (b) (7)(C)				29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 11/17/06		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 - Non-exempt		36. Appropriation Code		37. Bargaining Unit Status 8888			
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: F		42. CITZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:97 INST PRG:220101			
45. Remarks FEDERAL PAY INCREASE DUE TO E.O. 13866 SIGNED 03/28/19. SALARY INCLUDES A GENERAL INCREASE OF 1.4% ROUNDED AND A LOCALITY PAYMENT (OR OTHER GEOGRAPHIC ADJUSTMENT) APPLICABLE IN THIS AREA.											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TERRY L. MINTZ AD JMD HR SERVICES					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 03/28/19							



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) RHEE, JEANNIE S				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 07/23/18							
FIRST ACTION				SECOND ACTION											
5-A. Code 760		5-B. Nature of Action EXT OF APPT NTE 07/22/19		6-A. Code		6-B. Nature of Action									
5-C. Code ZLM		5-D. Legal Authority 28 USC 515		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 COUNSEL 90043815 SCR003											
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	21. Pay Basis				
						GS	0905	15	10	164,200.00	PA				
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	
		.00				.00		136,659.00		27,541.00		164,200.00		.00	
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 15 2018									
EMPLOYEE DATA															
23. Veterans Preference (b) (6), (b) (7)(C) 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 YES X NO					
27. EEO/AA (b) (6), (b) (7)(C)						28. Annuitant Indicator (b) (6), (b) (7)(C)				29. Pay Rate Determinant 0 NOT APPLICABLE					
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 11/17/06		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 - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888					
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC											
40. Agency Data		41. SEX: F		42. CITY (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:97 INST PRG:220101							
45. Remarks REASON FOR TEMPORARY APPOINTMENT: TO SUPPORT THE OFFICE OF THE SPECIAL COUNSEL.															
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TERRY L. MINTZ AD JMD HR SERVICES									
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 07/18/18											



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) RHEE, JEANNIE S				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 01/07/18			
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 E O 13819		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number				15. TO: Position Title and Number COUNSEL 90043815 SCR003							
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	21. Pay Basis
				161,900.00	PA	GS	0905	15	10	164,200.00	PA
12A. Basic Pay 134,776.00		12B. Locality Adj. 27,124.00		12C. Adj. Basic Pay 161,900.00		12D. Other Pay .00		20A. Basic Pay 136,659.00		20B. Locality Adj. 27,541.00	
								20C. Adj. Basic Pay 164,200.00		20D. Other Pay .00	
14. Name and Location of Position's Organization				22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 01 2018							
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%				24. Tenure 3 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite				25. Agency Use		26. Veterans Preference for RIF YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
27. EEO-1 (b) (6), (b) (7)(C)				28. Annuitant Indicator (b) (6), (b) (7)(C)				29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 11/17/06		32. Work Schedule F FULL TIME		33. Part-Time Hours Per Biweekly Pay Period			
POSITION DATA											
34. Position Occupied 2 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888	
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: F		42. CITIZENSHIP (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:97 INST PRG:220101			
45. Remarks FEDERAL PAY INCREASE DUE TO E.O. 13819 SIGNED 12/22/17. SALARY INCLUDES A GENERAL INCREASE OF 1.4% ROUNDED AND A LOCALITY PAYMENT (OR OTHER GEOGRAPHIC ADJUSTMENT) APPLICABLE IN THIS AREA.											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: THERESA TOLL ACTING DEPUTY DIRECTOR JMD/HR					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 12/22/17							



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) RHEE, JEANNIE S				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 07/09/17							
FIRST ACTION					SECOND ACTION										
5-A. Code 882		5-B. Nature of Action CHG IN SCD			6-A. Code		6-B. Nature of Action								
5-C. Code VZM		5-D. Legal Authority 5 USC 6303			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 COUNSEL 90043815 SCR003										
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	21. Pay Basis				
						GS	0905	15	10	161,900.00	PA				
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	
		.00				.00		134,776.00		27,124.00		161,900.00		.00	
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 17 2017										
EMPLOYEE DATA															
23. Veterans Preference (b) (6), (b) (7)(C) 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 YES X NO					
27. FEGLI (b) (6), (b) (7)(C)					28. Annuitant Indicator (b) (6), (b) (7)(C)					29. Pay Rate Determinant 0 NOT APPLICABLE					
30. Retirement Plan (b) (6), (b) (7)(C)					31. Service Comp. Date (Leave) 11/17/06		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 - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888					
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC											
40. Agency Data		41. SEX: F		42. CITZ (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:97 INST PRG:220101							
45. Remarks															
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: THERESA TOLL ACTING DEPUTY DIRECTOR JMD/HR									
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 07/18/17											



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) RHEE, JEANNIE S				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 05/23/17					
FIRST ACTION					SECOND ACTION								
5-A. Code 171		5-B. Nature of Action EXC APPT NTE 07/22/18			6-A. Code		6-B. Nature of Action						
5-C. Code ZLM		5-D. Legal Authority 28 CFR 600 5			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 COUNSEL 90043815 SCR003								
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 0905	18. Grade or Level 15	19. Step or Rate 10	20. Total Salary/Award 161,900.00	21. Pay Basis PA	
12A. Basic Pay		12B. Locality Adj. .00	12C. Adj. Basic Pay		12D. Other Pay .00		20A. Basic Pay 134,776.00		20B. Locality Adj. 27,124.00		20C. Adj. Basic Pay 161,900.00		20D. Other Pay .00
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 10 2017								
EMPLOYEE DATA													
23. Veterans Preference (b) (6), (b) (7)(C) 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 1 - Permanent 2 - Conditional 3 - Indefinite			25. Agency Use		26. Veterans Preference for RIF YES X NO			
27. FEGLI (b) (6), (b) (7)(C)					28. Annuity Indicator (b) (6), (b) (7)(C)			29. Pay Rate Determinant 0 NOT APPLICABLE					
30. Retirement Plan (b) (6), (b) (7)(C)					31. Service Comp. Date (Leave) 05/23/17		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 - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888			
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC									
40. Agency Data		41. SEX: F		42. CITZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:97 INST PRG:220101					
45. Remarks APPOINTMENT IS INDEFINITE. WELCOME TO THE DEPARTMENT OF JUSTICE APPOINTMENT AFFIDAVIT EXECUTED 05/23/2017. REASON FOR TEMPORARY APPOINTMENT: PENDING RT ADJUDICATION. CREDITABLE MILITARY SERVICE: (b) (6), (b) (7)(C) PREVIOUS RETIREMENT COVERAGE: (b) (6), (b) (7)(C)													
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: THERESA TOLL ACTING DEPUTY DIRECTOR JMD/HR							
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 05/31/17									



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) RHEE, JEANNIE S		2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 05/23/17					
FIRST ACTION				SECOND ACTION							
5-A. Code 002		5-B. Nature of Action CORRECTION		6-A. Code 171		6-B. Nature of Action EXC APPT NTE 07/22/18					
5-C. Code		5-D. Legal Authority		6-C. Code ZLM		6-D. Legal Authority 28 USC 515					
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 COUNSEL 90043815 SCR003							
8. Pay Plan		9. Occ. Code		10. Grade or Level		11. Step or Rate		12. Total Salary		13. Pay Basis	
12A. Basic Pay		12B. Locality Adj. .00		12C. Adj. Basic Pay		12D. Other Pay .00		16. Pay Plan GS		17. Occ. Code 0905	
								18. Grade or Level 15		19. Step or Rate 10	
								20. Total Salary/Award 161,900.00		21. Pay Basis PA	
14. Name and Location of Position's Organization				22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 13 2017							
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 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 YES <input checked="" type="checkbox"/> NO			
27. FEGLI (b) (6), (b) (7)(C)				28. Annuitant Indicator (b) (6), (b) (7)(C)				29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 05/23/17		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 - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888	
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: F		42. CITY (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:15 YR:97 INST PRG:220101			
45. Remarks CORRECTS LEGAL AUTHORITY TO READ 28 USC 515. APPOINTMENT IS INDEFINITE. WELCOME TO THE DEPARTMENT OF JUSTICE APPOINTMENT AFFIDAVIT EXECUTED 05/23/2017. REASON FOR TEMPORARY APPOINTMENT: PENDING RI ADJUDICATION. CREDITABLE MILITARY SERVICE: (b) (6), (b) (7)(C) PREVIOUS RETIREMENT COVERAGE: (b) (6), (b) (7)(C)											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: THERESA TOLL ACTING DEPUTY DIRECTOR JMD/HR					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 05/31/17							



DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial) Rhee, Jeannie S.		D TYPE OF DEPOSITOR ACCOUNT (b) (6), (b) (7)(C)			
ADDRESS (street, route, P.O. Box, APO/FPO) (b) (6), (b) (7)(C)		E DEPOSITOR ACCOUNT NUMBER []			
CITY [] [] [] [] [] [] STATE [] [] ZIP CODE [] [] [] [] [] []		F TYPE OF PAYMENT (b) (6), (b) (7)(C)			
TELEPHONE NUMBER AREA CODE (b) (6), (b) (7)(C) NUMBER (b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)			
B NAME OF PERSON(S) ENTITLED TO PAYMENT Jeannie S. Rhee					
C CLAIM OR PAYROLL ID NUMBER Prefix Suffix		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) <table border="1"><tr><td>TYPE</td><td>AMOUNT</td></tr></table>		TYPE	AMOUNT
TYPE	AMOUNT				
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.			
SIGNATURE [Signature]	DATE 5/25/17	SIGNATURE [Signature]	DATE		
SIGNATURE	DATE	SIGNATURE	DATE		

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER []		CHECK DIGIT []
		DEPOSITOR ACCOUNT TITLE		
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.				
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE	

Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.



Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for **yourself** if no one else can claim you as a dependent.
- B** Enter "1" if:
• You're single and have only one job; or
• You're married, have only one job, and your spouse doesn't work; or
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.
- C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)
- D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return.
- E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above).
- F** Enter "1" if you have at least \$2,000 of **child or dependent care expenses** for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
- G Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.
• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.
- H** Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2017
1	Your first name and middle initial Jcannie S.	Last name Rhee	2	Your social security number (b) (6), (b) (7)(C)
Home phone number (b) (6), (b) (7)(C)		3 Your marital status (b) (6), (b) (7)(C) Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code (b) (6), (b) (7)(C)		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. (b) (6), (b) (7)(C)		
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)			5
6	Additional amount, if any, you want withheld from each paycheck			6 \$
7	I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				7
Employee's signature (This form is not valid unless you sign it.)				Date 5/28/17
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9	Office code (optional)
		10	Employer identification number (EIN)	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Gal. No. 10220Q

Form **W-4** (2017)





Form W-4 (2009)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for **yourself** if no one else can claim you as a dependent.
- B** Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.
- C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)
- D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return
- E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above)
- F** Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit
(**Note.** Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
- G Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children.
- H** Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.)
- For accuracy, complete all worksheets that apply.
 • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2009
Type or print your first name and middle initial. Jeannie S.		Last name Rhee		2 Your social security number (b) (6), (b) (7)(C)
Home address (number and street or rural route) (b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)		
City or town, state, and ZIP code (b) (6), (b) (7)(C)		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. (b) (6), (b) (7)(C)		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				
6 Additional amount, if any, you want withheld from each paycheck				
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ▶				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1 Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) Rhee	First Name (Given Name) Jeannie	Middle Initial S	Other Last Names Used (if any)	
Address (Street Number and Name) (b) (6), (b) (7)(C)		Apt. Number	City or Town (b) (6), (b) (7)(C)	State (b) (6), (b) (7)(C) ZIP Code (b) (6), (b) (7)(C)
Date of Birth (mm/dd/yyyy) (b) (6), (b) (7)(C)	U.S. Social Security Number (b) (6), (b) (7)(C)	Employee's E-mail Address jsr@usdoj.gov		Employee's Tel. (b) (6), (b) (7)(C)

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input checked="" type="checkbox"/> (b) (6), (b) (7)(C)	<input type="checkbox"/> citizen of the United States
<input type="checkbox"/>	<input type="checkbox"/> noncitizen national of the United States (See instructions)
<input type="checkbox"/>	<input type="checkbox"/> lawful permanent resident (Alien Registration Number/USCIS Number):
<input type="checkbox"/>	<input type="checkbox"/> alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):
Some aliens may write "N/A" in the expiration date field. (See instructions)	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: _____	
OR	
2. Form I-94 Admission Number: _____	
OR	
3. Foreign Passport Number: _____	
Country of Issuance: _____	
QR Code - Section 1 Do Not Write in This Space	

Signature of Employee 	Today's Date (mm/dd/yyyy) 05/25/2017
---------------------------	--

Preparer and/or Translator Certification (check one):

☒ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page.





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2: Employer or Authorized Representative Review and Verification

Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A, OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents."

Employee Info from Section 1	Last Name (Family Name) Rhee	First Name (Given Name) Jeannie	M.I. S	Citizenship/Immigration Status (b) (6), (b) (7)(C)
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title us Passport		Document Title		Document Title
Issuing Authority U.S. Dept of State		Issuing Authority		Issuing Authority
Document Number (b) (6), (b) (7)(C)		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy) (b) (6), (b) (7)(C)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 05/25/17 (See instructions for exemptions)

Signature of Employer or Authorized Representative Linda M. Roper	Today's Date(mm/dd/yyyy) 05/25/17	Title of Employer or Authorized Representative Human Resource Spec	
Last Name of Employer or Authorized Representative Roper	First Name of Employer or Authorized Representative Linda	Employer's Business or Organization Name US OAS	
Employer's Business or Organization Address (Street Number and Name) 950 Pennsylvania Ave. NW		City or Town Washington	State DC
		ZIP Code 20538	

Section 3: Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---



ACTION
CODE

AGENCY

EFFECTIVE
DATE

SECTION I

Complete Section I with your current or new residence mailing address. This address is used to mail out employee Pay and TSP statements, W-2 forms and other personal documents.

NOTE: This form does not change the U.S. Savings Bond address.

1. NAME (Last, First, Middle)

Rhee Jeannie S.

2. SOCIAL SECURITY NO.

(b) (6), (b) (7)(C)

3. STREET ADDRESS OR P.O. BOX

(b) (6), (b) (7)(C)

4. APT NO.

5. CITY NAME

(b) (6), (b) (7)(C)

6. STATE or COUNTRY

(b) (6), (b) (7)(C)

7. ZIP CODE

(b) (6), (b) (7)(C)

AGENCY USE

CITY CODE

COUNTY CODE

STATE OR COUNTRY CODE

SECTION II

FOR EMPLOYEES WITH DIRECT DEPOSIT COMPLETE BLOCKS 13 AND 14 ONLY.

Employees who wish to receive their checks in the mail complete blocks 8 through 14 with your current or new check mailing address.

8. STREET ADDRESS or P.O. BOX

9. APT NO.

10. CITY NAME

11. STATE or COUNTRY NAME

12. ZIP CODE

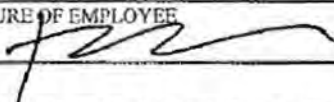
AGENCY USE

CITY CODE

COUNTY CODE

STATE OR COUNTRY CODE

13. SIGNATURE OF EMPLOYEE



14. DATE SIGNED

5/25/17



REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested Resignation	2. Request Number
3. For Additional Information Call (Name and Telephone Number) Adele Norton 202-305-7500	4. Proposed Effective Date

5. Action Requested By (Typed Name, Title, Signature, and Request Date) <i>Beth McGarry</i> 7/10/2018	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) Beth McGarry Executive Officer, Special Counsel's Office
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PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) Richardson, Brian, M.	2. Social Security Number (b) (6), (b) (7)(C)	3. Date of Birth (b) (6), (b) (7)(C)	4. Effective Date 7/13/2018
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FIRST ACTION

5-A. Code 317	5-B. Nature of Action Resignation	5-C. Code RPM	5-D. Legal Authority 715.202	5-E. Code	5-F. Legal Authority
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SECOND ACTION

6-A. Code	6-B. Nature of Action	6-C. Code	6-D. Legal Authority	6-E. Code	6-F. Legal Authority
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7. FROM: Position Title and Number Assistant Special Counsel	15. TO: Position Title and Number
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8. Pay Plan GS	9. Occ. Code 0905	10. Grade or Level 13	11. Step or Rate 4	12. Total Salary \$106,668.00	13. Pay Basis	18. Pay Plan	17. Occ. Code	19. Grade or Level	19. Step or Rate	20. Total Salary/Award	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 U.S. Department of Justice Special Counsel's Office HC280000000000000000	22. Name and Location of Position's Organization
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EMPLOYEE DATA

23. Veterans Preference (b) (6), (b) (7)(C) 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 - None 1 - Permanent 2 - Conditional 3 - Indefinite 3	25. Agency Use Y840	26. Veterans Pref for RIF YES <input checked="" type="checkbox"/> NO
27. FEGLI (b) (6), (b) (7)(C)	28. Annuity Indicator (b) (6), (b) (7)(C)	29. Pay Rate Determinant 0	33. Part-Time Hours Per Biweekly Pay Period
30. Retirement Plan (b) (6), (b) (7)(C)	31. Service Comp. Date (Leave) 7/29/2014	32. Work Schedule F	

POSITION DATA

34. Position Occupied 2 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career	35. FLSA Category E - Exempt N - Nonexempt E	36. Appropriation Code	37. Bargaining Unit Status 8888
38. Duty Station Code 110010001	39. Duty Station (City - County - State or Overseas Location) Washington, DC		

40. Agency Data	41.	42.	43.	44.		
46. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship (b) (6), (b) (7) 1 - USA 8 - Other x not vet	50. Veterans Status not vet	51. Supervisory Status

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A. JMD/IR	<i>James M. Baker</i>	7/16/2018	D.		
B.			E.		
C.			F.		

2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.	Signature	Approval Date
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CONTINUED ON REVERSE SIDE
52-118

OVER

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



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 SF 52.)

☐ 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; and (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.)

(b) (6), (b) (7)(C)

2. Effective Date	3. Your Signature	4. Date Signed	5. Forwarding Address (Number, Street, City, State, ZIP Code)
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7/3/18		7/12/18	See below
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PART F - Remarks for SF 50

M67 - Forwarding Address: (b) (6), (b) (7)(C)
R19 - Reason for Resignation:
B46 - (b) (6), (b) (7)(C)
W27 - Lump Sum Payment:



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) RICHARDSON, BRIAN M				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 07/13/18			
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		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 ASST. SPECIAL COUNSEL 90044188 SCR007				15. TO: Position Title and Number							
8. Pay Plan GS		9. Occ. Code 0905		10. Grade or Level 13		11. Step or Rate 04		12. Total Salary 106,668.00		13. Pay Basis PA	
12A. Basic Pay 83,191.00		12B. Locality Adj. 23,477.00		12C. Adj. Basic Pay 106,668.00		12D. Other Pay .00		20A. Basic Pay .00		20B. Locality Adj. .00	
14. Name and Location of Position's Organization SPECIAL COUNSEL				22. Name and Location of Position's Organization 1B DJ HC2800000000000000 PP 14 2018							
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 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 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF YES X NO			
27. RECIPIENT (b) (6), (b) (7)(C)				28. Annuitant Indicator (b) (6), (b) (7)(C)				29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 07/29/14		32. Work Schedule F FULL TIME		33. Part-Time Hours Per Biweekly Pay Period			
POSITION DATA											
34. Position Occupied 2 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Non-exempt		36. Appropriation Code		37. Bargaining Unit Status 8888			
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: M		42. CITZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:17 YR:11 INST PRG:220101			
45. Remarks YOUR SERVICE TO THE DEPARTMENT OF JUSTICE HAS BEEN APPRECIATED (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) FORWARDING ADDRESS = (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) LUMP-SUM PAYMENT TO BE MADE FOR ANY UNUSED ANNUAL LEAVE. REASON FOR RESIGNATION: (b) (6), (b) (7)(C)											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TERRY L. MINTZ AD JMD HR SERVICES					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 07/16/18							



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) RICHARDSON, BRIAN M				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 07/08/18			
FIRST ACTION				SECOND ACTION							
5-A. Code 893		5-B. Nature of Action REG WRI		6-A. Code		6-B. Nature of Action					
5-C. Code Q7M		5-D. Legal Authority REG 531.404		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 ASST. SPECIAL COUNSEL 90044188 SCR007							
8. Pay Plan		9. Occ. Code		10. Grade or Level		11. Step or Rate		12. Total Salary		13. Pay Basis	
						03		103,435.00		PA	
12A. Basic Pay 80,670.00		12B. Locality Adj. 22,765.00		12C. Adj. Basic Pay 103,435.00		12D. Other Pay .00		16. Pay Plan GS		17. Occ. Code 0905	
								18. Grade or Level 13		19. Step or Rate 04	
								20. Total Salary/Award 106,668.00		21. Pay Basis PA	
20A. Basic Pay 83,191.00		20B. Locality Adj. 23,477.00		20C. Adj. Basic Pay 106,668.00		20D. Other Pay .00					
14. Name and Location of Position's Organization				22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 14 2018							
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 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 YES X NO			
27. FEGLI (b) (6), (b) (7)(C)				28. Annuity Indicator (b) (6), (b) (7)(C)				29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 07/29/14		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 - Non-exempt		36. Appropriation Code		37. Bargaining Unit Status 8888			
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: M		42. CITZ (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:17 YR:11 INST PRG:220101			
45. (b) (6), (b) (7)(C)											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TERRY L. MINTZ AD JMD HR SERVICES					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 07/07/18							



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) RICHARDSON, BRIAN M				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 01/07/18			
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 E O 13819		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number				15. TO: Position Title and Number ASST. SPECIAL COUNSEL 90044188 SCR007							
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	21. Pay Basis
				101,116.00	PA	GS	0905	13	03	103,435.00	PA
12A. Basic Pay 79,556.00		12B. Locality Adj. 21,560.00		12C. Adj. Basic Pay 101,116.00		12D. Other Pay .00		20A. Basic Pay 80,670.00		20B. Locality Adj. 22,765.00	
								20C. Adj. Basic Pay 103,435.00		20D. Other Pay .00	
14. Name and Location of Position's Organization				22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 01 2018							
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%				24. Tenure 3 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite				25. Agency Use		26. Veterans Preference for RIF YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
27. FEGLI (b) (6), (b) (7)(C)				28. Annuitant Indicator (b) (6), (b) (7)(C)				29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 07/29/14		32. Work Schedule F FULL TIME		33. Part-Time Hours Per Biweekly Pay Period			
POSITION DATA											
34. Position Occupied 2 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888	
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: M		42. CITZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:17 YR:11 INST PRG:220101			
45. Remarks FEDERAL PAY INCREASE DUE TO E.O. 13819 SIGNED 12/22/17. SALARY INCLUDES A GENERAL INCREASE OF 1.4% ROUNDED AND A LOCALITY PAYMENT (OR OTHER GEOGRAPHIC ADJUSTMENT) APPLICABLE IN THIS AREA.											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: THERESA TOLL ACTING DEPUTY DIRECTOR JMD/HR					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 12/22/17							



REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested Excepted Appointment NTE 14 Months	2. Request Number SC-027-17
3. For Additional Information Call (Name and Telephone Number) Linda Fitzgerald Williams 514-0532	4. Proposed Effective Date ASAP

5. Action Requested By (Typed Name, Title, Signature, and Request Date) Robert S. Mueller, III Special Counsel	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) Beth McGarry Executive Officer, SCO BETH MCGARRY Digitally signed by BETH MCGARRY Date: 2017.06.26 18:53:16 -04'00'
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PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) Richardson, Brian M.	2. Social Security Number (b) (6), (b) (7)(C)	3. Date of Birth (b) (6), (b) (7)(C)	4. Effective Date 7/5/2017
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FIRST ACTION		SECOND ACTION	
5-A. Code 171	5-B. Nature of Action Excepted Appointment NTE 9/4/2018	6-A. Code	6-B. Nature of Action
5-C. Code ZLM	5-D. Legal Authority 28 USC 515	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 Law Clerk	15. TO: Position Title and Number Assistant Special Counsel
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8. Pay Plan UC	9. Occ. Code 0904	10. Grade or Level 00	11. Step or Rate 00	12. Total Salary 79,720	13. Pay Basis pa	16. Pay AD	17. Occ. Code 905	18. Grade or Level 26	19. Step or Rate 0	20. Total Salary/Award 101,116	21. Pay Basis pa
12A. Basic Pay 79,720	12B. Locality Adj. 0	12C. Adj. Basic Pay 79,720	12D. Other Pay 0	20A. Basic Pay 79,556	20B. Locality Adj. 21,560	20C. Adj. Basic Pay 101,116	20D. Other Pay				

14. Name and Location of Position's Organization U.S. Supreme Court Hon. Stephen G. Breyer 3005 0000356	22. Name and Location of Position's Organization U.S. Department of Justice The Special Counsel's Office FBI SSBI Cleared 1/9/17 NAC Completed 11/29/16 EP Cleared 6/27/17 Drug test Cleared 6/29/17
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EMPLOYEE DATA		24. Tenure	25. Agency Use	26. Veterans Pref for RIF
23. Veterans Preference (b) (6), (b) (7)(C)	1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%	0 - None 1 - Permanent 2 - Conditional 3 - Indefinite		YES <input checked="" type="checkbox"/> NO

27. FEGLI (b) (6), (b) (7)(C)	28. Annuity Indicator (b) (6), (b) (7)(C)	29. Pay Rate Determinant 0
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30. Retirement Plan (b) (6), (b) (7)(C)	31. Service Comp. Date (Leave) 7/29/14	32. Work Schedule F	33. Part-time Hours Per Biweekly Pay Period
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POSITION DATA		35. FLA Category	36. Appropriation Code	37. Bargaining Unit Status
34. Position Occupied 2	1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career	E - Exempt N - Nonexempt		8888

38. Duty Station Code 11-0010-001	39. Duty Station (City - County - State or Overseas Location) Washington, DC
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40. Agency Data	41.	42.	43.	44. Yale Law School		
45. Educational Level 17	46. Year Degree Attained 2011	47. Academic Discipline	48. Functional Class	49. Citizenship (b) (6), (b) (7)(C)	50. Veterans Status 1 - USA 8 - Other	51. Supervisory Status 8

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function A. JMD/HR	Initials/Signature MONICA DOYLE	Date Digitally signed by MONICA DOYLE Date: 2017.06.30 12:49:04 -04'00'	Office/Function D.	Initials/Signature Jamila Frone	Date 6/30/17
B.			E.	Jamila Frone, Director	
C.			F.	Office of Attorney Recruitment and Management	
2. Approval: I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.			Signat		Approval Date



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 SF 52.)

☐ 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; and (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

M01 Appointment affidavit executed on 7/5/2017.
M40 Previous Retirement coverage: (b) (6), (b) (7)(C)
M39 Creditable military service: (b) (6), (b) (7)(C)
M06 Reason for temp. appointment: appt is indefinite
J14 Welcome to DOJ

RECEIVED BY
OARM
JUN 30 2017



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) RICHARDSON, BRIAN M				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 07/05/17			
FIRST ACTION				SECOND ACTION							
5-A. Code 002		5-B. Nature of Action CORRECTION		6-A. Code 171		6-B. Nature of Action EXC APPT NTE 09/04/18					
5-C. Code		5-D. Legal Authority		6-C. Code ZLM		6-D. Legal Authority 28 USC 515					
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 ASST. SPECIAL COUNSEL 90044188 SCR007							
8. Pay Plan		9. Occ. Code		10. Grade or Level		11. Step or Rate		12. Total Salary		13. Pay Basis	
12A. Basic Pay		12B. Locality Adj. .00		12C. Adj. Basic Pay		12D. Other Pay .00		16. Pay Plan GS		17. Occ. Code 0905	
								18. Grade or Level 13		19. Step or Rate 03	
								20. Total Salary/Award 101,116.00		21. Pay Basis PA	
20A. Basic Pay 79,556.00		20B. Locality Adj. 21,560.00		20C. Adj. Basic Pay 101,116.00		20D. Other Pay .00					
14. Name and Location of Position's Organization				22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 16 2017							
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> X NO	
27. EEO-1 (b) (6), (b) (7)(C)				28. Annuitant Indicator (b) (6), (b) (7)(C)				29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 07/29/14		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 - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888	
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: M		42. CITZ (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:17 YR:11 INST PRG:220101			
45. Remarks WELCOME TO THE DEPARTMENT OF JUSTICE APPOINTMENT AFFIDAVIT EXECUTED 07/05/2017 REASON FOR TEMPORARY APPOINTMENT: APPOINTMENT IS INDEFINITE CREDITABLE MILITARY SERVICE: (b) (6), (b) (7)(C) PREVIOUS RETIREMENT COVERAGE: (b) (6), (b) (7)(C)											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: THERESA TOLL ACTING DEPUTY DIRECTOR JMD/HR					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 07/11/17							



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) RICHARDSON, BRIAN M				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 07/05/17						
FIRST ACTION					SECOND ACTION									
5-A. Code 171		5-B. Nature of Action EXC APPT NTE 09/04/18			6-A. Code		6-B. Nature of Action							
5-C. Code ZLM		5-D. Legal Authority 28 USC 515			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 ASST. SPECIAL COUNSEL 90044188 SCR007									
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	21. Pay Basis		
							GS	0905	13	03	101,116.00	PA		
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	
		.00			.00		79,556.00		21,560.00		101,116.00		.00	
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 13 2017									
EMPLOYEE DATA														
23. Veterans Preference (b) (6), (b) (7)(C) 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 YES <input checked="" type="checkbox"/> NO					
27. FEGLI (b) (6), (b) (7)(C)					28. Annuitant Indicator (b) (6), (b) (7)(C)		29. Pay Rate Determinant 0 NOT APPLICABLE							
30. Retirement Plan (b) (6), (b) (7)(C)					31. Service Comp. Date (Leave) 07/29/14		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 - Non-exempt		36. Appropriation Code			37. Bargaining Unit Status 8888				
38. Duty Station Code 11-0010-001					39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC									
40. Agency Data		41. SEX: M		42. CITZ (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:17 YR:11 INST PRG:220101						
45. Remarks WELCOME TO THE DEPARTMENT OF JUSTICE APPOINTMENT AFFIDAVIT EXECUTED 07/05/2017 REASON FOR TEMPORARY APPOINTMENT: APPOINTMENT IS INDEFINITE CREDITABLE MILITARY SERVICE: (b) (6), (b) (7)(C) PREVIOUS RETIREMENT COVERAGE: (b) (6), (b) (7)(C)														
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: THERESA TOLL ACTING DEPUTY DIRECTOR JMD/HR								
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 07/11/17										



Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic Instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for **yourself** if no one else can claim you as a dependent. **A**
- B** Enter "1" if: **B**
- You're single and have only one job; or
 - You're married, have only one job, and your spouse doesn't work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.
- C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C**
- D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return. **D**
- E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above). **E**
- F** Enter "1" if you have at least \$2,000 of **child or dependent care expenses** for which you plan to claim a credit. **F**
- (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
- G** **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. **G**
- If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.
 - If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.
- H** Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) **H**
- For accuracy, complete all worksheets that apply.
- If you plan to **itemize** or claim **adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 - If you are **single** and have more than one job or are **married** and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 - If **neither** of the above situations applies, **stop** here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 2017
1 Your first name and middle initial BRIAN M		Last name RICHARDSON		2 Your social security number (b) (6), (b) (7)(C)
Home address (house, apartment, or other place you live) (b) (6), (b) (7)(C)		3 (b) (6), (b) (7)(C) Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code (b) (6), (b) (7)(C)		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 (b) (6), (b) (7)(C)		
6 Additional amount, if any, you want withheld from each paycheck		6		
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.)		Date 7/5/17		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details. 1 \$
- 2 Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$
- 4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) 5 \$
- 6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) 6 \$
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$
- 8 Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 (b) (6), (b) (7)(C)
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet. 3
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill. (b) (6), (b) (7)(C)
- 4 Enter the number from line 2 of this worksheet 4
 - 5 Enter the number from line 1 of this worksheet 5
 - 6 Subtract line 5 from line 4 6
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7
 - 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8
 - 9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$7,000	0	\$0 - \$8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(b)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



SECTION I

Complete Section I with your current or new residence mailing address. This address is used to mail out employee Pay and TSP statements, W-2 forms and other personal documents.

NOTE: This form does not change the U.S. Savings Bond address.

1. NAME (Last, First, Middle) RICHARDSON, BRIAN MICHAEL		2. SOCIAL SECURITY NO. (b) (6), (b) (7)(C)	
3. STREET ADDRESS (b) (6), (b) (7)(C)		4. (b) (6), (b) (7)(C)	
5. CITY NAME (b) (6), (b) (7)(C)		6. STATE or COUNTRY NAME (b) (6), (b) (7)(C)	
7. ZIP CODE (b) (6), (b) (7)(C)		8. (b) (6), (b) (7)(C)	
AGENCY USE	CITY CODE	COUNTY CODE	STATE OR COUNTRY CODE

SECTION II

FOR EMPLOYEES WITH DIRECT DEPOSIT COMPLETE BLOCKS 13 AND 14 ONLY.
Employees who wish to receive their checks in the mail complete blocks 8 through 14 with your current or new check mailing address.

8. STREET ADDRESS or P.O. BOX		9. APT NO.	
10. CITY NAME		11. STATE or COUNTRY NAME	
12. ZIP CODE		13. (b) (6), (b) (7)(C)	
AGENCY USE	CITY CODE	COUNTY CODE	STATE OR COUNTRY CODE
13. SIGNATURE OF EMPLOYEE		14. DATE SIGNED	



APPOINTMENT AFFIDAVITS

Assistant Special Counsel, AD-0905-26

(Position to which Appointed)

07/05/2017

(Date Appointed)

Department of Justice

(Department or Agency)

Office of Special Counsel

(Bureau or Division)

Washington, DC

(Place of Employment)

I, Brian M. Richardson, do solemnly swear (or affirm) that--

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.



(Signature of Appointee)

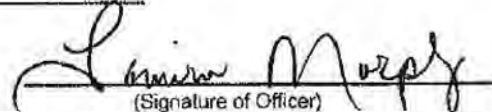
Subscribed and sworn (or affirmed) before me this 5th day of July, 2017

at Washington, D.C.

(City)

(State)

(SEAL)



(Signature of Officer)

Commission expires _____

(If by a Notary Public, the date of his/her Commission should be shown)

HR Specialist

(Title)

Note - If the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act. Please contact your agency's legal counsel for advice.



REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office (Also complete Part B, Items 1, 7-22, 32, 33, 36, and 39.)

1. Actions Requested Resignation	2. Request Number
3. For Additional Information Call (Name and Telephone Number) Adele Norton 202-305-7500	4. Proposed Effective Date
5. Action Requested By (Typed Name, Title, Signature, and Request Date)	6. Action Authorized by (Typed Name, Title, Signature, and Concurrence Date) (b) (6), (b) (7)(C) Acting Executive Officer Special Counsel's Office 5/30/19

PART B - For Preparation of SF 50 (Use only codes in FPM Supplement 292-1. Show all dates in month-day-year order.)

1. Name (Last, First, Middle) Zebley, Aaron, M.	2. Social Security Number (b) (6), (b) (7)(C)	3. Date of Birth (b) (6), (b) (7)(C)	4. Effective Date 5/30/19
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 715.202	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 Deputy Special Counsel					15. TO: Position Title and Number						
9. Pay Plan GS	9. Occ. Code 0905	10. Grade or Level 15	11. Step or Rate 10	12. Total Salary \$166,500.00	13. Pay Basis	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	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 U.S. Department of Justice Special Counsel's Office HC280000000000000000					22. Name and Location of Position's Organization						

EMPLOYEE DATA				24. Tenure		25. Agency Use		26. Veterans Pref for RIF	
23. Veterans Preference (b) (6), (b) (7)(C) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%				3 - 1 - Permanent 2 - Conditional 3 - Indefinite		V765		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
27. FEGLI (b) (6), (b) (7)(C)				28. Annuitant Indicator (b) (6), (b) (7)(C)		29. Pay Rate Determinant 0		30. Part-time Hours Per Biweekly Pay Period	
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 02/25/2001		32. Work Schedule P		33. Bargaining Unit Status 8888	
POSITION DATA				34. Position Occupied 2 1 - Competitive Service 3 - SES General 4 - SES Career		35. FLSA Category E E - Exempt N - Nonexempt		36. Appropriation Code	
38. Duty Station Code 110010001				39. Duty Station (City - County - State or Overseas Location) Washington, DC					

40. Agency Data	41.	42.	43.	44.		
45. Educational Level	46. Year Degree Attained	47. Academic Discipline	48. Functional Class	49. Citizenship (b) (6), (b) (7)(C) 1 - USA 5 - Other	50. Veterans Status <input checked="" type="checkbox"/> not vet	51. Supervisory Status

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Official/Function	Initials/Signature	Date	Official/Function	Initials/Signature	Date
A. HR	AW	6/2/19	D.		
B.			E.		
C.			F.		

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

rec'd 4/12/19 K.A.



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 SF 52.)

☐ 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; and (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 5/30/19	3. Your Signature <i>Charles B. Baker</i>	4. Date Signed 4/19/19	5. Forwarding Address (Number, Street, City, State, ZIP Code) (b) (6), (b) (7)(C)
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PART F - Remarks for SF 50

M67 - Forwarding Address: (b) (6), (b) (7)(C)
R19 - Reason for Resignation: The Special Counsel's Office investigation is complete.
W27 - Lump Sum payment



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) ZEBLEY, AARON M				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 05/30/19			
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		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 SPECIAL COUNSEL 90043814 SCR001				15. TO: Position Title and Number							
8. Pay Plan GS	9. Occ. Code 0905	10. Grade or Level 15	11. Step or Rate 10	12. Total Salary 166,500.00	13. Pay Basis PA	16. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary/Award	21. Pay Basis
12A. Basic Pay 138,572.00		12B. Locality Adj. 27,928.00		12C. Adj. Basic Pay 166,500.00		12D. Other Pay .00		20A. Basic Pay .00		20D. Other Pay .00	
14. Name and Location of Position's Organization SPECIAL COUNSEL				22. Name and Location of Position's Organization 7A DJ HC2800000000000000 PP 13 2019							
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%				24. Tenure 3 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
27. FEGLI (b) (6), (b) (7)(C)				28. Annuitant Indicator (b) (6), (b) (7)(C)				29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 02/25/01		32. Work Schedule F FULL TIME		33. Part-Time Hours Per Biweekly Pay Period			
POSITION DATA											
34. Position Occupied 2 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888	
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: M		42. CITIZENSHIP: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:17 YR:96 INST PRG:220101			
45. Remarks FORWARDING ADDRESS= (b) (6), (b) (7)(C) LUMP-SUM PAYMENT TO BE MADE FOR ANY UNUSED ANNUAL LEAVE. REASON FOR RESIGNATION: THE SPECIAL COUNSEL'S OFFICE INVESTIGATION IS COMPLETE.											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TERRY L. MINTZ AD JMD HR SERVICES					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 07/12/19							



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) ZEBLEY, AARON M				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 01/06/19			
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 E O 13866		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number				15. TO: Position Title and Number DEPUTY SPECIAL COUNSEL 90043814 SCR001							
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	21. Pay Basis
				164,200.00	PA	GS	0905	15	10	166,500.00	PA
12A. Basic Pay 136,659.00		12B. Locality Adj. 27,541.00		12C. Adj. Basic Pay 164,200.00		12D. Other Pay .00		20A. Basic Pay 138,572.00		20B. Locality Adj. 27,928.00	
								20C. Adj. Basic Pay 166,500.00		20D. Other Pay .00	
14. Name and Location of Position's Organization				22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 07 2019							
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 5 - 10-Point/Other 6 - 10-Point/Compensable/30%				24. Tenure 3 0 - None 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
27. REGID (b) (6), (b) (7)(C)				28. Annuitant Indicator (b) (6), (b) (7)(C)				29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 02/25/01		32. Work Schedule F FULL TIME		33. Part-Time Hours Per Biweekly Pay Period			
POSITION DATA											
34. Position Occupied 2 1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved				35. FLSA Category E E - Exempt N - Non-exempt		36. Appropriation Code		37. Bargaining Unit Status 8888			
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: M		42. CITY (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:17 YR:96 INST PRG:220101			
45. Remarks FEDERAL PAY INCREASE DUE TO E.O. 13866 SIGNED 03/28/19. SALARY INCLUDES A GENERAL INCREASE OF 1.4% ROUNDED AND A LOCALITY PAYMENT (OR OTHER GEOGRAPHIC ADJUSTMENT) APPLICABLE IN THIS AREA.											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TERRY L. MINTZ AD JMD HR SERVICES					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 03/28/19							



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) ZEBLEY, AARON M				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 07/22/18							
FIRST ACTION				SECOND ACTION											
5-A. Code 760		5-B. Nature of Action EXT OF APPT NTE 07/21/19		6-A. Code		6-B. Nature of Action									
5-C. Code ZLM		5-D. Legal Authority 28 USC 515		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 SPECIAL COUNSEL 90043814 SCR001											
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	21. Pay Basis				
						GS	0905	15	10	164,200.00	PA				
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	
		.00				.00		136,659.00		27,541.00		164,200.00		.00	
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 15 2018									
EMPLOYEE DATA															
23. Veterans Preference (b) (6), (b) (7)(C) 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 YES X NO					
27. EEO-1 (b) (6), (b) (7)(C)						28. Annuitant Indicator (b) (6), (b) (7)(C)				29. Pay Rate Determinant 0 NOT APPLICABLE					
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 02/25/01		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 - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888					
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC											
40. Agency Data		41. SEX: M		42. CITZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:17 YR:96 INST PRG:220101							
45. Remarks REASON FOR TEMPORARY APPOINTMENT: TO SUPPORT THE OFFICE OF THE SPECIAL COUNSEL.															
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: TERRY L. MINTZ AD JMD HR SERVICES									
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 07/18/18											



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) ZEBLEY, AARON M				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 01/07/18			
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 E O 13819		6-E. Code		6-F. Legal Authority					
7. FROM: Position Title and Number				15. TO: Position Title and Number DEPUTY SPECIAL COUNSEL 90043814 SCR001							
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	21. Pay Basis
				161,900.00	PA	GS	0905	15	10	164,200.00	PA
12A. Basic Pay 134,776.00		12B. Locality Adj. 27,124.00		12C. Adj. Basic Pay 161,900.00		12D. Other Pay .00		20A. Basic Pay 136,659.00		20B. Locality Adj. 27,541.00	
								20C. Adj. Basic Pay 164,200.00		20D. Other Pay .00	
14. Name and Location of Position's Organization						22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 01 2018					
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 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 YES X NO	
27. EEO-1 (b) (6), (b) (7)(C)						28. Annuitant Indicator (b) (6), (b) (7)(C)		29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 02/25/01		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 - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888	
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: M		42. CITZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:17 YR:96 INST PRG:220101			
45. Remarks FEDERAL PAY INCREASE DUE TO E.O. 13819 SIGNED 12/22/17. SALARY INCLUDES A GENERAL INCREASE OF 1.4% ROUNDED AND A LOCALITY PAYMENT (OR OTHER GEOGRAPHIC ADJUSTMENT) APPLICABLE IN THIS AREA.											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: THERESA TOLL ACTING DEPUTY DIRECTOR JMD/HR					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 12/22/17							



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) ZEBLEY, AARON M				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 08/06/17			
FIRST ACTION					SECOND ACTION						
5-A. Code 882		5-B. Nature of Action CHG IN SCD			6-A. Code		6-B. Nature of Action				
5-C. Code VZM		5-D. Legal Authority 5 USC 6303			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 SPECIAL COUNSEL 90043814 SCR001						
8. Pay Plan		9. Occ. Code		10. Grade or Level		11. Step or Rate		12. Total Salary		13. Pay Basis	
12A. Basic Pay		12B. Locality Adj. .00		12C. Adj. Basic Pay		12D. Other Pay .00		16. Pay Plan GS		17. Occ. Code 0905	
18. Grade or Level 15		19. Step or Rate 10		20. Total Salary/Award 161,900.00		21. Pay Basis PA		20A. Basic Pay 134,776.00		20B. Locality Adj. 27,124.00	
20C. Adj. Basic Pay 161,900.00		20D. Other Pay .00		22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 16 2017							
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 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 YES X NO	
27. FEGLI (b) (6), (b) (7)(C)				28. Annuitant Indicator (b) (6), (b) (7)(C)				29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 02/25/01		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 - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888	
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: M		42. CITZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:17 YR:96 INST PRG:220101			
45. Remarks											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: THERESA TOLL ACTING DEPUTY DIRECTOR JMD/HR					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 08/22/17							



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) ZEBLEY, AARON M				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 05/22/17			
FIRST ACTION					SECOND ACTION						
5-A. Code 171		5-B. Nature of Action EXC APPT NTE 07/21/18			6-A. Code		6-B. Nature of Action				
5-C. Code ZLM		5-D. Legal Authority 28 CFR 600 5			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 SPECIAL COUNSEL 90043814 SCR001						
8. Pay Plan		9. Occ. Code		10. Grade or Level		11. Step or Rate		12. Total Salary		13. Pay Basis	
12A. Basic Pay		12B. Locality Adj.		12C. Adj. Basic Pay		12D. Other Pay		20A. Basic Pay		20B. Locality Adj.	
		.00				.00		134,776.00		27,124.00	
								20C. Adj. Basic Pay		20D. Other Pay	
								161,900.00		.00	
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization SPECIAL COUNSEL DJ HC2800000000000000 PP 10 2017						
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 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 1 - Permanent 2 - Conditional 3 - Indefinite		25. Agency Use		26. Veterans Preference for RIF YES X NO	
27. Exempt Indicator (b) (6), (b) (7)(C)						28. Appointment Indicator (b) (6), (b) (7)(C)		29. Pay Rate Determinant 0 NOT APPLICABLE			
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 05/22/17		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 - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888	
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: M		42. CITZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV: 17 YR: 96 INST PRG: 220101			
45. Remarks APPOINTMENT IS INDEFINITE. WELCOME TO THE DEPARTMENT OF JUSTICE APPOINTMENT AFFIDAVIT EXECUTED 05/22/2017. REASON FOR TEMPORARY APPOINTMENT: PENDING RI ADJUDICATION. CREDITABLE MILITARY SERVICE: (b) (6), (b) (7)(C) PREVIOUS RETIREMENT COVERAGE: (b) (6), (b) (7)(C)											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: THERESA TOLL ACTING DEPUTY DIRECTOR JMD/HR					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 05/31/17							



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) ZEBLEY, AARON M				2. Social Security Number (b) (6), (b) (7)(C)		3. Date of Birth (b) (6), (b) (7)(C)		4. Effective Date 05/22/17			
FIRST ACTION					SECOND ACTION						
5-A. Code 002		5-B. Nature of Action CORRECTION			6-A. Code 171		6-B. Nature of Action EXC APPT NTE 07/21/18				
5-C. Code		5-D. Legal Authority			6-C. Code ZLM		6-D. Legal Authority 28 USC 515				
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 SPECIAL COUNSEL 90043814 SCR001						
8. Pay Plan		9. Occ. Code		10. Grade or Level		11. Step or Rate		12. Total Salary		13. Pay Basis	
12A. Basic Pay		12B. Locality Adj. .00		12C. Adj. Basic Pay		12D. Other Pay .00		16. Pay Plan GS		17. Occ. Code 0905	
								18. Grade or Level 15		19. Step or Rate 10	
								20. Total Salary/Award 161,900.00		21. Pay Basis PA	
14. Name and Location of Position's Organization					22. Name and Location of Position's Organization SPECIAL COUNSEL						
					DJ HC2800000000000000 PP 13 2017						
EMPLOYEE DATA											
23. Veterans Preference (b) (6), (b) (7)(C) 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 YES <input checked="" type="checkbox"/> NO	
27. FEGLI (b) (6), (b) (7)(C)						28. Annuitant Indicator (b) (6), (b) (7)(C)				29. Pay Rate Determinant 0 NOT APPLICABLE	
30. Retirement Plan (b) (6), (b) (7)(C)				31. Service Comp. Date (Leave) 05/22/17		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 - Non-exempt		36. Appropriation Code				37. Bargaining Unit Status 8888	
38. Duty Station Code 11-0010-001				39. Duty Station (City - County - State or Overseas Location) WASHINGTON DIST OF COLUMBIA DC							
40. Agency Data		41. SEX: M		42. CITZ: (b) (6), (b) (7)(C)		43. VET STAT: X		44. ED LV:17 YR:96 INST PRG:220101			
45. Remarks CORRECTS LEGAL AUTHORITY TO READ 28 USC 515. APPOINTMENT IS INDEFINITE. WELCOME TO THE DEPARTMENT OF JUSTICE APPOINTMENT AFFIDAVIT EXECUTED 05/22/2017. REASON FOR TEMPORARY APPOINTMENT: PENDING RI ADJUDICATION. CREDITABLE MILITARY SERVICE: (b) (6), (b) (7)(C) PREVIOUS RETIREMENT COVERAGE: (b) (6), (b) (7)(C)											
46. Employing Department or Agency U.S. DEPARTMENT OF JUSTICE/HC						50. Signature/Authentication and Title of Approving Official ELECTRONICALLY SIGNED BY: THERESA TOLL ACTING DEPUTY DIRECTOR JMD/HR					
47. Agency Code DJ HC		48. Personnel Office ID 1831		49. Approval Date 05/31/17							



DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial) Zebley, Aaron, M		D TYPE OF DEPOSITOR ACCOUNT (b) (6), (b) (7)(C)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT Aaron M. Zebley		E DEPOSITOR ACCOUNT NUMBER (b) (6), (b) (7)(C)	
C CLAIM OR PAYROLL ID NUMBER Prefix Suffix		F TYPE OF PAYMENT (Check one) (b) (6), (b) (7)(C)	
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable) TYPE AMOUNT	
JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.			
SIGNATURE Aaron M. Zebley	DATE 5.25.2017	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
-------------------------------	----------------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION (b) (6), (b) (7)(C)		ROUTING NUMBER (b) (6), (b) (7)(C)	
		CHECK (b) (6), (b) (7)(C)	
DEPOSITOR ACCOUNT TITLE			
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.			
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-058-0224

GOVERNMENT AGENCY COPY

1199-207

Designed using Perform Pro, WHS/DIOR, Mar 97



Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w-4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent.	A
B	Enter "1" if: <ul style="list-style-type: none">• You're single and have only one job; or• You're married, have only one job, and your spouse doesn't work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.	D
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit. (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)	H

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2017		
1	Your first name and middle initial Aaron M.	Last name Zebley	2	(b) (6), (b) (7)(C)
3		(b) (6), (b) (7)(C)		
4		Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
5		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	(b) (6), (b) (7)(C)	
6	Additional amount, if any, you want withheld from each paycheck	6		
7	I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. ▶ 7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature this form is not valid unless you sign it.) ▶ Aaron Zebley Date ▶ 5/22/2017				
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9	Office code (optional)
10			Employer identification number (EIN)	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 102200

Form W-4 (2017)

