



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4712
http://www.usuhs.mil



OFFICE OF THE
PRESIDENT
(301) 295-3013

August 20, 2013

Dear Dr. (b)(6)

Congratulations! As the President of the Uniformed Services University of the Health Sciences (USUHS), I am pleased to confirm our offer and your acceptance of the position of Dean (non-tenured) of the School of Medicine (SOM) and as a Professor (with tenure) in the Department of Military and Emergency Medicine (MEM), SOM. The position of Dean, SOM, is an administrative position and is non-tenured. Your appointment as Dean is for a term of five years and may be renewed by the President, USUHS. Please note that all administrative positions of this type serve at the pleasure of the President, USUHS. Following the coordination of your appointment with our Civilian Human Resources office (CHR), the effective date of your appointment will be established.

Your salary for performing as Dean, SOM, will be (b)(6) per annum. Your basic salary for your appointment as a tenured Professor in the MEM, SOM, will be (b)(6) per annum. This will be your basic salary for solely performing the duties of a tenured Professor. This salary will not be paid in addition to the above salary for serving as Dean. Should you stop performing as the Dean, SOM, your basic salary as a tenured Professor will be set at no less than (b)(6) per annum, plus any adjustments as determined by the President, USUHS, but will not to exceed the current SOM Faculty Salary Schedule (Group MD) maximum base pay level for the Professor pay band. Other compensation and benefits (i.e., bonuses, allowances, etc) will be consistent with established USUHS policies on pay and benefits for University Administratively-Determined (AD) employees.

I look forward to working with you and hope that you find your new position rewarding. Please formally acknowledge this offer of appointment as stipulated above by indicating your acceptance or declination and by signing below. Return this letter with your decision to USUHS, CHR Room A1022, 4301 Jones Bridge Road, Bethesda, Maryland 20814 or fax it to Ms. (b)(6) (b)(6) Chief, Employment Division, CHR, at (b)(6). If you have questions or require assistance, you can reach Ms. (b)(6) at (b)(6) or me at (b)(6).

Sincerely,

Charles L. Rice, MD
President

(b)(6)

appointment. Date: 8/20/13

Employee's Signature

12 SEP 2012 DD60DDAFTD 465755
REQUEST FOR PERSONNEL ACTION

12 DEN 002

PART A - Request Office (Also complete Part B, Items 1, 2, 27, 32, 33, 36, and 39.)

1. Action Requested: **Recruit (vice Laughlin)**

2. Action Requested: **3 August 2012**

3. For Additional Information Call (Name and Telephone Number): **Charles L. Rice, MD, President**

4. Proposed Effective Date: **12/1/13**

5. Action Requested By (Typed Name, Title, Signature, and Request Date): **Charles L. Rice, MD, President**

6. Action Authorized by (Typed Name, Title, Signature, and Concurrent Date): **Charles L. Rice, MD, President**

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): **(b)(6)**

2. Social Security Number: **(b)(6)**

3. Date of Birth: **(b)(6)**

4. Effective Date: **9/10/13**

FIRST ACTION		SECOND ACTION	
5-A. Code: 1.71	5-B. Nature of Action: Excused appt. NTE 9-11-18	6-A. Code:	6-B. Nature of Action:
5-C. Code: x2m	5-D. Legal Authority:	6-C. Code:	6-D. Nature of Action:
5-E. Code:	5-F. Legal Authority:	6-E. Code:	6-F. Nature of Action:

7. FROM: Position Title and Number

15. TO: Position Title and Number
**Dean and Professor
6933A - 1253551**

8. Pay Plan	9. Occ. Plan	10. Grade or Level	11. Step or Rate	12. Total Salary	13. Pay Basis	14. Pay Plan	17. Occ. Code	18. Grade or Level	19. Step or Rate	20. Total Salary	21. Pay Basis
						AD	0602	00	00	(b)(6)	
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			(b)(6)	

14. Name and Location of Position's Organization

22. Name and Location of Position's Organization
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES, F. EDWARD HEBERT SCHOOL OF MEDICINE

1B / DEN

EMPLOYEE DATA

23. Veterans Preference: **(b)(6)**

24. Tenure: **3**

25. Agency Use: **(b)(6)**

26. Veterans Pref for RIF: **(b)(6)**

27. FEGLI: **(b)(6)**

28. Annuitant Indicator: **9**

29. Pay Rate Determinant: **0**

30. Retirement Plan: **(b)(6)**

31. Service Comp. Duty (leave): **(b)(6)**

32. Work Schedule: **F** Full-Time

33. Part-Time Hours Per Week: **(b)(6)**

POSITION DATA

34. Position Occupied: **2**

35. FLSA Category: **E**

36. Appropriation Code: **201500 HL 9762 AB 86721D**

37. Bargaining Unit Status: **(b)(6)**

38. Duty Station Code: **BETHESDA, MONTGOMERY / MARYLAND**

40. Agency	41.	42.	43.	44.	45. Educational Level	46.	47. Academic Discipline	48. Functional Class	49. Citizenship	50. Veterans Status	51. Supervisory Status
15101	DDAFTD	1B	1B	PE	15	(b)(6)	93	(b)(6)	1-USA 8-Other	(b)(6)	8888

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

1. Office/Function	Initials/Signature	Date	Office/Function	Initials/Signature	Date
A. CHR	(b)(6)	8/9/12	D.		
B. 15101	(b)(6)	8/21/12	E.		
C. CHR	(b)(6)	8/21/12	F.		

2. Approval: I certify that the information entire proposed action is in compliance with statutory.

Signature: **Charles L. Rice**

Approval Date: **8-20-13**

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.

and agencies to have regulations with regard to employment of individuals in the Federal service and their records, while section 552 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.

This information is requested under authority of sections 301, 3301, and 8506 of title 5, U.S. Code. Sections 301 and 3301 authorize OPM

The furnishing of the information is voluntary; however, failure to provide it may result in your not receiving: (1) your copies of these 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

M 01
 3:013
 30.5
 2,1:2
 343
 M.39
 M.40
 222

OCT 1 2013

(b)(6)

NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) (b)(6)	2. Social Security Number	3. Date of Birth	4. Effective Date 09-10-2013
---	---------------------------	------------------	---------------------------------

FIRST ACTION		SECOND ACTION	
5-A. Code 171	5-B. Nature of Action Excepted Appointment NTE 11-SEP-2013	6-A. Code	6-B. Nature of Action
5-C. Code XZM	5-D. Legal Authority Sch A, 213.31 06(E)(1)	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 Dean, School of Medicine 6933A - 1253551
------------------------------------	--

8. Pay Plan	9. Oct. Code	10. Grade/Level	11. Step/Rate	12. Total Salary	13. Pay Basis	16. Pay Plan AD	17. Oct. Code 0602	18. Grade/Level 00	19. Step/Rate 00	20. Total Salary/Award	21. Pay Basis PA
17A. Base Pay	17B. Locality Adj.	17C. Adj. Base Pay	17D. Other Pay	19A. Basic Pay (b)(6)	19B. Locality Adj. 50	19C. Adj. Basic Pay	19D. Other Pay 50				

14. Name and Location of Position's Organization	22. Name and Location of Position's Organization USUHS, HERBERT SCHOOL OF MEDICINE OFFICE OF THE DEAN
--	---

EMPLOYEE DATA				24. Tenure		25. Agency Use		26. Veterans Preference or RIF			
23. Veterans Preference (b)(6)		1-None 2-5-Year		3-10-Year/Other 4-10-Year/Compensation		3-None 4-Permanent		1-Indefinite 2-Indefinite		(b)(6)	
27. FICRA (b)(6) Basic only				29. Applicant Indicator g Not Applicable		30. Pay Rate Determinant 0		31. Service Comp. Date (Leave) (b)(6)			
28. Retirement Plan (b)(6) Other				32. Work Schedule F Full-Time		33. Part-Time Hours Per Biweekly Pay Period					

POSITION DATA				35. FLSA Category		36. Appropriation Code		37. Bargaining Unit Status			
34. Position Occupied 2		1-Complete Service 2-Excepted Service		3-SES Career 4-SES Career Reserved		E Excepted N-Nominatee		D1		8888	
38. Duty Station Code 240130031				39. Duty Station (City - County - State or Overseas Location) BETHESDA / MONTGOMERY / MARYLAND							
40. Agency Data		41. UIC: DDAAFD		42. ORG: 1B		43. CC: 1B		44. PAY OFF: PE/IMD:			

45. Remarks

Appointment affidavit executed 10-SEP-2013.

Appointment is nontenure and nontenure track under USUHS Faculty Tenure System.

Appointment is subject to annual review for funding purposes.

Health benefits pending.

TIA/CREF and disability covered.

Annual and sick leave will be accrued in accordance with the compensation plan for faculty of USUHS as approved by the Secretary of Defense.

Eligible for faculty group disability insurance effective 01-OCT-2013.

Creditable Military Service: (b)(6)

Previous retirement coverage: (b)(6)

The assignment as Dean is an administrative assignment and is without tenure. Appointment to this administrative /

46. Employing Department or Agency TRICARE Management Activity (DD40)			50. Signature/Authentication and Title of Approving Official (b)(6) By Direction of the USUHS President.		
47. Agency Code DD40	48. Personnel Office ID 2416	49. Approval Date 09-10-2013			

