

RELEASE IN PART
B6

39.

Non-Supervisor



U.S. Department of State
CIVIL SERVICE PERFORMANCE PLAN AND APPRAISAL
General Schedule and Prevailing Rate Employees

TYPE OF REPORT	
<i>(Check One)</i>	
<input checked="" type="checkbox"/> Annual Rating of Record <input type="checkbox"/> Other (Specify reason) _____	
GENERAL PERSONNEL INFORMATION	
Employee Name (Last, First, MI)	Social Security Number
Johnson Brock A	
Title, Grade, and Series	Bureau/Organizational Symbol
Special Assistant, GS-7	S/GC
Name of Rating Official	Title of Rating Official
Anthony Ricci	Deputy to the Special Envoy for Guantanamo Closure
Name of Reviewing Official	Title of Reviewing Official
Daniel Fried	Special Envoy for Guantanamo Closure
Performance Appraisal Period	
From (mm-dd-yyyy) 05-09-2009 To (mm-dd-yyyy) 12-31-2009	
ALIGNMENT TO THE STRATEGIC GOALS	
List the strategic goals that relate to the employee's duties.	
<p>In that vein, Brock's duties also relate to the following Department strategic goals:</p> <ol style="list-style-type: none"> 1. Achieving Peace and Security 2. Promoting International Understanding 3. Governing Justly and Democratically 4. Providing Humanitarian Assistance 	
JOB DESCRIPTION	
<p>Briefly describe where the position fits in the organizational structure.</p> <p>Brock's position as Special Assistant to the Special Envoy for Guantanamo Closure places him as one of three staff members who work under the direction and supervision of the Deputy to the Special Envoy to provide timely, informed, and relevant guidance to the Special Envoy on matters pertinent to his mandate. In this position, Brock responds to direct taskings from both the Special Envoy and his deputy while pursuing substantive information and action independently to appropriately inform the decisions of the Special Envoy. Brock works in close consultation with his fellow staff in the implementation of these duties. Additionally, on behalf of the Special Envoy, Brock's responsibilities require his daily interaction with other offices inside the Department, with U.S. embassies, the U.S. interagency including the National Security Staff, Congressional offices and committees, members of the media, foreign government officials, non-governmental organizations, and attorneys representing clients currently at the Guantanamo Bay detention facility.</p>	
GENERIC PERFORMANCE STANDARDS	
<p>The Generic Performance Standards are the primary basis for assigning element ratings. They define levels of performance in terms of quality, quantity, and extent of supervision required. The following are general definitions:</p> <p>Exceeds Expectations: This is a level of unusually good performance. The quality and quantity of the work under this element are consistently above average.</p> <p>Fully Successful: This is a level of good, sound performance. The quality and quantity of the work under this element are those of a fully competent employee. The performance represents a level of accomplishment expected of a great majority of employees.</p> <p>Not Successful: The quality and quantity of the employee's work under this element are not adequate. The employee's work products fall short of requirements.</p>	

B6

B6

Non-Supervisor

APPRAISAL FOR:	
Employee Name (Last, First, MI.) Johnson Brock A	Social Security Number <input type="text"/>
Performance Appraisal Period From (mm-dd-yyyy) 05-09-2009 To (mm-dd-yyyy) 12-31-2009	
CRITICAL PERFORMANCE ELEMENT 1- EMPLOYEE WORK COMMITMENTS AND STANDARDS	
<p>The incumbent and his/her supervisor should describe a limited number of critical actions, objectives, and/or results that the incumbent will be expected to accomplish during the evaluation year. Work commitments are derived from and directly contribute to program priorities and objectives established by the Department/Bureau/Office strategic goals, and are written at the "Fully Successful" level. Performance of work commitments should include a measurement of results and be expressed in terms of quantity, quality, manner of performance, timeliness, and/or cost effectiveness. Work commitments may be modified during the evaluation period if circumstances warrant, provided there are at least 120 days before the end of the evaluation period. (It is recommended that THREE to FIVE Employee Work Commitments be established.) Any work commitment rated NOT SUCCESSFUL will result in a summary level rating of NOT SUCCESSFUL.</p>	
<p>Work Commitment 1a:</p> <p>To actively support the work of the Special Envoy for Guantanamo Closure in formulating, initiating, and following through on diplomatic engagements in furtherance of President Obama's order to close the Guantanamo Bay detention facility; including, but not limited to the following requirements: gathering information in a sufficient and timely manner related to diplomatic engagements; preparing informed, well-written, and comprehensive memorandum and other documents associated with those engagements; and fulfilling on deadline, actions arising from those engagements.</p>	
<p>Work Commitment 1b:</p> <p>To advise the work of the Special Envoy for Guantanamo Closure on matters relating to his mandate; including, but not limited to the following commitments: conveying timely and relevant information to the Special Envoy or to others at his direction; providing independent input and information as requested and when appropriate; and arranging for the direct input and consultation of other U.S. and foreign government officials when needed.</p>	
<p>CERTIFICATION- Supervisor and Employee certify that work commitments have been established.</p>	
<p><input type="text"/></p> <p>Signature of Employee</p>	<p>4/9/10 Date (mm-dd-yyyy)</p> <p><input type="text"/></p> <p>Signature of Rating Official</p>
<p><input type="text"/></p> <p>Date (mm-dd-yyyy)</p>	<p>4/19/10 Date (mm-dd-yyyy)</p>

B6

B6

B6

B6

Non-Supervisor

APPRAISAL FOR:	
Employee Name (Last, First, MI.) Johnson Brock A	Social Security Number [Redacted]
Performance Appraisal Period From (mm-dd-yyyy) 05-09-2009 To (mm-dd-yyyy) 12-31-2009	
CRITICAL PERFORMANCE ELEMENT 1- (Continued)	
<p>Work Commitment 1c:</p> <p>To fully inform and assist the work of the U.S. interagency of behalf of the Special Envoy for Guantanamo Closure in furtherance of the closure of the Guantanamo Bay detention facility; including, but not limited to the following: conveying timely and sufficient information regarding diplomatic engagements to other U.S. officials; preparing memorandum or other documentation for U.S. principals such as the Secretary of State, the U.S. Attorney General, and the Secretary of Homeland Security in their diplomatic engagements on this issue; and responding to requests in a timely and sufficient manner from other U.S. officials, including the Department of Justice in its handling of legal proceedings associated with detention in Guantanamo.</p>	
<p>Work Commitment 1d:</p> <p>To advise the work of the Special Envoy for Guantanamo Closure on matters relating to his mandate; including, but not limited to the following commitments: preparing and coordinating responses to Congressional inquiries and informational transmittals to Congress consistent with statutory requirements; preparing the Special Envoy for briefings to Congressional committees, sub-committees, members, and staff; monitoring and analyzing public discourse on issues pertinent to the Guantanamo closure effort; and preparing the Special Envoy for media events or interviews pertaining to the closure of the Guantanamo Bay detention facility.</p>	
<p>Work Commitment 1e:</p>	
<input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Fully Successful <input type="checkbox"/> Not Successful	
CERTIFICATION- Supervisor and Employee certify that work commitments have been established.	
[Redacted Signature] Signature of Employee	4/19/10 Date (mm-dd-yyyy)
[Redacted Signature] Signature of Rating Official	4/19/10 Date (mm-dd-yyyy)

B6

B6

B6

B6

Non-Supervisor

APPRAISAL FOR:	
Employee Name (Last, First, MI.) Johnson Brock A	Social Security Number []
Performance Appraisal Period From (mm-dd-yyyy) 05-09-2009	To (mm-dd-yyyy) 12-31-2009
EMPLOYEE COMMENTS (Optional)	
[]	
EMPLOYEE'S REQUEST FOR A HIGHER LEVEL REVIEW BY THE REVIEWING OFFICIAL	
I understand that I may request a higher level review of my appraisal report by the reviewing official.	
<input checked="" type="checkbox"/> I do not <input type="checkbox"/> do request a higher level review.	
[] Signature of Employee	4/9/10 Date (mm-dd-yyyy)
REVIEWING OFFICIAL'S APPROVAL OF RATING OF RECORD	
To be completed when the employee has opted for a higher level review by the reviewing official; or the employee has received a rating of "Not Successful"; or when the Interim performance rating will become the rating of record. Comments must be provided below when the rating is changed or the employee is rated "Not Successful". The Final Summary Level Determination is:	
<input checked="" type="checkbox"/> Outstanding <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Fully Successful <input type="checkbox"/> Not Successful	
Reviewing Official's Comments	
[] Signature of Reviewing Official	4/13/10 Date (mm-dd-yyyy)
TECHNICAL REVIEW	
A technical review of this rating has been completed.	
JoAnn E. Scandola Principal Executive Director/Designate	[] Signature of Executive Director/Designate
	01/31/2010 Date (mm-dd-yyyy)

B6

B6

B6

B6

34.

RELEASE IN PART B6

OMB No. 1615-0047: Expires 06/30/09

Form I-9, Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last <u>Johnson</u>	First <u>Brook</u>	Middle Initial <u>A</u>	Maiden Name
Address (Street Name and Number)		Appt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

B6

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #)
- An alien authorized to work (Alien # or Admission #) until (expiration date, if applicable - month/day/year)

Employee's Signature: _____ Date (month/day/year) 5/11/09

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____ Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____ Date (month/day/year) _____

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

	List A	OR	List B	AND	List C
Document title:					
Issuing authority					
Document #:					
Expiration Date (if any):					
Document #:					
Expiration Date (if any):					

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 5/11/09 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____ Print Name Flore Burgess Title HR Specialist
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Dept. of State SA-1 H-1104 Washington DC 20522 Date (month/day/year) 5-11-09

B6

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) _____ B. Date of Rehire (month/day/year) (if applicable) _____
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.
Document Title: _____ Document #: _____ Expiration Date (if any): _____

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 _____ Date (month/day/year) _____

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		
		7. U.S. Coast Guard Merchant Mariner Card		
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		For persons under age 18 who are unable to present a document listed above:		6. U.S. Citizen ID Card (Form I-197)
		10. School record or report card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		11. Clinic, doctor, or hospital record		8. Employment authorization document issued by the Department of Homeland Security
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

RELEASE IN PART B6

STATEMENT OF UNDERSTANDING
Schedule C

You are being appointed to a position in the excepted service and as such could be terminated at any time depending on the needs of the agency or the key appointed official with whom you serve. You are eligible to continue your health and life insurance coverage, your retirement coverage under the Federal Employees Retirement System (FERS), and your participation in the Thrift Savings Plan. You will be eligible to accrue annual and sick leave.

You do not acquire competitive status with this appointment.

Your appointment can be terminated at any time.

I certify that I have read the above statement and understand the conditions of this appointment.

[Redacted Signature Box]

Signature of Appointee

5/11/09
Date

B6

[Redacted Signature Box]

Signature of Personnel Officer

5/11/09
Date

B6

STAFF ASSISTANT

Organization: Office of the Secretary (S)
Org. Code: 010101
Grade: GS-12 (Schedule C)
Series: 301

This position is located in the Office of the Secretary (S). The incumbent of this position serves as a Staff Assistant to the Counselor/Chief of Staff. The incumbent exhibits and has a close, personal and confidential relationship with the Counselor/Chief of Staff and other senior members of the staff and is fully aware of and understands the confidential nature of the work. The incumbent must be discreet, tactful and fully aware of the consequences of actions which may affect the mission of the Secretary.

DUTIES:

The incumbent performs duties consistent with the support required by the Counselor/Chief of Staff. In addition to ongoing responsibilities the incumbent is responsible for managing a myriad of sensitive issues that require coordination for the Secretary's review/approval, in particular the sensitive handling and processing of materials related to the internal appointment processes for Ambassadorial positions. Incumbent must be thorough in gathering the necessary information required to present recommendations to the Secretary for the decision making process.

The incumbent is responsible for contributing to drafting speeches and remarks for the Counselor/Chief of Staff for presentations at Congressional Hearings and for public speaking engagements, drafting responses to various correspondence directed to the Counselor/Chief of Staff requiring the incumbent to be thoroughly knowledgeable of the varying subject matters in order to respond in a concise and cogent manner. Prepares draft correspondence for signature by the Secretary or the Counselor/Chief of Staff, or other senior staff members, on a variety of substantive subjects. Keeps the Counselor/Chief of Staff informed at all times of the latest developments on matters which requires the Counselor/Chief of Staff's immediate and urgent attention, prior to discussions with the Secretary.

Must be knowledgeable of foreign affairs regulations, in particular those related to Consular and Citizen Services, for which the Chief of Staff gets numerous inquiries, to assist the Chief of Staff in responding to and resolving problem issues.

Incumbent coordinates and informs the Counselor on matters related to Haiti, Global Food Security Initiative (GFS), Global Health Initiative (GHI) and security at U.S. diplomatic missions; performs staff functions in support of the Secretary, the Counselor/Chief of Staff, and the Deputy Secretaries, including carrying out special and confidential assignments requiring a high degree of tact and diplomacy, and a comprehensive knowledge of the Department's programs and policies. The incumbent provides staff support on matters coming before the Counselor/Chief of Staff for an advisory opinion or clearance, prior to being submitted to the Secretary for decision/approval. To this end, the incumbent must record, task, and track the

28.

RELEASE IN PART B6

POSITION DESCRIPTION (Please Read Instructions on the Back)

2. Reason for Submission <input type="checkbox"/> Redescription <input checked="" type="checkbox"/> New <input type="checkbox"/> Reestablishment <input type="checkbox"/> Other					3. Service <input checked="" type="checkbox"/> Hdqrs. <input type="checkbox"/> Field		4. Employing Office Location S		5. Duty Station WASHINGTON, D.C.		1. Agency Position No. D11776		
Explanation (Show any positions replaced)					7. Fair Labor Standards Act <input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt		8. Financial Statements Required <input type="checkbox"/> Executive Personnel Financial Disclosure <input type="checkbox"/> Employment and Financial Interests		9. Subject to IA Action <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		6. OPM Certification No. DSGS69951		
					10. Position Status <input type="checkbox"/> Competitive <input checked="" type="checkbox"/> Excepted (Specify in remarks) SES (Gen.) <input type="checkbox"/> SES (CR)		11. Position is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Managerial <input checked="" type="checkbox"/> Neither		12. Sensitivity <input type="checkbox"/> 1-Non-Sensitive <input checked="" type="checkbox"/> 3-Critical Sensitive <input type="checkbox"/> 2-Noncritical Sensitive <input type="checkbox"/> 4-Special Sensitive		13. Competitive Level Code		
15. Classified/Graded by					Official Title of Position		Pay Plan		Occupational Code		Grade		
a. U.S. Office of Personnel Management											Initials		
b. Department, Agency or Establishment					Staff Assistant		GS		0301		12		
c. Second Level Review											RB		
d. First Level Review											12/11/12		
e. Recommended by Supervisor of Initiating Office					STAFF ASSISTANT		GS		301		12		
16. Organizational Title of Position (if different from official title)							17. Name of Employee (if vacant, specify)				PC		
18. Department, Agency, or Establishment					DEPARTMENT OF STATE		c. Third Subdivision				11-07-2012		
a. First Subdivision					OFFICE OF THE SECRETARY		d. Fourth Subdivision						
b. Second Subdivision							e. Fifth Subdivision						
19. Employee Review-This is an accurate description of the major duties and responsibilities of my position.							Signature of Employee (optional)				Date (mm-dd-yyyy)		
20. Supervisory Certification. I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out Governmental functions for which I am responsible. This certification is made with the							knowledge that this information is to be used for salutary purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violations of such statutes or their implementing regulations.						
a. Typed Name and Title of Immediate Supervisor					CHERYL D. MILLS COUNSELOR/CHIEF OF STAFF		b. Typed Name and Title of Higher-Level Supervisor or Manager (optional)						
Signature					Date (mm-dd-yyyy)		Signature						
					12/5/12								
21. Classification/Job Grading Certification. I certify that this position has been classified/graded as required by Title 5, U.S. Code, in conformance with standards published by the U.S. Office of Personnel Management or, if no published standards apply directly, consistently with the most applicable published standards.					Typed Name and Title of Official Taking Action		22. Position Classification Standards Used in Classifying Grading Position						
					Raquel L. Boone, Human Resources Spec		Information for Employees. The standards, and information on their application, are available in the personnel office. The classification of the position may be reviewed and corrected by the agency or the U.S. Office of Personnel Management. Information on classification/job grading appeals, and complaints on exemption from FLSA, is available from the personnel office or the U.S. Office of Personnel Management.						
					CS/HRM/ERPM								
Signature					Date (mm-dd-yyyy)								
					12/12/12								
23. Position Review		Initials		Date (mm-dd-yyyy)		Initials		Date (mm-dd-yyyy)		Initials		Date (mm-dd-yyyy)	
a. Employee (optional)													
b. Supervisor													
c. Classifier													
24. Remarks													
This is an Excepted Service Schedule C position which does not confer competitive status. The incumbent serves at the pleasure of the Counselor/Chief of Staff and the Secretary and may be terminated at any time.													
25. Description of Major Duties and Responsibilities (See Attached)													

B6

B6

RELEASE IN PART B6

Carter, Pat

From: DS CLEARANCE NOTIFICATION
Sent: Tuesday, May 05, 2009 10:48 AM
To: Carter, Pat; Garand, Chasity N.
Cc: [redacted] Lukens, Lewis A
Subject: Interim Clearance Granted - Johnson, Brock Allan

B6

Pursuant to your request and in accordance with Executive Order 12968, Section 3.3, Johnson, Brock Allan is hereby granted an interim clearance for access to classified information at the [redacted] level.

B6

It is your responsibility to notify the employee that access to classified information will be immediately terminated, along with any assignment, requiring access to classified information, if the investigation reveals information that makes the employee no longer eligible for interim or continued access to classified information.

You must maintain a record of having provided the employee with a copy of this e-mail.

For further assistance, you may contact our Customer Service Center toll-free at 1-866-643-INFO(4636), or [redacted] or by email at securityclearance@state.gov.

B6

Note: This is a send-only email box so please do not reply to this message.

Office of Personnel Security and Suitability
Bureau of Diplomatic Security
US Department of State
1801 N. Lynn Street
SA-20
Washington, DC 20522-2008

RELEASE IN PART
B6

APPOINTMENT AFFIDAVITS

STAFF ASSISTANT .05-10-2009
(Position to which Appointed) *(Date Appointed)*

STATE S WASHINGTON, DC
(Department or Agency) *(Bureau of Division)* *(Place of Employment)*

I, BROCK A JOHNSON, 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]
(Signature of Appointee)

B6

Subscribed and sworn (or affirmed) before me this 11 day of MAY, 2009

at Washington DC
(City) *(State)*

[Signature]
(Signature of Officer)

B6

(SEAL)

Commission expires _____ SEC. 206, Act of June 26, 1943
(If by a Notary Public, the date of his/her Commission should be shown) *(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.

U.S. Office of Personnel Management
The Guide of Processing Personnel Actions

NSN 7540-00-634-4015

Standard Form 61
Revised August 2002
Previous editions not usable

HROnline Report Print

RELEASE IN PART B6

41.

Department of State
EMPLOYEE PROFILE

Report ID: EMPLOYEE PROFILE FULL VIEW

Oprid:

Emplid:

Name JOHNSON,BROCK A

Page No 1

Run Date 12/21/2016

Run Time 09:22 15

B6

SSN: ****-**-

DOB:

SCD: 05/11/2009

ST: T

LEGLRS:

EOD-FS:

SEX: M

HMLVRES:

MEDICAL CD:

EOD-DP: 05/11/2009

VET:

BIRTHPL:

MEDICAL DT:

PP-CL: GS 12

TEN 45

EMP PROGRAM Not Applicable

TYPE APPT Schedule C (Except Svc Perm)

TOURTYP: -

SALARY: \$74,872.00

STEP: 01

SKILL1:

TED:

AGN: ST 00

SKILL2

EXLIMAPP

WGI DUE: 12/15/2013

SKILL3

CURORG 010101 - S

FGLI:

DIPLOMATIC TITLE

POSNO D1177600

FEHB

EB6

B6

B6

CLEARANCE LEVEL

N/A

DATE GRANTED

N/A

RENEWAL DATE

N/A

<u>PAST ASSIGN</u>	<u>DATE</u>	<u>POSTION SKILL</u>	<u>POSITION TITLE</u>	<u>WORKING TITLE</u>	<u>GRADE</u>	<u>DATE</u>
S	12/12		STAFF ASSISTANT		GS 12	12/12
S/GC	11/11		STAFF ASSISTANT		GS 11	11/11
S/GC	06/10		STAFF ASSISTANT		GS 09	06/10
S/GC	12/09		STAFF ASST		GS 07	05/09
S/TT	05/09		STAFF ASST			

DETAIL (TEMPORARY DUTY) HISTORY

<u>PAST ASSIGN</u>	<u>DATE</u>	<u>POSTION SKILL</u>	<u>POSITION TITLE</u>	<u>WORKING TITLE</u>	<u>NTE</u>
		<u><-CURRENT--></u>	<u><-HIGH--></u>		
<u>LANGUAGES</u>	<u>SP/RD</u>	<u>DATE</u>	<u>SP/RD</u>	<u>DATE</u>	<u>AWARDS</u>
					<u>DATE</u>
					<u>MSI/OSI</u>
MLAT:				HONOR - SUPERIOR	01/2013
				HONOR - SUPERIOR	06/2012

LEVEL OF EDUCATION: 13

COLLEGE

LOCTION

DEG

YR

MAJOR

DEPENDENT NAME/SSN

RELATION/DOB

MED.CD/DT

COURSE

EMP-IN-SERV-TRAIN

DATE

WARNING: Disclose to Authorized Persons Only (22CFR 6A)
Contains Information Protected by the Privacy Act of 1974