



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

DEC 15 2004

TO: Elias Zerhouni, M.D.
Director, NIH

FROM: Deputy Director, NIH

SUBJECT: Recommendation for Pay Adjustment for Dr. Anthony S. Fauci

This is to request that the current retention allowance (b) (6) for Dr. Anthony S. Fauci be converted to a permanent pay adjustment in the amount (b) (6) over his base pay of (b) (6) in order to appropriately compensate him for the level of responsibility in his current position of Director, National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH), especially as it relates to his work on biodefense research activities. Dr. Fauci has received a retention allowance for the past three years to compensate for and retain his services. He continues to be routinely sought by academia and private industry for positions with compensation in excess (b) (6) per year. The continuation of outside offers at compensation levels well above his current salary of (b) (6) is evidence of his standing and stature throughout the Country. While these outside offers have been in key positions of prominence, none reflect the level of responsibility and influence on national health policy found in his current position of Director, NIAID. This pay adjustment would begin to close the gap in compensation between his current position and comparable positions in private industry.

Dr. Fauci, as Director, NIAID, is responsible for directing and managing the NIAID and serves as principal advisor to the Director, NIH, concerning research activities related to the diagnosis, treatment, and prevention of infectious diseases, asthma, and other allergic and immunologic diseases and to the critical field of biodefense research. He leads the Institute's intramural research program of basic and clinical research in allergic, infectious, and immunological diseases and manages the extramural programs conducted through research projects. He is responsible for managing a budget of over \$4 billion and a staff of over 1500 full-time employees.

Dr. Fauci was one of the first investigators to confront AIDS in the laboratory and the clinic, and as Director of the NIAID he also has the reputation as the Government's architect of AIDS research, as a world renowned scientist in AIDS research, and as advisor to the President and



congressional staff. His scientific expertise, together with his broad vision of research and public health needs and his superb ability to articulate complex scientific and ethical issues to the scientific community and public, have made him one of the Nation's most influential leaders in shaping this Country's response to the AIDS epidemic.

More recently, Dr. Fauci has been a key figure in the White House and Department's response to bioterrorism. His contributions to this effort have been outstanding and include the development of the departmental strategy to augment smallpox vaccine supplies and the development of a plan to develop new anthrax vaccine. He serves as an expert consultant to the White House, the Secretary of DHHS, congressional staff, and a number of HHS groups on the development of biodefense-related research and public health priorities. He is leading the development of a series of research initiatives, has coordinated fast-track initiatives for academia and industry participation in biodefense-related research, and is responsible for the development of future intermediate and long-range research plans and policies for a sustained and committed biomedical research response to bioterrorism threats. During FY 2004, under Dr. Fauci's leadership, NIAID significantly expanded, intensified, and accelerated its research programs in biodefense. Over 50 biodefense research initiatives in areas ranging from the basic biology of microbes and their interactions with the human immune system to preclinical and clinical evaluation of new therapeutics and vaccines have been launched or expanded. He was instrumental in developing the Regional and National Biocontainment Program, a new initiative to build biocontainment facilities and improve the Nation's response to bioterrorism attacks. NIAID awarded funding for the construction of two National Biocontainment Laboratories and nine Regional Biocontainment Laboratories, which will complement and support the research activities of NIAID's Regional Centers of Excellence for Biodefense and Emerging Infectious Disease Research. Three new intramural research facilities are in development to provide laboratory and vivarium facilities in support of the biodefense research effort as well. Dr. Fauci was instrumental in working with the Department, the White House, and the Congress in the development of the BioShield legislation – a landmark piece of legislation designed to expedite the conduct of research and development of medical countermeasures; has been actively involved in support of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the development of the President's Emergency Plan for AIDS Relief (PEPFAR); and quickly initiated a program to develop medical countermeasures against nuclear/radiological and chemical weapons. In a remarkably short period of time, Dr. Fauci has made significant scientific advances to address agents of possible bioterrorism including anthrax, smallpox, and ebola and has made great strides in planning and completing vaccine trials. Most recently, he has been a key spokesperson on the flu vaccine shortage and has been instrumental in working with the Department on alternative solutions and policies.

Dr. Fauci is a member of the National Academy of Sciences, the Institute of Medicine of the National Academy of Sciences, the American Academy of Arts and Sciences, the American Philosophical Society, the Royal Danish Academy of Science and Letters, and the European Academy of Sciences, as well as a number of other professional societies including the American College of Physicians, the American Society for Clinical Investigation, the Association of American Physicians, the Infectious Diseases Society of America, and the American Association of Immunologists. He has received numerous honorary Doctorate of Science degrees from



universities throughout the Country and the world. He serves on editorial boards of several scientific journals; as associate editor [REDACTED] (b) (6) as an editor of Harrison's Principles of Internal Medicine, the most widely used textbook of medicine in the world; and as author, coauthor, or editor of more than 1000 scientific publications, including several textbooks, making him one of the most prolific scientific authors in the Country and the world. In addition, Dr. Fauci has been the recipient of a large number of prestigious national and international awards for science and medicine.

Dr. Fauci's position continues to expand with the emergence of new and re-emerging infectious diseases (such as SARS, West Nile and pandemic flu) and with changes in our global environment, including threats of bioterrorism and global health concerns. The NIAID budget has doubled within the past several years. In addition, numerous new and expanded areas of focus, such as the biodefense initiative, coordination of the new NIH nuclear/radiation defense research program, coordination of the new NIH chemical defense research program, increased efforts in AIDS vaccine development, and the launching of an aggressive international clinical trials program, have significantly influenced the level of responsibility found in this position. I, therefore, request your favorable consideration of this pay adjustment to appropriately reflect the level of responsibility reflected in Dr. Fauci's position and to compensate him for his continued (b) (6) vice at the NIH.

[REDACTED]
Raynard S. Kington, M.D., Ph.D.

DECISION:

(b) (6)

Approved

Disapproved

(b) (6)

Elias A. Zerhouni, M.D.
Director, NIH

Date 1/17/04



TITLE 42 VOLUNTARY CONVERSION STATEMENT

I, Anthony Fauci, M.D., voluntarily accept conversion from my current career Senior Executive Service appointment as Director of the National Institute of Allergy and Infectious Diseases, National Institutes of Health, to the same position under 42 U.S.C. Section 209 (f) at an annual salary (b) (6) effective January 16, 2000. I understand that any Physicians Comparability Allowance and/or retention allowances I have been receiving will terminate upon conversion to the Title 42 excepted service appointment.

In accepting this appointment, I understand that I will not be assigned to a classified position description and will no longer be subject to SES performance management provisions, including eligibility for SES performance awards (bonus and Presidential Rank Awards). I understand that my new appointment has a maximum annual leave carry-over ceiling of 240 hours but that I may retain any personal leave ceiling in excess of that amount to which I was entitled as an SES member.

As a Title 42 employee, I understand that I will no longer have many of the rights extended to me as an employee under the Senior Executive Service. Rights that I will forfeit include: appeal rights to actions such as termination for cause (e.g., personal or scientific misconduct or lack of performance, or administrative reasons), discharge, reduction in force, reduction in pay, and furlough. I further understand that any increase in pay, based on merit or an across-the-board comparability increase, is subject to approval by the Director, NIH.

Under the Title 42 appointment, I understand that I will continue to be subject to the Federal laws, regulations and benefits pertaining to: Federal Employees Retirement System or Civil Service Retirement System, FICA, Medicare, Federal Employees Group Life Insurance and Health Benefits, Annual and Sick Leave (same as Title 5 employees), training and professional development opportunities sponsored by the NIH, Occupational Medical Service Facilities, Workers Compensation, Withholding Taxes, Medical Qualifications, the DHHS Standards of Conduct (including conflict of interest and outside activities), Restrictions on Political Activity, and Tort Claims.

(b) (6)

Signature

01/05/00
Date



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) FAUCI		2. Social Security Number (b) (6)	3. Date of Birth (b) (6)	4. Effective Date 01-30-00
7. FROM: Position Title and Number DIRECTOR NIAID (b) (6)		15. TO: Position Title and Number DIRECTOR NIAID (b) (6)		
14. Name and Location of Position's Organization PHS, NATIONAL INSTITUTES OF HEALTH, NATL INST ALLERGY & INFECTIOUS DISEASES OFC DIR HNMI		22. Name and Location of Position's Organization PHS, NATIONAL INSTITUTES OF HEALTH, NATL INST ALLERGY & INFECTIOUS DISEASES OFC DIR HNMI		
EMPLOYEE DATA (b) (6)				
POSITION DATA (b) (6)				
38. Duty Station Code (b) (6)		39. Duty Station (City - County - State or Overseas Location) BETHESDA MARYLAND		
40. AGENCY DATA 41. 42. 43. 44.		(b) (6)		
45. Remarks (b) (6)				
46. Employing Department or Agency DEPARTMENT OF HEALTH AND HUMAN SERVICES		50. Signature/Authentication and Title of Approving Official (b) (6) APPOINTING OFFICER		
47. Agency Code (b) (6)	48. Personnel Office ID (b) (6)	49. Approval Date 01-28-00		



PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The Office of Personnel Management is authorized to request this information under sections 1362, 3301, 3304, and 8716 of title 5 of the U.S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, D.C. 20415.

ROUTINE USES Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to training facilities, organizations desiring claims for retirement, insurance, unemployment, or health benefits, officials in litigation or administrative proceeding where the Government is a party, law enforcement agencies concerning a violation of law or regulation, Federal agencies for statistical reports and studies, officials of labor organizations recognized by law in connection with representing employees, Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits, public and private organizations, including news media, which grant or publicize employee recognition and awards, the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the

Labor Relations Authority, the National Archives, the Federal Acquisition Institute, and Congressional offices in connection with their official functions, prospective non-Federal employees concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual, requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard, authorized Federal and non-Federal agencies for use in computer matching, spouses or dependent children asking whether the employee has changed from a self-and family to a self-only health benefits enrollment, individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government, non-agency members of an agency's performance or other panel, and agency-appointed representatives of employees concerning information issued to the employee about fitness-for duty or agency-filed disability retirement procedures.

Optional Form 306 (EG)
September 1994
U.S. Office of Personnel
Management

Form Approved
OMB No. 3208-0182

Declaration for Federal Employment

GENERAL INFORMATION

1 FULL NAME

► Anthony S. Fauci, M.D.

2 SOCIAL SECURITY NUMBER

(b) (6)

3 PLACE OF BIRTH (Include City and State or Country)

► (b) (6)

4 DATE OF BIRTH (MM/DD/YY)

► (b) (6)

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

►

►

6 PHONE NUMBERS (Include Area Codes)

(b) (6)

DAY

NIGHT

MILITARY SERVICE

7 Have you served in the United States Military Service? If your only active duty was training in the Reserves or National Guard, answer "NO"

If you answered "YES", list the branch, dates (MM/DD/YY), and type of discharge for all active duty military service

BRANCH

FROM

TO

TYPE OF DISCHARGE

(b) (6)

BACKGROUND INFORMATION

For all questions, provide all additional requested information under item 15 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.

(b) (6)

ADDITIONAL QUESTIONS

(b) (6)



CONTINUATION SPACE/AGENCY OPTIONAL QUESTIONS

- 15** Provide details requested in items 8 through 13 and 17c in the continuation 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)

(b) (6)

CERTIFICATIONS/ADDITIONAL QUESTION

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, complete item 16/16a.

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, complete item 16/16b and answer item 17.

16 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 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 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.

(b) (6)

16a Applicant's Signature
(Sign in ink)

Date ▶ 1-14-00

16b Appointee's Signature
(Sign in ink)

APPOINTING OFFICER Enter Date of Appointment or Conversion
1-14-00 ▶ 01-30-00

- 17** Appointee Only (Respond only 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 under your new appointment. These questions are asked to help your personnel office make a correct determination.

17a When did you leave your last Federal job?

17b When you worked for the Federal Government last time, did you waive Basic Life Insurance or any type of optional life insurance?

17c If you answered "Yes" to item 17b, did you later cancel the waiver(s)? If your answer to item 17c is "No," use item 15 to identify the type(s) of insurance for which waivers were not cancelled.

Date (MM/DD/YY)		
Yes	No	Don't Know

Optional Form 306 (Back)

September 1994

Optional Form 306
U.S. Office of Personnel
Management

Declaration for Federal Employment

Form Approved
OMB No. 3206-0182

INSTRUCTIONS

The information collected on this form is used to determine your acceptability for Federal employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true before you are appointed.

Your Social Security Number is needed to keep our records accurate, because people may have the same name and birthdate. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or other information is voluntary. However, if you do not give us your SSN or

any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

You must answer all questions truthfully and completely. A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

Either type your responses to this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8 1/2" X 11"), including your name, Social Security Number, and item number on each sheet. It is recommended that you keep a photocopy of your completed form for your records.



Obtained via FOIA by OpenTheBooks.com



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) FAUCL, ANTHONY S				2. Social Security Number (b) (6)		3. Date of Birth (b) (6)		4. Effective Date 08/07/2016			
FIRST ACTION				SECOND ACTION							
(b) (6)				6-A. Code		6-B. Nature of Action					
				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 DIRECTOR NIAID (b) (6)				15. TO: Position Title and Number DIRECTOR NIAID (b) (6)							
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
(b) (6)				(b) (6)							
14. Name and Location of Position's Organization National Institutes of Health National Institutes of Health Nat'l Inst Allergy & Infectious Diseases Ofc Dir BETHESDA MD USA				22. Name and Location of Position's Organization National Institutes of Health National Institutes of Health Nat'l Inst Allergy & Infectious Diseases Ofc Dir BETHESDA MD USA							
EMPLOYEE DATA (b) (6)											
POSITION DATA (b) (6)											
38. Duty Station Code (b) (6)				39. Duty Station (City - County - State or Overseas Location) BETHESDA Montgomery MD USA							
40. Agency Data		41.	42.	43.	44. PAR Number:						
45. Remarks (b) (6)											
46. Employing Department or Agency Department of HHS - National Institutes of Health						50. Signature/Authentication and Title of Approving Official Electronically Signed by: (b) (6) Acting Director, Office of Human Resources					
47. Agency Code (b) (6)		48. Personnel Office ID (b) (6)		49. Approval Date 08/07/2016							



NOTIFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle) FAUCI, ANTHONY S				2. Social Security Number (b) (6)		3. Date of Birth (b) (6)		4. Effective Date 12/13/2016			
FIRST ACTION						SECOND ACTION					
5-A. Code		5-B. Nature of Action (b) (6)				6-A. Code		6-B. Nature of Action			
						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 DIRECTOR NIAID (b) (6)						15. TO: Position Title and Number DIRECTOR NIAID (b) (6)					
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45. Remarks (b) (6)											
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47. Agency Code (b) (6)		48. Personnel Office ID (b) (6)		49. Approval Date 06/14/2017							

