| 1. Fullname DELA CRUZ, JAMIE C   |   |                                 | Birth              | 3.Employee ID<br>60424                      | <b>4.Date Requested</b> 02 Sep 2025 |
|--|---|---------------------------------|--------------------|---|-------------------------------------|
| THIS IS TO NOTIFY YOU  | OF THE FOLLOWII                                     | NG ACTION A                     | FFECTIN            | G YOUR EMPLOYME                             | <u> </u>                            |
| 5.Nature of Action  AMENDMENT  |   | 6.Effective Date<br>05 Sep 2025 |                    | 7.Legal Authority PR&R                      |                                     |
| FROM   | Desc  | ription                         |                    | то  |                                     |
| Position ADMINISTRATIVE ASSISTANT  Pay Grade  JX  37913  Step  Rate per Hour  18.23  Department  GUAM ENERGY OFFICE  Section/Division  GUAM ENERGY OFFICE  FTE  HER87-04 | 9. Pay Gr<br>Salary Ra<br>10. Depair<br>11. Div./Sc | ade/Step<br>ate                 | Pay Gr Step Depart | Salary—  O  Rate—  O                        |                                     |
| Action No.: A-324523   | xp/Separation Date:                                 | 08-29-202                       | 25                 | Bdgt Acen No.:<br>3400115<br>JON: 340024115 | 611*001-101-24-                     |
| Work Schedule: FULL-TIME Retirement Type: DC - DEFINED CONTR   | REQUEST ID: DO                                      |                                 |                    | Personnel Jacket N                          | lo.: 210354                         |

### 14.REMARKS (continue in item 21,if necessary)

THIS ACTION AMENDS PA#A-324487 (TERMINATION) TO INCLUDE THE LUMP SUM PAY REMARKS. LUMP SUM PAYMENT IS AUTHORIZED AND WILL BE MADE FOR ANNUAL LEAVE UP TO 320 HOURS. AND REMAINING ANNUAL AND SICK LEAVE TO BE TRANSFERED TO OFFICE OF TECHNOLOGY.

K.L

ESIGN-005-D09022025

| <b>1. Fullname</b> ALIG, FRED B   |                            | 2. Date of   | Birth                            | 3.Employee ID<br>4682                | <b>4.Date Requested</b><br>02 Sep 2025 |
|---|----------------------------|--|----------------------------------|--------------------------------------|--|
| THIS IS TO NOTIFY YO  | U OF THE FO                | LLOWING ACTION   | AFFECTIN                         | G YOUR EMPLOYMEN                     | IT                                     |
| 5.Nature of Action SALARY INCREMENT   | 6                          | 6.Effective Date<br>02 Jul 2025  |                                  | <b>7.Legal Authority</b> RULE 10.008 |  |
| FROM  |                            | Description  |                                  | то                                   |  |
| Position SOCIAL WORKER III  Pay Grade NX 75392  Step Rate per Hour 36.25  Department DEPARTMENT OF YOUTH AFFAIRS  Section/Division DYA - YOUTH DEVELOPMENT  FTE 416 | 9 s                        | 3. Position Title 3. Pay Grade/Step 5. Pay Rate 4. Department 6. Div./Section 6. FTE | Pay Gr NX  Step 11  Depart DEPAI | Salary—77783  Rate—37.4              |  |
| Next Increment:   | Exp/Separar<br>PMIS Action |  | 125                              | Bdgt Accn No.: 5                     | 5100A252010E1001-                      |
| Action No.: A-324471 Work Schedule: FULL-TIME   |                            | : DOA-HR-75650   |                                  | <b>JON:</b> 201025001                |  |
| Retirement Type: DC - DEFINED CON   | TRIBUTION C                | DEDUCTION  |                                  | Personnel Jacket No                  | <b>p.:</b> 19910514                    |
|   |                            |  |                                  |                                      |  |

14.REMARKS (continue in item 21, if necessary)

RATING PERIOD: 07/02/2023 TO 07/01/2025. (O)

K.L

ESIGN-005-D09022025

| 1. Fullname<br>CHA, BRIAN JY  |  | 2. Date of Birth          | 3.Employee ID<br>63131           | <b>4.Date Requested</b><br>02 Sep 2025 |
|---|--|---------------------------|----------------------------------|--|
| THIS IS TO NOTIFY YO  | U OF THE FOLLOWIN                          | IG ACTION AFFECTIN        | G YOUR EMPLOYMEN                 | IT                                     |
| 5.Nature of Action RESIGNATION  | <b>6.Effectiv</b><br>20 Au                 | <b>e Date</b><br>g 2025   | 7.Legal Authority<br>RULE 13.002 |  |
| FROM  | Descr                                      | ription                   | то                               | 11                                     |
| Position CORRECTION OFFICER I  Pay Grade HL21 35060  Step Rate per Hour 16.86  Department DEPARTMENT OF CORRECTIONS  Section/Division DOC - ADULT CORRECTION FACILITY  FTE 2076 | 8. Positio 9. Pay Gra Salary Ra  10. Depar | ade/Step te Pay Gr        | Salary 0  Rate 0                 |  |
| Next Increment:   | Exp/Separation Date 2025                   | e: 08-20-                 | <b>Bdgt Accn No.:</b> 6          | 5111001/6113001-100-                   |
| Action No.: A-324468 Work Schedule: FULL-TIME   | PMIS Action Date: Request ID: DOA          | 08-28-2025<br>A-HR-975198 | <b>JON:</b> 1310003              |  |
| Retirement Type: DC - DEFINED CON   | TRIBUTION DEDUCTION                        | ON                        | Personnel Jacket No              | <b>5.:</b> 326858                      |

14.REMARKS (continue in item 21, if necessary)

NO LUMP SUM APPROVAL.

K.L

ESIGN-005-D09022025

| 1. Fullname<br>HILTEBRAND , MATTHEW JOHN   | 2. Date of | Birth   | <b>3.Employee ID</b> 10000433 | <b>4.Date Requested</b><br>02 Sep 2025           |                     |  |
|--|------------|---|-------------------------------|--|---------------------|--|
| THIS IS TO NOTIFY YO   | U OF THE I | FOLLOWING ACTION  | AFFECTIN                      | G YOUR EMPLOYMEN                                 | IT                  |  |
| 5.Nature of Action TERMINATION   |            | <b>6.Effective Date</b> 22 Aug 2025   |                               | 7.Legal Authority<br>RULE13.101                  |                     |  |
| FROM   |            | Description   |                               | то   |                     |  |
| Position  KEY FAMILY CONTACT COORDINATOR  Pay Grade  JX  40841  Step  Rate per Hour  19.64  Department  GUAM BEHAVIORAL HEALTH AND WELLNESS C  Section/Division  GUAM BEHAVIORAL HEALTH AND WELLNESS C |            | 8. Position Title 9. Pay Grade/Step Salary Rate  10. Department 11. Div./Section  12. FTE | —Pay Gr —Step—                | ay Grade————————————————————————————————————     |                     |  |
| WPI.002  |            |   |                               |  |                     |  |
| Next Increment:  Action No.: A-324469  Work Schedule:  |            | ration Date: 08-22<br>ion Date: 08-28-20<br>ID: DOA-HR-76902                              | 25                            | Bdgt Accn No.: 6<br>2300301<br>JON: 2300301 - 11 | 5111/113001-682-21- |  |
| Retirement Type: DC - DEFINED CON  | TRIBUTION  | DEDUCTION   |                               | Personnel Jacket No                              | o.: 19910848        |  |
|  |            | ·   |                               |  |                     |  |

14.REMARKS (continue in item 21,if necessary)

LUMP SUM PAYMENT IS AUTHORIZED AND WILL BE MADE FOR ANNUAL LEAVE UP TO 320 HOURS.

K.L

ESIGN-005-D09022025

| <b>1. Fullname</b><br>FISHER, QUENIE-MEI T  |        |                                     | 2. Date of        | Birth                        | 3.Employee ID<br>25081  | <b>4.Date Requested</b><br>02 Sep 2025 |
|---|--------|-------------------------------------|-------------------|------------------------------|---|--|
| THIS IS TO NOTIFY YOU OF  | THE FO | LLOWING                             | ACTION            | AFFECTING                    | G YOUR EMPLOYMEN  | ₹T                                     |
| 5.Nature of Action CONTRACTUAL APPOINTMENT  | 6.     | <b>6.Effective Date</b> 08 Aug 2025 |                   | 7.Legal Authority UNASSIGNED |   |  |
| FROM  |        | Descri                              | ption             |                              | то  | 2.5                                    |
| Pay Grade Salary Per Annum  O  Step Rate per Hour  O  Department  Section/Division  FTE | 9.53   | Departed. Div./Sec                  | de/Step           | Pay Grands GUAM  Section     | MACIST  ade Salary 133120  Rate 64  ment 1 BEHAVIORAL HEALTH  In/Division 7/C - PROFESSIONAL SU |  |
| 2028 Action No.: A-324481 PMI   | 7.00   |                                     | 08-0°<br>08-28-20 | 025                          | <b>Bdgt Accn No.:</b> 25-2300001<br><b>JON:</b> 2300 25 00                                      | 6111001/6113001-100-                   |
| Retirement Type: DC - DEFINED CONTRIBU  |        |                                     | = 0               | -                            | Personnel Jacket N  | o.: 7243                               |

### 14.REMARKS (continue in item 21,if necessary)

PER CONTRACT SECTION 1.2, EMPLOYEE IS ENTITLED TO ANY FRINGE BENEFITS INCLUDING ANNUAL, SICK, LEAVE AND HEALTH INSURANCE, ETC . THIS CONTRACTUAL APPOINTMENT IS NOT TO EXCEED 36 MONTHS FROM THE EFFECTIVE DATE ABOVE.

of an CRILLO

ANNAMARIE C PABLO ESIGN-0008-D09022025

| 1. Fullname<br>DELOS REYES, RAY N   |   | 2. Date of                          | Birth                                   | 3.Employee ID<br>37750                          | <b>4.Date Requested</b><br>02 Sep 2025 |
|---|---|-------------------------------------|---|---|--|
| THIS IS TO NOTIFY YOU OF  | THE FOLLOWIN  | IG ACTION                           | AFFECTING                               | G YOUR EMPLOYMEN                                | IT                                     |
| 5.Nature of Action SALARY INCREMENT   | 26 Au   | <b>6.Effective Date</b> 26 Aug 2025 |   | 7.Legal Authority RULE 10.008                   |  |
| Position COMMUNITY HEALTH NURSE II  Pay Grade M-N 61677  Step O2 29.65  Department DEPARTMENT OF PUBLIC HEALTH & SOCIAL S Section/Division PHSS - BUREAU OF PRIMARY CARE SERVICES  FTE 7035 | 8. Positio 9. Pay Gra Salary Ra 10. Depar                                     | ade/Step<br>te<br>tment             | COMM Pay Grown M-N Step 03 Depart DEPAI | 64014  Rate 30.78                               | ALTH & SOCIAL SE                       |
| PMI   | Exp/Separation Date:  PMIS Action Date: 08-28-2025  Request ID: DOA-HR-767443 |                                     |   | Bdgt Accn No.: 6<br>1716005<br>JON: 1716-23-005 | 5111/113001-105-23-                    |
| Retirement Type: DB 1.75 - DEFINED BENE   | FIT 1.75  |                                     |   | Personnel Jacket No                             | o.: 47768                              |

14.REMARKS (continue in item 21, if necessary)

WAITING PERIOD: 08/26/2024 TO 08/25/2025. (S)

K.L

ESIGN-005-D09022025

| 1. Fuliname<br>FISHER, QUENIE-MEI T   |                  |  | 2. Date of            | Birth   | 3.Employee ID<br>25081           | <b>4.Date Requested</b><br>02 Sep 2025 |
|---|------------------|--|-----------------------|---|----------------------------------|--|
| THIS IS TO NOTIFY YOU   | S YOUR EMPLOYMEN | IT   |                       |   |                                  |  |
| 5.Nature of Action  AMENDMENT   |                  | <b>6.Effective Date</b> 08 Aug 2025  |                       | 7.Legal Authority PR&R  |                                  |  |
| FROM  |                  | Descr  | iption                |   | то                               |  |
| Position PHARMACIST  Salary Per Annum 133120  Step Rate per Hour 64  Department GUAM BEHAVIORAL HEALTH AND WELLNESS C  Section/Division GBHWC - PROFESSIONAL SUPPORT UNIT |                  | 9. Pay Grade/Step Salary Rate  10. Department  PHARI Pay Gra  Pay Gra  Step  Department  GUAM  Section |                       | RMACIST  rade Salary  133120  Rate 64  Rement M BEHAVIORAL HEALTH AND WELLNESS C  In/Division  VC - PROFESSIONAL SUPPORT UNIT |                                  |  |
| Next Increment:   | Exp/Sepa<br>2028 | ration Date  | e: 08-0°              | 7-  | <b>Bdgt Accn No.:</b> 25-2300001 | 5111001/6113001-100-                   |
| Action No.: A-324507 Work Schedule: FULL-TIME   | PMIS Act         |  | 08-28-20<br>-HR-49514 |   | <b>JON:</b> 2300 25 00           | 1-111/113                              |
| Retirement Type: DC - DEFINED CONT  | N DEDUCTION      |  |                       | Personnel Jacket No   | o.: 7243                         |  |

### 14.REMARKS (continue in item 21, if necessary)

THIS ACTION AMENDS PA#A-324481 (CONTRACTUAL APPOINTMENT) REMARKS SHOULD ALSO READ: EMPLOYEE IS NOT ENTITLED TO ANNUAL AND SICK LEAVE .

K.L

ESIGN-005-D09022025

| <b>1. Fullname</b> DELA CRUZ, JAMIE C  | 2. Date of  | Birth  | 3.Employee ID<br>60424                   | <b>4.Date Requested</b> 02 Sep 2025 |
|--|---|--|--|-------------------------------------|
| THIS IS TO NOTIFY YOU OF T   | HE FOLLOWING ACTION   | AFFECTIN                                       | G YOUR EMPLOYMEN                         | IT                                  |
| 5.Nature of Action PROBATIONAL APPOINTMENT   | <b>6.Effective Date</b><br>08 Sep 2025  |  | 7.Legal Authority<br>RULE4.602           |                                     |
| FROM   | Description   |  | то                                       |                                     |
| Pay Grade—Salary Per Annum—0  Step—Rate per Hour—0  Department—Section/Division—FTE—FTE— | 8. Position Title 9. Pay Grade/Step Salary Rate  10. Department 11. Div./Section  12. FTE | ADMI  Pay Gr JX  Step— 01  Depart OFFIC  OFFIC | Rate———————————————————————————————————— |                                     |
| PMIS   | eparation Date:<br>Action Date: 08-28-20<br>est ID: DOA-HR-03509                          |  | Bdgt Accn No.: 6<br>2100001<br>JON:      | 511*001-100-25-                     |
| Retirement Type: DC - DEFINED CONTRIBUT  | ION DEDUCTION   |  | Personnel Jacket Ne                      | <b>210354</b>                       |

### 14.REMARKS (continue in item 21,if necessary)

APPOINTMENT IS SUBJECT TO COMPLETION OF A SIX (6) MONTH INITIAL PROBATIONARY PERIOD. SELECTED FROM CERTIFICATION OF ELIGIBLES CI25-295 DATED 8/4/25 CONTINUE ALL BENEFITS AND DEDUCTIONS FROM LAST APPOINTMENT WITH GEO

of an CRILLO

ANNAMARIE C PABLO ESIGN-0008-D09022025

| 1. Fullname<br>LUJAN, DAVINA M   |  | 2. Date of              | Birth                                       | 3.Employee ID<br>60233                                 | <b>4.Date Requested</b><br>02 Sep 2025 |
|--|--|-------------------------|---|--|--|
| THIS IS TO NOTIFY YOU OF T   | IT   |                         |   |  |  |
| 5.Nature of Action CONTRACTUAL APPOINTMENT   | <b>6.Effectiv</b><br>26 Aug  | <b>e Date</b><br>g 2025 |   | 7.Legal Authority UNASSIGNED                           |  |
| FROM   | Descr  | iption                  |   | то   |  |
| Pay Grade—Salary Per Annum—0 Step—Rate per Hour—0 Department—Section/Division—FTE—FTE— | 9. Pay Gra<br>Salary Rat<br>10. Depart   | de/Step<br>te           | STAFF  Pay Gra  Step  Depart  GUAM  Section | Position—STAFF PHYSICIAN  Pay Grade—Salary—291200      |  |
|  | 12. FTE  |                         | PI.300                                      | 01   |  |
| 2028 <b>Action No.:</b> A-324413 <b>PMIS</b>   | Exp/Separation Date: 08-25-<br>2028<br>PMIS Action Date: 08-28-2025<br>Request ID: DOA-HR-896787 |                         |   | <b>Bdgt Accn No.:</b> 6 2300001 <b>JON:</b> 25-2300001 | 5111/113001-100-25-<br>- 111/113       |
| Retirement Type: DC - DEFINED CONTRIBUT  | ION DEDUCTION  | ON                      |   | Personnel Jacket No                                    | <b>).:</b> 181422                      |

#### 14.REMARKS (continue in item 21,if necessary)

PER CONTRACT SECTION 1.2, EMPLOYEE IS ENTITLED TO FRINGE BENEFITS RETIREMENT AND HEALTH INSURANCE. THIS CONTRACTUAL APPOINTMENT IS NOT TO EXCEED 36 MONTHS FROM THE EFFECTIVE DATE ABOVE.

K.L

ESIGN-005-D09022025

| TO THE TOTAL OF TEXASITION        |                      |                 |                  |  |  |  |  |
|-----------------------------------|----------------------|-----------------|------------------|--|--|--|--|
| 1. Fullname                       | 2. Date of Birth     | 3.Employee ID   | 4.Date Requested |  |  |  |  |
| DELA CRUZ, JAMIE C                |                      | 60424           | 02 Sep 2025      |  |  |  |  |
| THIS IS TO NOTIFY YOU OF THE FOLL | OWING ACTION AFFECTI | NG YOUR EMPLOYM | ENT              |  |  |  |  |
|                                   |                      |                 |                  |  |  |  |  |

|   |  |   |  | <u> </u>                     |
|---|--|---|--|------------------------------|
| THIS IS TO NOTIFY YOU   | U OF THE                               | FOLLOWING ACTION  | AFFECTIN   | G YOUR EMPLOYMENT            |
| 5.Nature of Action TERMINATION  |  | <b>6.Effective Date</b> 05 Sep 2025   |  | 7.Legal Authority RULE13.101 |
| FROM  |  | Description   |  | то                           |
| Position ADMINISTRATIVE ASSISTANT  Pay Grade  JX  Step  Rate per Hour  18.23  Department  GUAM ENERGY OFFICE  Section/Division  GUAM ENERGY OFFICE  FTE  HER87-04 |  | 8. Position Title  9. Pay Grade/Step Salary Rate  10. Department  11. Div./Section  12. FTE |  | Salary—  O  Rate—  O         |
| Next Increment:  Action No.: A-324487  Work Schedule: FULL-TIME   | ion Date: 08-28-20<br>ID: DOA-HR-62415 | 025   | Bdgt Accn No.: 611*001-101-24-3400115 JON: 340024115 |                              |
| Retirement Type: DC - DEFINED CONT  | TRIBUTIO                               | N DEDUCTION   |  | Personnel Jacket No.: 210354 |

### 14.REMARKS (continue in item 21, if necessary)

TERMINATION OF LIMITED TERM APPOINTMENT. NO LUMP SUM REQUESTED.

of morpho

**ANNAMARIE C PABLO** ESIGN-0008-D09022025

| 1. Fuliname IGNACIO, ALYSSA MICHELLE M  |  | 2. Date of B              | irth   | 3.Employee ID<br>60977       | <b>4.Date Requested</b> 02 Sep 2025 |
|---|--|---------------------------|--|------------------------------|-------------------------------------|
| THIS IS TO NOTIFY YOU   | U OF THE FOLLOWIN                                      | NG ACTION A               | FFECTING   | G YOUR EMPLOYMEN             | IT                                  |
| 5.Nature of Action TRANSFER - PROMOTION   | 6.Effectiv   | <b>/e Date</b><br>1g 2025 |  | 7.Legal Authority RULE 6.002 |                                     |
| FROM  | Desc   | ription                   |  | ТО                           |                                     |
| Position CUSTOMER SERVICE REP  Pay Grade HX  32355  Step O1  15.56  Department UNIVERSITY OF GUAM  Section/Division UNIVERSITY OF GUAM  FTE | 9. Pay Gr<br>Salary Ra<br>10. Depai                    | ade/Step<br>ite<br>rtment | Pay Grands Grand | Salary—41372  Rate—19.89     |                                     |
| Next Increment:   | Next Increment: Exp/Separation Date: PMIS Action Date: |                           | 2024   | <b>Bdgt Accn No.:</b> (      | 611*001-101-24-                     |
| Action No.: A-323830 Work Schedule:   | Request ID: DO   |                           |  | <b>JON:</b> 171224104        |                                     |
| Retirement Type: DC - DEFINED CON   | TRIBUTION DEDUCT                                       | ON                        |  | Personnel Jacket No          | o.: 298962                          |

#### 14.REMARKS (continue in item 21, if necessary)

EMPLOYMENT IS SUBJECT TO SATISFACTORY COMPLETION OF A MEDICAL EXAMINATION AND MANDATORY DRUG TEST. TRANSFER AND CONTINUE ALL BENEFITS AND DEDUCTIONS FROM THE UNIVERSITY OF GUAM. PRIOR SERVICES WILL BE CREDITED UPON RECEIPT OF OFFICIAL PERSONNEL FILE FROM UOG. Selected from Certification of Eligibles CI24-25859; Dated: 05/09/2025 |

K. W

ESIGN-005-D09022025

| Retirement Type: DC - DEFINED CONTRIBUTIO   | ON DEDUCTION   | NC  | <del></del>                          | Personnel Jacket No                               | o.: 19920217                        |
|---|--|---|--------------------------------------|---|-------------------------------------|
|   | paration Date: t ID: DOA                                 |   |                                      | Bdgt Accn No.: 6<br>23-0222302<br>JON: 0222-23-30 | 5111001/6113001-692-<br>2           |
| Pay Grade Salary Per Annum 0 Step Rate per Hour 0 Department Section/Division FTE | 8. Position 9. Pay Gra Salary Rat 10. Depart 11. Div./Se | n Title<br>nde/Step<br>te                 | STAFI Pay Gr Step Depart OFFIC GOV - | n   |                                     |
| UNCLASSIFIED APPOINTMENT  FROM  | 25 Aug   | 6.Effective Date 25 Aug 2025  Description |                                      | 7.Legal Authority<br>4GCA4102A(6)                 |                                     |
| THIS IS TO NOTIFY YOU OF THE  |  |   | AFFECTING                            | <u> </u>  | HT                                  |
| PANGELINAN, JESSE B   |  | 2. Date of                                | Birth                                | <b>3.Employee ID</b> 10002353                     | <b>4.Date Requested</b> 02 Sep 2025 |
| 1. Fuliname   |  | 2. Date of                                | Dist                                 | 7 Employee ID                                     | / Data Damusatad                    |

#### 14.REMARKS (continue in item 21,if necessary)

EMPLOYMENT IS SUBJECT TO SATISFACTORY COMPLETION OF A MEDICAL EXAMINATION AND MANDATORY DRUG TEST. ENTITLEMENT DATE FOR BASIC LIFE INSURANCE IS 2/25/2026. YOU HAVE THIRTY-ONE (31) DAYS AFTER ENTITLEMENT DATE TO ELECT SUPPLEMENTAL COVERAGE. TEMPORARY WAIVER OF PHYSICAL EXAMINATION REQUESTED BY APPOINTING AUTHORITY AND AUTHORIZED PURSUANT TO RULE 9.004 AND DOA CIRCULAR 2011-017. FOR ANNUAL LEAVE RATE OF ACCUMULATION PURPOSE PURSUANT TO SECTION 4109 (A) OF THE GOVERNMENT CODE OF GUAM AND PURSUANT TO PUBLIC LAW 24-155 DATED, APRIL 04, 1998, PRIOR MILITARY SERVICE IS HEREBY FURNISHED: \_\_3\_\_YEARS \_\_0\_\_ MONTHS \_\_0\_\_ DAYS

K.L

ESIGN-005-D09022025

| 1. Fullname<br>GUERRERO, FRANKLIN BASIL G  |            |  | 2. Date of             | Birth                                 | 3.Employee ID<br>62989       | <b>4.Date Requested</b> 02 Sep 2025 |
|--|------------|--|------------------------|---------------------------------------|------------------------------|-------------------------------------|
| THIS IS TO NOTIFY YO   | U OF THE F | FOLLOWIN   | G ACTION               | AFFECTING                             | G YOUR EMPLOYMEN             | IT                                  |
| 5.Nature of Action TERMINATION   |            | 6.Effective<br>22 Aug  |                        |                                       | 7.Legal Authority RULE13.101 |                                     |
| FROM   |            | Descr  | iption                 |                                       | то                           |                                     |
| Position MUNICIPAL CLERK (MC)  Pay Grade EX  32170  Step Rate per Hour 15.47  Department MAYOR'S COUNCIL  Section/Division MAYOR - PITI MAYOR'S OFFICE  FTE 1245 |            | 8. Position 9. Pay Gra Salary Rat 10. Depart 11. Div./Se 12. FTE | de/Step<br>te<br>tment | Position—Pay Grands Step—Section—FTE— | Salary 0                     |                                     |
| Next Increment: Exp/Separat PMIS Action  |            |  | 08-27-20               | )25                                   | 111/113                      | 5100A252880SE001-                   |
| Action No.: A-324452 Work Schedule: FULL-TIME  | Request I  | D: DOA   | \-HR-13003             | 9                                     | JON:                         |                                     |
| Retirement Type: DC - DEFINED CON  | TRIBUTION  | I DEDUCTION  | ON                     |                                       | Personnel Jacket No          | <b>5.:</b> 316755                   |
|  |            |  |                        |                                       |                              |                                     |

14.REMARKS (continue in item 21, if necessary)

TERMINATION OF EXEMPTED APPT.

K. w

ESIGN-005-D09022025

| 1. Fullname<br>CAMPOS, JOEY T   |          | 2. Date of  | Birth    | <b>3.Employee ID</b> 10002357   | <b>4.Date Requested</b><br>02 Sep 2025   |                        |  |
|---|----------|---|----------|---------------------------------|--|------------------------|--|
| THIS IS TO NOTIFY YOU   | OF THE I | FOLLOWIN  | G ACTION | AFFECTING                       | S YOUR EMPLOYMEN   | NT                     |  |
| 5.Nature of Action PROBATIONAL APPOINTMENT  |          | <b>6.Effectiv</b> e 25 Aug                                      |          |                                 | 7.Legal Authority RULE4.602  |                        |  |
| FROM  |          | Descr   | iption   |                                 | то   |                        |  |
| Position  Pay Grade  Salary Per Annum  O  Rate per Hour  O  Department  Section/Division  FTE |          | 9. Pay Grade/Step Salary Rate  10. Department  11. Div./Section |          | Pay Gra EL21  Step— 01  Departi | Position FORESTRY AIDE I  Pay Grade EL21 27516  Step Rate 13.23  Department DEPARTMENT OF AGRICULTURE  Section/Division AGR - URBAN & COMMUNITY FOREST |                        |  |
| Next Increment: E   |          | ration Date   |          |                                 | Bdgt Accn No.:   | 6111001-101-23-1613117 |  |
|   |          | ion Date:   | 08-26-20 | )25                             | / 6113001-101-23-16131   |                        |  |
| Action No.: A-324277 R Work Schedule:   | D: DOA   | -HR-26865   | 4        | JON: 161323117                  |  |                        |  |
| Retirement Type: DC - DEFINED CONTR   | IBUTION  | DEDUCTION   | ON       |                                 | Personnel Jacket N   | o.: 19920214           |  |

#### 14.REMARKS (continue in item 21, if necessary)

APPOINTMENT IS SUBJECT TO COMPLETION OF A SIX (6) MONTH INITIAL PROBATIONARY PERIOD. TEMPORARY WAIVER OF PHYSICAL EXAMINATION REQUESTED BY APPOINTING AUTHORITY AND AUTHORIZED PURSUANT TO RULE 9.004 AND DOA CIRCULAR 2011-017. EMPLOYMENT IS SUBJECT TO SATISFACTORY COMPLETION OF A MEDICAL EXAMINATION AND MANDATORY DRUG TEST. ENTITLEMENT DATE FOR BASIC LIFE INSURANCE IS 2/25/2026. YOU HAVE THIRTY-ONE (31) DAYS AFTER ENTITLEMENT DATE TO ELECT SUPPLEMENTAL COVERAGE. SELECTED FROM CERTIFICATION OF ELIGIBLES C125-257 DATED 6/10/2025.

K. W

ESIGN-005-D09022025

| 1. Fullname<br>DIRIGE, JONEVA A.B.   |                       |  | 2. Date of              | Birth                       | <b>3.Employee ID</b> 10002367 | <b>4.Date Requested</b><br>02 Sep 2025 |
|--|-----------------------|--|-------------------------|-----------------------------|-------------------------------|--|
| THIS IS TO NOTIFY YOU  | U OF THE              | FOLLOWIN   | G ACTION                | AFFECTIN                    | G YOUR EMPLOYMEN              | IT                                     |
| 5.Nature of Action PROBATIONAL APPOINTMENT   |                       | <b>6.Effective Date</b> 25 Aug 2025                              |                         | 7.Legal Authority RULE4.602 |                               |  |
| FROM   |                       | Descr  | iption                  |                             | то                            |  |
| Position  Pay Grade Salary Per Annum 0  Step Rate per Hour 0  Department Section/Division  FTE |                       | 8. Position 9. Pay Gra Salary Rat 10. Depart 11. Div./Se 12. FTE | nde/Step<br>te<br>tment | Section                     | Salary25736                   |  |
|  | Exp/Sepa<br>PMIS Acti | ration Date  | e:<br>08-26-20          | )25                         | Bdgt Accn No.: 6              | 5112001 416 25                         |
| Action No.: A-324384 Request ID: DO/   |                       |  | \-HR-23982              | 4                           |                               |  |
| Retirement Type: DC - DEFINED CONT   | FRIBUTION             | DEDUCTION  | ON                      |                             | Personnel Jacket No           | o.: 19920215                           |

### 14.REMARKS (continue in item 21,if necessary)

APPOINTMENT IS SUBJECT TO COMPLETION OF A SIX (6) MONTH INITIAL PROBATIONARY PERIOD. EMPLOYMENT IS SUBJECT TO SATISFACTORY COMPLETION OF A MEDICAL EXAMINATION AND MANDATORY DRUG TEST. ENTITLEMENT DATE FOR BASIC LIFE INSURANCE IS 2/25/2025. YOU HAVE THIRTY-ONE (31) DAYS AFTER ENTITLEMENT DATE TO ELECT SUPPLEMENTAL COVERAGE. THIS ACTION IS BEING PROCESSED IAW WITH INFORMATION PROVIDED AND CERTIFIED BY THE GUAM SOLID WASTE AUTHORITY (GSWA). ALL CLASSIFICATION AND RECRUITMENT PROCEDURES WERE CONDUCTED SOLELY BY THE GSWA AND NOT THE DEPARTMENT OF ADMINISTRATION. INFORMATION CONTAINED IN THIS NOTIFICATION OF PERSONNEL ACTION HAS NOT BEEN VALIDATED AND IS BEING PROCESSED SOLELY FOR PAYROLL PURPOSES.

KL

ESIGN-005-D09022025

| 1. Fullname AQUINO, BRANDON J.F.  2. Date of Birt          |   |   | <b>3.Employee ID</b> 10002366     | <b>4.Date Requested</b><br>02 Sep 2025 |  |  |
|--|---|---|-----------------------------------|--|--|--|
| THIS IS TO NOTIFY YO                                       | U OF THE FOLLOWING ACTION   | AFFECTING   | G YOUR EMPLOYM                    | ENT                                    |  |  |
| 5.Nature of Action PROBATIONAL APPOINTMENT                 | <b>6.Effective Date</b><br>13 Aug 2025                                    |   | 7.Legal Authority<br>RULE4.602    |  |  |  |
| FROM   | Description   |   | то                                |  |  |  |
| Position  Pay Grade  Salary Per Annum  O  Rate per Houi  O | 8. Position Title 9. Pay Grade/Step Salary Rate                           | Position—SANITATION WORKER  Pay Grade—Salary—28269  Step—Rate—13.59 |                                   |  |  |  |
| Department   | 10. Department  | Depart  | nent - GUAM SOLID WASTE AUTHORITY |  |  |  |
| Section/Division   | 11. Div./Section  | Section/Division  GSWA - GUAM SOLID WASTE AUTHORITY                 |                                   |  |  |  |
| FTE  | 12. FTE   | 5378  |                                   |  |  |  |
| Next Increment:  Action No.: A-324385  Work Schedule:      | Exp/Separation Date: PMIS Action Date: 08-26-20 Request ID: DOA-HR-354569 |   | Bdgt Accn No.:<br>JON:            | 6112001 416 25                         |  |  |
|  | TRIBUTION DEDUCTION   | =   | Personnel Jacket No.: 19920212    |  |  |  |

#### 14.REMARKS (continue in item 21,if necessary)

APPOINTMENT IS SUBJECT TO COMPLETION OF A SIX (6) MONTH INITIAL PROBATIONARY PERIOD. TEMPORARY WAIVER OF PHYSICAL EXAMINATION REQUESTED BY APPOINTING AUTHORITY AND AUTHORIZED PURSUANT TO RULE 9.004 AND DOA CIRCULAR 2011-017. EMPLOYMENT IS SUBJECT TO SATISFACTORY COMPLETION OF A MEDICAL EXAMINATION AND MANDATORY DRUG TEST. ENTITLEMENT DATE FOR BASIC LIFE INSURANCE IS 02/13/2026. YOU HAVE THIRTY-ONE (31) DAYS AFTER ENTITLEMENT DATE TO ELECT SUPPLEMENTAL COVERAGE. SELECTED FROM CERTIFICATION OF ELIGIBLES EI25-008DATED 12/26/2023. THIS ACTION IS BEING PROCESSED IAW WITH INFORMATION PROVIDED AND CERTIFIED BY THE GUAM SOLID WASTE AUTHORITY (GSWA). ALL CLASSIFICATION AND RECRUITMENT PROCEDURES WERE CONDUCTED SOLELY BY THE GSWA AND NOT THE DEPARTMENT OF ADMINISTRATION. INFORMATION CONTAINED IN THIS NOTIFICATION OF PERSONNEL ACTION HAS NOT BEEN VALIDATED AND IS BEING PROCESSED SOLELY FOR PAYROLL PURPOSES.

ESIGN-005-D09022025

| 1. Fuliname<br>BRIGINO, MARILOU DR  |  | 2. Date of                          | Birth                                     | <b>3.Employee ID</b> 60029                      | <b>4.Date Requested</b><br>02 Sep 2025 |
|---|--|-------------------------------------|---|---|--|
| THIS IS TO NOTIFY YOU OF TH   | E FOLLOWIN   | IG ACTION                           | AFFECTING                                 | G YOUR EMPLOYMEN                                | IT                                     |
| 5.Nature of Action LIMITED TERM APPOINTMENT                                       |  | <b>6.Effective Date</b> 25 Aug 2025 |   | 7.Legal Authority RULE 4.603                    |  |
| FROM  | Descr  | ription                             |   | то  |  |
| Pay Grade Salary Per Annum 0 Step Rate per Hour 0 Department Section/Division FTE | 8. Position 9. Pay Gra Salary Ra  10. Depart  11. Div./Se  12. FTE | ade/Step<br>te<br>tment             | PROG  Pay Gr  KX  Step— 01  Depart  DEPAI | Rate————————————————————————————————————        | ALTH & SOCIAL SE                       |
| Action No.: A-324310 2026 Work Schedule: FULL-TIME PMIS A Reques                  | paration Date: st ID: DOA  |                                     | 025                                       | Bdgt Acen No.: 6<br>1713144<br>JON: 1713-23-144 | 5111/6113001-101-23-                   |
| Retirement Type: DC - DEFINED CONTRIBUTI  | ON DEDUCTION   | ON                                  |   | Personnel Jacket No                             | <b>o.:</b> 142297                      |

#### 14.REMARKS (continue in item 21,if necessary)

PURSUANT TO RULE 4.603 (A) OF THE PERSONNEL RULES AND REGULATIONS, THIS APPOINTMENT IS NOT TO EXCEED ONE (I) YEAR FROM THE EFFECTIVE DATE ABOVE. EMPLOYMENT IS SUBJECT TO SATISFACTORY COMPLETION OF A MEDICAL EXAMINATION AND MANDATORY DRUG TEST. ENTITLEMENT DATE FOR BASIC LIFE INSURANCE IS 2/25/2026. YOU HAVE THIRTY-ONE (31) DAYS AFTER ENTITLEMENT DATE TO ELECT SUPPLEMENTAL COVERAGE. FOR ANNUAL LEAVE RATE OF ACCUMULATION PURPOSES, AND PURSUANT TO SECTION 4109 (A) OF THE GOVERNMENT CODE OF GUAM AND RULE 8.104 OF THE PERSONNEL RULES AND REGULATIONS, CREDITABLE GOVERNMENT OF GUAM SERVICE IS HEREBY FURNISHED: 3 YEARS 11 MONTHS 5 DAYS

K. W

ESIGN-005-D09022025

| 1. Fullname<br>BAUTISTA, TYLER JEROME W   |             | 2. Date of  | F Birth  | 3.Employee ID<br>60039                      | <b>4.Date Requested</b><br>02 Sep 2025 |  |
|---|-------------|---|--|---|--|--|
| THIS IS TO NOTIFY YOU   | J OF THE    | FOLLOWING ACTION  | AFFECTIN   | G YOUR EMPLOYMEN                            | NT                                     |  |
| 5.Nature of Action  EXTENSION OF DETAIL   |             | 6.Effective Date<br>17 Aug 2025   |  | 7.Legal Authority RULE 4.506                |  |  |
| FROM  |             | Description   |  | то  |  |  |
| Position BUDGET & MANAGEMENT ANALYST II  Pay Grade  MX  Salary Per Annum  51615  Step  Q2  24.81  Department  BUREAU OF BUDGET & MANAGEMENT RESEAR  Section/Division  BBMR - BUDGET & MANAGEMENT  FTE  0027 |             | 8. Position Title  9. Pay Grade/Step Salary Rate  10. Department  11. Div./Section  12. FTE | Position BUDGET & MANAGEMENT ANALYST III  Pay Grade NX  S6999  Step  Q2  27.4  Department BUREAU OF BUDGET & MANAGEMENT RESEAR  Section/Division BBMR - BUDGET & MANAGEMENT  FTE  0027 |   |  |  |
| Next Increment:  Action No.: A-324343  Work Schedule: FULL-TIME   | PMIS Act    | iration Date: ion Date: 08-26-26 ID: DOA-HR-30142   |  | Bdgt Accn No.:<br>0420003<br>JON: 042025003 | 6111001-100-25-                        |  |
| Retirement Type: DB 1.75 - DEFINED B  | BENEFIT 1.5 | 75  | 2-2  | Personnel Jacket N                          | lo.: 143660                            |  |

### 14.REMARKS (continue in item 21,if necessary)

COMPENSATION WHILE BEING DETAILED AS A BUDGET & MANAGEMENT ANALYST III, PURSUANT TO SECTION 6.008, CHAPTER 6 OF THE PERSONNEL RULES AND REGULATIONS. THIS PAY ADJUSTMENT IS EQUIVALENT TO STEP 02 OF PAY GRADE NX. THIS DETAIL IS NOT TO EXCEED 90 CALENDAR DAYS FROM THE EFFECTIVE DATE 08/17/2025. EXTENSION OF DETAIL APPOINTMENT IS IN ACCORDANCE WITH DOA DIRECTOR APPROVAL (HRD NO.: 25-299) DATED 08/21/2025. DETAIL TERM DATE: 11/14/2025

K. w

ESIGN-005-D09022025

| <b>1. Fullname</b> FERNANDEZ, FRANKLIN GERARD RADA                                 |   | 2. Date of                    | Birth                                 | <b>3.Employee ID</b> 10002354                          | <b>4.Date Requested</b> 02 Sep 2025 |
|--|---|-------------------------------|---------------------------------------|--|-------------------------------------|
| THIS IS TO NOTIFY YOU OF T   | HE FOLLOWIN   | IG ACTION                     | AFFECTING                             | G YOUR EMPLOYMEN                                       | IT                                  |
|  |   | Effective Date<br>25 Aug 2025 |                                       | 7.Legal Authority RULE4.602                            |                                     |
| FROM   | Descr   | ription                       |                                       | то   |                                     |
| Pay Grade—Salary Per Annum—0 Step—Rate per Hour—0 Department—Section/Division—FTE— | 8. Positio 9. Pay Gra Salary Ra  10. Depart  11. Div./Se  12. FTE | ade/Step<br>te<br>tment       | LAND Pay Gro KX Step— 01 Depart DEPAF | 41372<br>—Rate———————————————————————————————————      | PRKS                                |
| PMIS   | Separation Date Action Date: est ID: DOA                          | 08-26-20                      |                                       | <b>Bdgt Accn No.:</b> 6 25 1068122 <b>JON:</b> 1068122 | 5111001 / 6113001 101               |
| Retirement Type: DC - DEFINED CONTRIBU   | TION DEDUCTION  | ON                            |                                       | Personnel Jacket No                                    | o.: 19920216                        |

### 14.REMARKS (continue in item 21, if necessary)

APPOINTMENT IS SUBJECT TO COMPLETION OF A SIX (6) MONTH INITIAL PROBATIONARY PERIOD. TEMPORARY WAIVER OF PHYSICAL EXAMINATION REQUESTED BY APPOINTING AUTHORITY AND AUTHORIZED PURSUANT TO RULE 9.004 AND DOA CIRCULAR 2011-017. EMPLOYMENT IS SUBJECT TO SATISFACTORY COMPLETION OF A MEDICAL EXAMINATION AND MANDATORY DRUG TEST. ENTITLEMENT DATE FOR BASIC LIFE INSURANCE IS 2/25/2026. YOU HAVE THIRTY-ONE (31) DAYS AFTER ENTITLEMENT DATE TO ELECT SUPPLEMENTAL COVERAGE. Selected from Certification of Eligibles CI25-269 dated 7/3/25

K. L

ESIGN-005-D09022025

| <b>1. Fullname</b><br>BAZA, MANETTE A.  |  | 2. Date of E                        | Birth   | <b>3.Employee ID</b> 10002216                               | <b>4.Date Requested</b><br>02 Sep 2025 |
|---|--|-------------------------------------|---|---|--|
| THIS IS TO NOTIFY YOU OF TH   | IE FOLLOWING   | ACTION A                            | AFFECTING   | G YOUR EMPLOYMEN  | T                                      |
| 5.Nature of Action PROBATIONAL APPOINTMENT  |  | <b>6.Effective Date</b> 25 Aug 2025 |   | 7.Legal Authority RULE4.602                                 |  |
| FROM  | Descrip  | otion                               |   | то  |  |
| Pay Grade Salary Per Annum  O  Step Rate per Hour  O  Department  Section/Division  FTE | 8. Position 9. Pay Grad Salary Rate 10. Departr 11. Div./Sec | ie/Step                             | Position ELIGIBILITY SPECIALIST I  Pay Grade HX 32355  Step 01 15.56  Department DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE  Section/Division PHSS - FOOD STAMPS  FTE 6939 |   |  |
| PMIS A  | paration Date: action Date: st ID: DOA-                      | 08-26-202                           | 25  | Bdgt Accn No.: 5<br>6***001-101-25-172910<br>JON: 171925101 | 5101B251729MA101  <br>1                |
| Retirement Type: DC - DEFINED CONTRIBUTION  | ON DEDUCTIO  | N                                   | _ = -   | Personnel Jacket No   | <b>D.:</b> 19920213                    |

### 14.REMARKS (continue in item 21, if necessary)

APPOINTMENT IS SUBJECT TO COMPLETION OF A SIX (6) MONTH INITIAL PROBATIONARY PERIOD. EMPLOYMENT IS SUBJECT TO SATISFACTORY COMPLETION OF A MEDICAL EXAMINATION AND MANDATORY DRUG TEST. ENTITLEMENT DATE FOR BASIC LIFE INSURANCE IS 2/25/2026. YOU HAVE THIRTY-ONE (31) DAYS AFTER ENTITLEMENT DATE TO ELECT SUPPLEMENTAL COVERAGE. SELECTED FROM CERTIFICATION OF ELIGIBLES CI24-46S5 DATED 4/28/2025.

K. W

ESIGN-005-D09022025

| 1. Fuliname<br>PEREZ, BREANNA RL   |           |                                   | 2. Date of | Birth                          | <b>3.Employee ID</b> 60499                          | <b>4.Date Requested</b> 02 Sep 2025 |  |
|--|-----------|-----------------------------------|------------|--------------------------------|---|-------------------------------------|--|
| THIS IS TO NOTIFY YOU  | OF THE F  | OLLOWIN                           | G ACTION   | AFFECTIN                       | G YOUR EMPLOYMEN                                    | IT                                  |  |
| 5.Nature of Action SALARY INCREMENT  |           | 6.Effective Date 25 Jul 2024      |            | 7.Legal Authority RULE 10.008  |   |                                     |  |
| FROM   |           | Description                       |            | то                             |   |                                     |  |
| Pay Grade Salary Per Annum   |           | 8. Position 9. Pay Gra Salary Rat | de/Step    | e/Step Pay Grade Salary Salary |   | IAN I                               |  |
| Step————————————————————————————————————   |           |                                   |            | Step—                          | Step————————————————————————————————————            |                                     |  |
| DEPARTMENT OF PARKS AND RECREATION   | ON        | 10. Department DEPAR              |            | RTMENT OF PARKS AND RECREATION |   |                                     |  |
| Section/Division  DPR - HISTORIC RESOURCES   |           | 11. Div./Se                       | ction      |                                | Section/Division——————————————————————————————————— |                                     |  |
| FTE-<br>878  |           | 12. FTE                           |            | FTE—<br>878                    |   |                                     |  |
| Next Increment:  Exp/Separati PMIS Action Action No.: A-324411  Work Schedule: FULL-TIME |           |                                   | 08-26-20   |                                | Bdgt Accn No.: 5<br>111/113<br>JON: 252024001       | 5100A242520SE001<br>111/113         |  |
| Retirement Type: DC - DEFINED CONT   | DEDUCTION | ON                                |            | Personnel Jacket No            | o.: 231637  |                                     |  |

14.REMARKS (continue in item 21, if necessary)

RATING PERIOD: FROM 7/25/2023 TO 7/24/2024 (O)

K.L

ESIGN-005-D09022025

| 1. Fuliname GUMATAOTAO, FRANCIS THOMAS C  |                                    | 2. Date of I                    | Birth     | 3.Employee ID<br>25650                            | <b>4.Date Requested</b> 02 Sep 2025 |  |
|---|------------------------------------|---------------------------------|-----------|---|-------------------------------------|--|
| THIS IS TO NOTIFY YOU C   | F THE FOLLOWIN                     | IG ACTION A                     | AFFECTING | O YOUR EMPLOYMEN                                  | IT                                  |  |
| 5.Nature of Action SALARY INCREMENT   |                                    | 6.Effective Date<br>19 Jun 2025 |           | 7.Legal Authority RULE 10.008                     |                                     |  |
| FROM  | Desc                               | ription                         |           | то  | -                                   |  |
| Position—PROGRAM COORDINATOR II  Pay Grade—Salary Per Annum—51615  Step—Rate per Hour—24.81 | 9. Pay Gra<br>Salary Ra            | ade/Step                        |           | RAM COORDINATOR II  Salary 53571  Rate 25.76      |                                     |  |
| DEPARTMENT OF PUBLIC WORKS  | 10. Depar                          | tment                           |           | ARTMENT OF PUBLIC WORKS                           |                                     |  |
| Section/Division  DPW - HIGHWAY / ENGINEERING DIV   | 11. Div./Se                        | . Div./Section                  |           | Section/Division  DPW - HIGHWAY / ENGINEERING DIV |                                     |  |
| 209   | 12. FTE                            |                                 | FTE—209   |   |                                     |  |
| PI  | xp/Separation Date: equest ID: DO/ | 08-26-202                       |           | Bdgt Accn No.: 5<br>11*<br>JON: 106825122         | 5101F251068IB122                    |  |
| Retirement Type: DB 1.75 - DEFINED BEN  | NEFIT 1.75                         |                                 |           | Personnel Jacket No                               | <b>5.:</b> 7399                     |  |

14.REMARKS (continue in item 21,if necessary)

RATING PERIOD: FROM 6/19/2024 TO 6/18/2025 (O)

K.L

ESIGN-005-D09022025

| 1. Fullname<br>MANIBUSAN, JOEY A   |  | 2. Date of Birth                               | 3.Employee ID<br>25130   | <b>4.Date Requested</b> 02 Sep 2025 |
|--|--|--|--|-------------------------------------|
| THIS IS TO NOTIFY YOU  | OF THE FOLLOWIN  | IG ACTION AFFECTI                              | NG YOUR EMPLOYMEN  | IT                                  |
| 5.Nature of Action SALARY INCREMENT  | <b>6.Effectiv</b><br>25 Jun                                      | re Date<br>n 2025                              | 7.Legal Authority<br>RULE 10.008   |                                     |
| FROM   | Desci  | ription  | то   |                                     |
| Position PROGRAM COORDINATOR III  Pay Grade NX  Step Rate per Hour 26.4  Department DEPARTMENT OF PUBLIC WORKS  Section/Division DPW - HIGHWAY / ENGINEERING DIV  FTE 4614 | 8. Positio 9. Pay Gra Salary Ra  10. Depar  11. Div./Se  12. FTE | ade/Step te  Pay (  NX  Step 02  Depa Depa DEP | GRAM COORDINATOR III  Strade Salary 56999  Rate 27.4  rtment ARTMENT OF PUBLIC WOON/Division ON PUBLIC | PRKS                                |
| Next Increment: Exp/Separation D   |  |  | 1 7  | 5111001/6113001-101-                |
| Action No.: A-324216  Work Schedule: FULL-TIME   | 08-26-2025<br>4-HR-956474  | 25-1068122<br>JON: 1068122                     |  |                                     |
| Retirement Type: DB 1.75 - DEFINED BE  | NEFIT 1.75   | 1  | Personnel Jacket No  | <b>7292</b>                         |

14.REMARKS (continue in item 21, if necessary)

RATING PERIOD: FROM 6/25/2024 TO 6/24/2025 (O)

K.L

ESIGN-005-D09022025

| 1. Fullname<br>FISHER, QUENIE-MEI T  |                                  | 2. Date of Bir                       | th<br>                            | <b>3.Employee ID</b> 25081  | <b>4.Date Requested</b><br>02 Sep 2025 |
|--|----------------------------------|--------------------------------------|-----------------------------------|-----------------------------|--|
| THIS IS TO NOTIFY YO   | U OF THE FOLLOWI                 | NG ACTION AFF                        | FECTING                           | YOUR EMPLOYMEN              | IT                                     |
| 5.Nature of Action TERMINATION - EXP OF APPT / CONTE   | 6.Effective O7 Au                | 7.Legal Authority ag 2025 RULE13.101 |                                   |                             |  |
| FROM   | Desc                             | ription                              | otion TO                          |                             |  |
| Position—PHARMACIST  Pay Grade—Salary Per Annum—128960  Step—Rate per Hour—62  Department—GUAM BEHAVIORAL HEALTH AND WELLN  Section/Division—GBHWC - PROFESSIONAL SUPPORT UNIT  FTE—A.2007 | Salary Ra  10. Depai             | ade/Step (                           | —Pay Gra —Step— —Departr —Section | Rate 0                      |  |
| Next Increment:  | Exp/Separation Dat               | e: 08-07-                            |                                   |                             | 6602A222300GA003-                      |
| Action No.: A-324430 Work Schedule: FULL-TIME  | PMIS Action Date: Request ID: DO | 08-26-2025<br>A-HR-576708            | I                                 | 111/113<br>JON: 2300 22 003 | 3-111/113                              |
| Retirement Type: DC - DEFINED CON  | TRIBUTION DEDUCT                 | ON                                   |                                   | Personnel Jacket No         | <b>7243</b>                            |

14.REMARKS (continue in item 21,if necessary)

EXPIRATION OF CONTRACT APPOINTMENT.

K.L

ESIGN-005-D09022025

|   | NOTIFICAL   | ION OF PERSONN  | EL ACTIC   | )N                              |  |
|---|-------------|---|--|---------------------------------|--|
| 1. Fullname<br>TAJALLE, ELAINE H  |             | 2. Date of  | Birth  | <b>3.Employee ID</b> 60889      | <b>4.Date Requested</b><br>02 Sep 2025 |
| THIS IS TO NOTIFY Y   | OU OF THE F | OLLOWING ACTION   | AFFECTIN   | G YOUR EMPLOYME                 | NT                                     |
| 5.Nature of Action TERMINATION EDOM   |             | 6.Effective Date 22 Aug 2025  Description   |  | 7.Legal Authority<br>RULE13.101 |  |
| Position ADMINISTRATIVE ASSISTANT  Pay Grade JX 40841  Step Rate per Hour 19.64  Department MAYOR'S COUNCIL  Section/Division MAYOR - PITI MAYOR'S OFFICE  FTE 1270 |             | 8. Position Title  9. Pay Grade/Step Salary Rate  10. Department  11. Div./Section  12. FTE | Position  Pay Grade Salary 0  Step Rate 0  Department  Section/Division  FTE |                                 |  |
| Next Increment:   | PMIS Action | on Date: 08-26-20   |  | 111/113                         | 5100A252880SE001-                      |
| Action No.: A-324449  | Request II  | DOA-HR-01578  | 0  | JON:                            |  |

14.REMARKS (continue in item 21,if necessary)

**FULL-TIME** 

DC - DEFINED CONTRIBUTION DEDUCTION

TERMINATION OF EXEMPTED APPT.

Work Schedule:

**Retirement Type:** 

K. W

Personnel Jacket No.:

294156

ESIGN-005-D09022025

| 1. Fullname<br>LUJAN, MICHAEL JB   | 2. Date of  | Birth   | <b>3.Employee ID</b> 60352 | <b>4.Date Requested</b><br>02 Sep 2025   |                     |
|--|-------------|---|----------------------------|--|---------------------|
| THIS IS TO NOTIFY YOU  | NT .        |   |                            |  |                     |
| 5.Nature of Action CHANGE OF BUDGET ACCT NO. / JON   | 6           | 6.Effective Date<br>08 Sep 2025   |                            | <b>7.Legal Authority</b><br>PR&R   |                     |
| FROM   |             | Description   |                            | то   |                     |
| Position—PROGRAM COORDINATOR I  Pay Grade—Salary Per Annum—41372  Step—Rate per Hour—19.89  Department—DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE  Section/Division—DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE  FTE—7120 |             | 8. Position Title  9. Pay Grade/Step Salary Rate  Pay Grade/KX  Step 01  10. Department  DEPAR  Section |                            | Rate— 19.89  tment— RTMENT OF PUBLIC HEALTH & SOCIAL SE on/Division— RTMENT OF PUBLIC HEALTH & SOCIAL SE |                     |
|  |             | tion Date: 08-26-20   | 125                        | Bdgt Accn No.:   | 6111/113001-101-25- |
|  | Request ID: |   |                            | <b>JON:</b> 1760-25-107  | 7                   |
| Retirement Type: DC - DEFINED CONT   | RIBUTION D  | DEDUCTION   |                            | Personnel Jacket N   | o.: 193230          |

### 14.REMARKS (continue in item 21,if necessary)

CHANGE OF JOB ORDER NO. TO READ: 1760-25-107 CHANGE OF BUDGET ACCOUNT NO. TO READ: 6111/113001-101-25-1760107 CONTINUE ALL BENEFITS AND DEDUCTIONS.

K. L

ESIGN-005-D09022025

| 1. Fullname<br>CRUZ, CHRISTINA A  |            |   | 2. Date of            | Birth   | <b>3.Employee ID</b> 10000039                 | <b>4.Date Requested</b><br>02 Sep 2025 |  |
|---|------------|---|-----------------------|---|---|--|--|
| THIS IS TO NOTIFY YOU   | J OF THE F | FOLLOWIN                                | G ACTION              | AFFECTING   | G YOUR EMPLOYMEN                              | Т                                      |  |
| 5.Nature of Action TERMINATION  |            | 6.Effective Date 07 Sep 2025            |                       | 7.Legal Authority<br>RULE13.101                     |   |  |  |
| FROM  |            | Descr                                   | iption                |   | то  |  |  |
| Position  MANAGEMENT ANALYST II  Pay Grade  MX  49731  Step  Rate per Hour  23.91 |            | 8. Position<br>9. Pay Gra<br>Salary Rat | de/Step               |   | Position  Pay Grade  Salary  0  Step  Rate  0 |  |  |
| DEPARTMENT OF PUBLIC HEALTH & SOC   | IAL SE     | 10. Depart                              | ment                  | Department  |   |  |  |
| Section/Division PHSS - MEDICAID  |            | 11. Div./Se                             | ction                 | Section/Division——————————————————————————————————— |   |  |  |
| 7022  |            | 12. FTE                                 |                       | FTE-  | FTE   |  |  |
| Next Increment: Exp/Separation  |            | ration Date                             | : 09-07               | 7-  | <b>Bdgt Accn No.:</b> 6                       | 31*001-101-25-                         |  |
| Action No.: A-324404 PMIS Action Work Schedule: Request ID:                       |            |   | 08-26-20<br>-HR-77770 |   | <b>JON:</b> 172325101                         |  |  |
| Retirement Type: DC - DEFINED CONT  | RIBUTION   | N DEDUCTION                             |                       |   | Personnel Jacket No                           | <b>).:</b> 19911218                    |  |

14.REMARKS (continue in item 21, if necessary)

TERMINATION OF LIMITED TERM APPOINTMENT.

K.L

ESIGN-005-D09022025

| 1. Fullname<br>SANCHEZ JR, FRED J   |  | Date of Birth                          | <b>3.Employee ID</b> 63208   | <b>4.Date Requested</b><br>02 Sep 2025 |  |
|---|--|--|--|--|--|
| THIS IS TO NOTIFY YOU OF TH   | E FOLLOWING A  | ACTION AFFECTI                         | NG YOUR EMPLOYMEN  | NT                                     |  |
| 5.Nature of Action CHANGE OF BUDGET ACCT NO. / JON  | 10.2   | 6.Effective Date 08 Sep 2025           |  | 7.Legal Authority PR&R                 |  |
| FROM  | Descript   | ion                                    | то   |  |  |
| Position PROGRAM COORDINATOR I  Pay Grade KX  41372  Step 01  Page Per Annum 41372  Rate per Hour 19.89  Department DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE  Section/Division DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE  FTE 7158 | 8. Position T  9. Pay Grade Salary Rate  10. Department  11. Div./Section  12. FTE | ritle PRO  /Step KX  Step 01  Depa DEP | GRAM COORDINATOR I  Grade Salary 41372  Rate 19.89  Internet ARTMENT OF PUBLIC HEALTH & SOCIAL SE Ion/Division  ARTMENT OF PUBLIC HEALTH & SOCIAL SE |  |  |
| Next Increment:  Exp/Separation D  PMIS Action Date  Action No.: A-324414  Request ID: D  |  | 08-26-2025<br>R-070573                 | Bdgt Accn No.:<br>1760107<br>JON: 1760-25-10   | 6111/113001-101-25-                    |  |
| Work Schedule: FULL-TIME  Retirement Type: DC - DEFINED CONTRIBUTION  | ON DEDUCTION   |  | Personnel Jacket N   | <b>o.:</b> 334081                      |  |

#### 14.REMARKS (continue in item 21,if necessary)

CHANGE OF JOB ORDER NO. TO READ: 1760-25-107 CHANGE OF BUDGET ACCOUNT NO. TO READ: 6111/113001-101-25-1760107 CONTINUE ALL BENEFITS AND DEDUCTIONS.

K. L

ESIGN-005-D09022025

| 1. Fullname BAUTISTA, NOELLE AW  |                        | 2. Date of                                       | Birth                 | 3.Employee ID<br>60818 | 4.Date Requested<br>02 Sep 2025   |                          |             |
|--|------------------------|--|-----------------------|------------------------|---|--------------------------|-------------|
|  | THIS IS TO NOTIFY YO   | U OF THE   | FOLLOWIN              | G ACTION A             | AFFECTIN  | G YOUR EMPLOYME          | NT          |
| 5.Nature of Action CHANGE OF BUDGET ACCT NO. / JON   |                        | 6.Effective Date<br>08 Sep 2025                  |                       | 7.Legal Authority PR&R |   |                          |             |
| FROM   |                        | Description                                      |                       | то                     |   |                          |             |
| PROGRAM COORDINATOR I  Pay Grade  KX  Salary Per Annum  41372  |                        | 8. Position Title  9. Pay Grade/Step Salary Rate |                       | Prosition PROG         |   |                          |             |
| Rate per Hour— 19.89  Department DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE  Section/Division— DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE  FTE— 7157 |                        | 10. Department  11. Div./Section  12. FTE        |                       | DEPA                   | DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE  Section/Division  DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE  FIE |                          |             |
|  |                        | aration Date:                                    | 08-26-20<br>08-358618 |                        | Bdgt Accn No.:<br>1760107<br>JON: 1760-25-10  | 6111/113001-101-25-<br>7 |             |
| <b>Retirement Typ</b>  | e: DB 1.75 - DEFINED I | BENEFIT 1.                                       | 75                    |                        |   | Personnel Jacket N       | lo.: 275913 |

#### 14.REMARKS (continue in item 21, if necessary)

CHANGE OF JOB ORDER NO. TO READ: 1760-25-107 CHANGE OF BUDGET ACCOUNT NO. TO READ: 6111/113001-101-25-1760107 CONTINUE ALL BENEFITS AND DEDUCTIONS.

of ar CRALLO

ANNAMARIE C PABLO ESIGN-0008-D09022025

| 1. Fullname<br>FERNANDEZ, FRANKLIN GERARD RADA                                |              | 2. Dat  | e of Birth      | 3.Employee ID<br>10002354                      | <b>4.Date Requested</b><br>02 Sep 2025 |
|---|--------------|---|-----------------|--|--|
| THIS IS TO NOTIFY YOU   | U OF THE FOI | LLOWING ACTI  | ON AFFECTIN     | G YOUR EMPLOYMEN                               | т                                      |
| 5.Nature of Action PROBATIONAL APPOINTMENT                                    | 6.           | 6.Effective Date<br>25 Aug 2025   |                 | 7.Legal Authority<br>RULE4.602                 |  |
| FROM  |              | Description   | ption TO        |  |  |
| Pay Grade Salary Per Annum 0 Step Rate per Hour 0 Department Section/Division |              | 8. Position Title  9. Pay Grade/Step Salary Rate  Pay Gr KX  Step 01  Depart DEPAI  10. Department  The Div./Section  Position  Pay Gr KX  Step 01  Section |                 | AGENT II  Salary 41372  Rate 19.89             |  |
| Next Increment:  Exp/Separation PMIS Action Da Request ID: Work Schedule:     |              | <b>Date:</b> 08-2   | 6-2025<br>52355 | Bdgt Accn No.: 6<br>25 1068122<br>JON: 1068122 | 5111001 / 6113001 101                  |
| Retirement Type: DC - DEFINED CONTRIBUTION DEDUC                              |              |   |                 | Personnel Jacket No                            | <b>).:</b> 19920216                    |

#### 14.REMARKS (continue in item 21, if necessary)

APPOINTMENT IS SUBJECT TO COMPLETION OF A SIX (6) MONTH INITIAL PROBATIONARY PERIOD. TEMPORARY WAIVER OF PHYSICAL EXAMINATION REQUESTED BY APPOINTING AUTHORITY AND AUTHORIZED PURSUANT TO RULE 9.004 AND DOA CIRCULAR 2011-017. EMPLOYMENT IS SUBJECT TO SATISFACTORY COMPLETION OF A MEDICAL EXAMINATION AND MANDATORY DRUG TEST. ENTITLEMENT DATE FOR BASIC LIFE INSURANCE IS 2/25/2026. YOU HAVE THIRTY-ONE (31) DAYS AFTER ENTITLEMENT DATE TO ELECT SUPPLEMENTAL COVERAGE. Selected from Certification of Eligibles Ci25-269 dated 7/3/25

K.L

ESIGN-005-D09022025

### **GOVERNMENT OF GUAM AGANA, GUAM**

#### **NOTIFICATION OF PERSONNEL ACTION**

| 1. Fullname  BAZA, MANETTE A.  2. Date of the control of the contr |  | Birth                               | 3.Employee ID<br>10002216                            | 4.Date Requested<br>02 Sep 2025 |  |
|--|--|-------------------------------------|--|---------------------------------|--|
| THIS IS TO NOTIFY YOU  | U OF THE FOLLOWING ACTION  | AFFECTIN                            | G YOUR EMPLOYMEN                                     | п                               |  |
| 5.Nature of Action PROBATIONAL APPOINTMENT   | 6.Effective Date<br>25 Aug 2025  |                                     |  |                                 |  |
| FROM   | Description  |                                     | то   |                                 |  |
| Pay Grade Salary Per Annum 0  Step Rate per Hour 0   | 8. Position Title 9. Pay Grade/Step Salary Rate                          | Pay Gi HX Step 01 Depart            | Step Rate  |                                 |  |
| Section/Division   | 11. Div./Section   | Section/Division PHSS - FOOD STAMPS |  |                                 |  |
| FTE  | 12. FTE  | FTE                                 |  |                                 |  |
| Next Increment:  Action No.: A-323920  Work Schedule:  | Exp/Separation Date: PMIS Action Date: 08-26-26 Request ID: DOA-HR-76127 |                                     | Bdgt Accn No.: 56***001-101-25-172910 JON: 171925101 | •                               |  |
| Retirement Type: DC - DEFINED CON  | TRIBUTION DEDUCTION  |                                     | Personnel Jacket No                                  | o.: 19920213                    |  |

#### 14.REMARKS (continue in item 21, if necessary)

APPOINTMENT IS SUBJECT TO COMPLETION OF A SIX (6) MONTH INITIAL PROBATIONARY PERIOD. EMPLOYMENT IS SUBJECT TO SATISFACTORY COMPLETION OF A MEDICAL EXAMINATION AND MANDATORY DRUG TEST. ENTITLEMENT DATE FOR BASIC LIFE INSURANCE IS 2/25/2026. YOU HAVE THIRTY-ONE (31) DAYS AFTER ENTITLEMENT DATE TO ELECT SUPPLEMENTAL COVERAGE. SELECTED FROM CERTIFICATION OF ELIGIBLES C124-46S5 DATED 4/28/2025.

KL

ESIGN-005-D09022025

| 1. Fuliname PEREZ, BREANNA RL  |            |   | 2. Date of                    | Birth   | 3.Employee ID<br>60499                      | 4.Date Requested<br>02 Sep 2025 |
|--|------------|---|-------------------------------|---|---|---------------------------------|
| THIS IS TO NOTIFY YO   | OU OF THE  | FOLLOWIN  | G ACTION A                    | AFFECTING   | G YOUR EMPLOYME                             | KT .                            |
| 5.Nature of Action SALARY INCREMENT  |            | 6.Effective Date<br>25 Jul 2024   |                               | 7.Legal Authority RULE 10.008   |   |                                 |
| FROM   |            | Descr   | iption                        |   | то  |                                 |
| Position ARCHAEOLOGICAL TECHNICIAN I  Pay Grade HX  Salary Per Annum 33581  Rate per Hour 16.14                        |            | 8. Position Title  9. Pay Grade/Step Salary Rate  Position ARCHAI  Pay Grad HX  Step 03 |                               | AEOLOGICAL TECHNICIAN I   |   |                                 |
| DEPARTMENT OF PARKS AND RECREATION  Section/Division  DPR - HISTORIC RESOURCES  FTE                                    |            | 10. Depart<br>11. Div./Se<br>12. FTE  |                               | Department DEPARTMENT OF PARKS AND RECREA  Section/Division DPR - HISTORIC RESOURCES  FTE |   |                                 |
| Next Increment:  Action No.: A-324411  Work Schedule: FULL-TIME  Exp/Separation Date: PMIS Action Date: Request ID: Do |            |   | e:<br>08-26-20<br>A-HR-725954 |   | Bdgt Accn No.:<br>111/113<br>JON: 252024001 | 5100A242520SE001<br>111/113     |
| Retirement Type: DC - DEFINED COI  | NTRIBUTION | N DEDUCTION   | ON                            |   | Personnel Jacket N                          | o.: 231637                      |

14.REMARKS (continue in item 21,if necessary)

RATING PERIOD: FROM 7/25/2023 TO 7/24/2024 (O)

KIL

ESIGN-005-D09022025

| 1. Fullname GUMATAOTAO, FRANCIS THOMAS C   |   | 2. Date of l                    | Birth                      | 3.Employee ID<br>25650                    | <b>4.Date Requested</b><br>02 Sep 2025 |
|--|---|---------------------------------|----------------------------|---|--|
| THIS IS TO NOTIFY YOU  | U OF THE FOLLOWIN                         | IG ACTION A                     | FFECTING                   | G YOUR EMPLOYMEN                          | ıT                                     |
| 5.Nature of Action SALARY INCREMENT  |   | 6.Effective Date<br>19 Jun 2025 |                            | 7.Legal Authority RULE 10.008             |  |
| FROM   |   | ription                         |                            | то  |  |
| PROGRAM COORDINATOR II  Pay Grade  MX  Salary Per Annum  51615  Step  02  24.81  Department  DEPARTMENT OF PUBLIC WORKS  Section/Division  | 8. Positio 9. Pay Gra Salary Ra 10. Depar | ade/Step<br>ite<br>tment        | Pay Gr<br>MX<br>Step<br>03 | Salary                                    |  |
| DPW - HIGHWAY / ENGINEERING DIV  FTE  209  | 12. FTE                                   | ection                          | FTE—209                    |   |  |
| Next Increment:    Exp/Separation Date:   PMIS Action Date:   Request ID:   Description Date:   PMIS Action Date:   PMIS Actio |   | e:<br>08-26-202<br>A-HR-050337  |                            | Bdgt Accn No.: 5<br>11*<br>JON: 106825122 | 5101F251068IB122                       |
| Retirement Type: DB 1.75 - DEFINED E   | BENEFIT 1.75                              |                                 |                            | Personnel Jacket No                       | o.: 7399                               |

14.REMARKS (continue in item 21,if necessary)

RATING PERIOD: FROM 6/19/2024 TO 6/18/2025 (O)

K-

ESIGN-005-D09022025

**NOTIFICATION OF PERSONNEL ACTION** 1. Fullname 2. Date of Birth 3.Employee ID **4.Date Requested** MANIBUSAN, JOEY A 25130 02 Sep 2025 THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION AFFECTING YOUR EMPLOYMENT **6.Effective Date** 7.Legal Authority **5.Nature of Action** 25 Jun 2025 **RULE 10.008** SALARY INCREMENT **FROM** Description TO Position-8. Position Title **PROGRAM COORDINATOR III PROGRAM COORDINATOR III** Pay Grade Salary Per Annum-Pay Grade-Salary-9. Pay Grade/Step 56999 54918 NX NX **Salary Rate** Step Rate Step Rate per Hour-01 26.4 02 27.4 10. Department **DEPARTMENT OF PUBLIC WORKS DEPARTMENT OF PUBLIC WORKS** Section/Division-Section/Division-11. Div./Section **DPW - HIGHWAY / ENGINEERING DIV DPW - HIGHWAY / ENGINEERING DIV** FTE-FTE 12. FTE 4614 4614 **Exp/Separation Date: Bdgt Accn No.:** 6111001/6113001-101-Next Increment: PMIS Action Date: 08-26-2025 25-1068122

DOA-HR-956474

Request ID:

14.REMARKS (continue in item 21,if necessary)

**FULL-TIME** 

A-324216

Action No.:

Work Schedule:

**Retirement Type:** 

RATING PERIOD: FROM 6/25/2024 TO 6/24/2025 (O)

**DB 1.75 - DEFINED BENEFIT 1.75** 

KL

JON:

1068122

7292

Personnel Jacket No.:

ESIGN-005-D09022025

| 1. Fuliname<br>FISHER, QUENIE-MEI T   |   | 2. Date of Bir   | rth :   | 3.Employee ID<br>25081                         | <b>4.Date Requested</b><br>02 Sep 2025 |  |
|---|---|--|---------|--|--|--|
| THIS IS TO NOTIFY YO  | U OF THE FOLLOWI  | NG ACTION AF   | FECTING | YOUR EMPLOYMEN                                 | т                                      |  |
| 5.Nature of Action TERMINATION - EXP OF APPT / CONT   |   | 6.Effective Date<br>07 Aug 2025  |         | 7.Legal Authority RULE13.101                   |  |  |
| FROM  | Desc  | Description  |         | то   |  |  |
| Position PHARMACIST  Pay Grade  Salary Per Annum  128960  Step  Rate per Hour  62  Department  GUAM BEHAVIORAL HEALTH AND WELL  Section/Division  GBHWC - PROFESSIONAL SUPPORT UNI  FTE  A.2007 | 9. Pay Gi<br>Salary R                                   | 8. Position Title  9. Pay Grade/Step Salary Rate  10. Department  11. Div./Section  Position  Pay Grade/Step Step  Step  Department  Section |         | Grade Salary 0  Rate 0  ortment ion/Division   |  |  |
| Next Increment:  Action No.: A-324430  Work Schedule: FULL-TIME   | Exp/Separation Da 2025 PMIS Action Date: Request ID: DO | 08-07-<br>08-26-2025<br>0A-HR-576708   |         | Bdgt Accn No.: 5<br>111/113<br>JON: 2300 22 00 | 5602A222300GA003-<br>3-111/113         |  |
| Retirement Type: DC - DEFINED CON   | TRIBUTION DEDUCT  | ION  | - 1     | Personnel Jacket No                            | <b>7243</b>                            |  |

14.REMARKS (continue in item 21,if necessary)
EXPIRATION OF CONTRACT APPOINTMENT.

KL

ESIGN-005-D09022025

| 1. Fuliname TAJALLE, ELAINE H  |   | Birth            | 3.Employee ID<br>60889                                     | 4.Date Requested<br>02 Sep 2025 |  |
|--|---|------------------|--|---------------------------------|--|
|  | U OF THE FOLLOWING ACTION   | AFFECTIN         | IG YOUR EMPLOYM  |                                 |  |
| 5.Nature of Action TERMINATION   | <b>6.Effective Date</b> 22 Aug 2025   |                  | 7.Legal Authority<br>RULE13.101                            |                                 |  |
| FROM   | Description   |                  | то   |                                 |  |
| Position ADMINISTRATIVE ASSISTANT  Pay Grade JX  40841  Step 03  Rate per Hour 19.64  Department MAYOR'S COUNCIL  Section/Division MAYOR - PITI MAYOR'S OFFICE  FTE 1270 | 8. Position Title  9. Pay Grade/Step Salary Rate  10. Department  11. Div./Section  12. FTE | Pay G Step Depar | Pay Grade Salary 0 Step Rate 0 Department Section/Division |                                 |  |
| Next Increment:  Action No.: A-324449  Work Schedule: FULL-TIME  | Exp/Separation Date: 08-22 PMIS Action Date: 08-26-20 Request ID: DOA-HR-01578              | 25               | Bdgt Acen No.:<br>111/113<br>JON:                          | 5100A252880SE001-               |  |
| Retirement Type: DC - DEFINED CON  | TRIBUTION DEDUCTION   |                  | Personnel Jacket   | No.: 294156                     |  |

14.REMARKS (continue in item 21, if necessary)

**TERMINATION OF EXEMPTED APPT.** 

KL

ESIGN-005-D09022025

| 1. Fuliname<br>LUJAN, MICHAEL JB  |            |   | 2. Date of                 | Birth                            | 3.Employee ID<br>60352                          | <b>4.Date Requested</b><br>02 Sep 2025 |  |
|---|------------|---|----------------------------|----------------------------------|---|--|--|
| THIS IS TO NOTIFY YOU   | U OF THE I | FOLLOWIN  | G ACTION A                 | AFFECTIN                         | G YOUR EMPLOYMEN                                | ₹T                                     |  |
| 5.Nature of Action CHANGE OF BUDGET ACCT NO. / JON  |            | 6.Effective Date<br>08 Sep 2025                 |                            | 7.Legal Authority PR&R           |   |  |  |
| FROM  |            | Description                                     |                            | то                               |   |  |  |
| Program Coordinator I  Pay Grade KX  Salary Per Annum 41372  Step 01  Rate per Hour 19.89                     |            | 8. Position Title 9. Pay Grade/Step Salary Rate |                            | PROG  Pay Gr KX  Step 01  Depart |   |  |  |
| DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE  Section/Division  DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE  FTE  7120 |            | 11. Div./Section Sect DEP                       |                            | Section                          |   |  |  |
| Next Increment:  Exp/Separation Date: PMIS Action Date: Request ID: DO Work Schedule: FULL-TIME               |            | ion Date:                                       | :<br>08-26-20<br>-HR-96304 |                                  | Bdgt Accn No.: 0<br>1760107<br>JON: 1760-25-107 | 6111/113001-101-25-                    |  |
| Retirement Type: DC - DEFINED CONT  | TRIBUTION  | I DEDUCTIO                                      | ON                         |                                  | Personnel Jacket N                              | o.: 193230                             |  |

### 14.REMARKS (continue in item 21,if necessary)

CHANGE OF JOB ORDER NO. TO READ: 1760-25-107 CHANGE OF BUDGET ACCOUNT NO. TO READ: 6111/113001-101-25-1760107 CONTINUE ALL BENEFITS AND DEDUCTIONS.

K. b-

ESIGN-005-D09022025

| 1. Fullname<br>CRUZ, CHRISTINA A  | 2. Date of   | Birth    | <b>3.Employee ID</b> 10000039   | 4.Date Requested<br>02 Sep 2025 |  |
|---|--|----------|---------------------------------|---------------------------------|--|
| THIS IS TO NOTIFY YOU   | OF THE FOLLOWING ACTION                                | AFFECTII | NG YOUR EMPLOYM                 | ENT                             |  |
| 5.Nature of Action TERMINATION  | 6.Effective Date<br>07 Sep 2025                        |          | 7.Legal Authority<br>RULE13.101 |                                 |  |
| FROM  | Description  |          | то                              |                                 |  |
| Position— MANAGEMENT ANALYST II  Pay Grade— MX  Salary Per Annum— 49731  Step— Rate per Hour— | 8. Position Title 9. Pay Grade/Step Salary Rate        | Pay (    | Srade Salary 0                  |                                 |  |
| DEPARTMENT OF PUBLIC HEALTH & SOCIA  Section/Division PHSS - MEDICAID                         | 10. Department  11. Div./Section                       |          | Department Section/Division     |                                 |  |
| FTE- 7022   | 12. FTE  | FTE      |                                 |                                 |  |
|   | Exp/Separation Date: 09-0°                             |          | <b>Bdgt Accn No.:</b> 1723101   | 61*001-101-25-                  |  |
|   | PMIS Action Date: 08-26-26<br>Request ID: DOA-HR-77770 |          | JON: 172325101                  |                                 |  |
| Retirement Type: DC - DEFINED CONT  | RIBUTION DEDUCTION                                     |          | Personnel Jacket                | No.: 19911218                   |  |

14.REMARKS (continue in item 21,if necessary)

TERMINATION OF LIMITED TERM APPOINTMENT.

K-

ESIGN-005-D09022025

| 1. Fullname<br>SANCHEZ JR, FRED J  |   | 2. Date of  | Birth   | 3.Employee ID<br>63208  | 4.Date Requested<br>02 Sep 2025 |  |
|--|---|---|---|---|---------------------------------|--|
| THIS IS TO NOTIFY YOU  | U OF THE FOLL                             | OWING ACTION  | AFFECTIN  | G YOUR EMPLOYMEN  | Т                               |  |
| 5.Nature of Action CHANGE OF BUDGET ACCT NO. / JON   |   | 6.Effective Date<br>08 Sep 2025   |   | 7.Legal Authority PR&R  |                                 |  |
| FROM   |   | Description   |   | то  |                                 |  |
| PROGRAM COORDINATOR I  Pay Grade  KX  Step  O1  Payer Hour  19.89  Department  DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE  Section/Division  DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE  FTE  7158 |   | 8. Position Title  9. Pay Grade/Step Salary Rate  10. Department  11. Div./Section  12. FTE |   | PROGRAM COORDINATOR I  Pay Grade  KX  41372  Step  Rate  19.89  Department  DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE  Section/Division  DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE  FTE  7158 |                                 |  |
| Next Increment:  Action No.: A-324414  Work Schedule: FULL-TIME  | n Date:<br>Pate: 08-26-20<br>DOA-HR-07057 |   | <b>Bdgt Accn No.:</b> 6<br>1760107<br><b>JON:</b> 1760-25-107 | 5111/113001-101-25-   |                                 |  |
| Retirement Type: DC - DEFINED CONT   | TRIBUTION DE                              | DUCTION   |   | Personnel Jacket No   | o.: 334081                      |  |

### 14.REMARKS (continue in item 21,if necessary)

CHANGE OF JOB ORDER NO. TO READ: 1760-25-107 CHANGE OF BUDGET ACCOUNT NO. TO READ: 6111/113001-101-25-1760107 CONTINUE ALL BENEFITS AND DEDUCTIONS.

K-

ESIGN-005-D09022025

| 1. Fuilname<br>BAUTISTA, NOELLE AW   |             |   | 2. Date of  | Birth  | 3.Employee ID<br>60818  | <b>4.Date Requested</b><br>02 Sep 2025 |
|--|-------------|---|-------------|--|-------------------------|--|
| THIS IS TO NOTIFY YO   | U OF THE F  | OLLOWIN   | G ACTION A  | AFFECTIN   | G YOUR EMPLOYMEN        | П                                      |
| 5.Nature of Action CHANGE OF BUDGET ACCT NO. / JON   |             | 6.Effective Date<br>08 Sep 2025   |             | 7.Legal Authority<br>PR&R  |                         |  |
| FROM   |             | Description   |             | то   |                         |  |
| Promition PROGRAM COORDINATOR I  Pay Grade  KX  Salary Per Annum  41372  Step  Rate per Hour  19.89  Department  DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE  Section/Division  DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE  FTE  7157 |             | 8. Position Title PROG PROG Pay Gr KX Step 01  10. Department DEPAI  TI. Div./Section |             | SRAM COORDINATOR I  Trade Salary 41372  Rate 19.89  tment ARTMENT OF PUBLIC HEALTH & SOCIAL SE MANUAL SE M |                         |  |
| Next Increment: Exp/Separation PMIS Action Da  |             |   | 08-26-20    | 25   | <b>Bdgt Accn No.:</b> 6 | 5111/113001-101-25-                    |
| Action No.: A-324416 Request ID:  Work Schedule: FULL-TIME   |             |   | A-HR-358618 |  | JON: 1760-25-107        | ,                                      |
| Retirement Type: DB 1.75 - DEFINED B   | BENEFIT 1.7 | 5   |             |  | Personnel Jacket No     | o.: 275913                             |

### 14.REMARKS (continue in item 21,if necessary)

CHANGE OF JOB ORDER NO. TO READ: 1760-25-107 CHANGE OF BUDGET ACCOUNT NO. TO READ: 6111/113001-101-25-1760107 CONTINUE ALL BENEFITS AND DEDUCTIONS.

ANNAMARIE C PABLO ESIGN-0008-D09022025

of a CRILLO

2. Date of Birth 3.Employee ID 4.Date Requested 1. Fullname 37899 02 Sep 2025 FLORES, BRITTNEY M THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION AFFECTING YOUR EMPLOYMENT **6.Effective Date** 7.Legal Authority 5.Nature of Action CHANGE OF BUDGET ACCT NO. / JON 08 Sep 2025 PR&R TO **FROM** Description Position 8. Position Title **SOCIAL SERVICE LICENSING OFFICER SOCIAL SERVICE LICENSING OFFICER** Pay Grade Salary Per Annum-Pay Grade Salary-9. Pay Grade/Step MX 49731 MX 49731 **Salary Rate** Step Step Rate\_ Rate per Hour-01 23.91 01 23.91 Department 10. Department **DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE** 11. Div./Section **DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE** FTE FTE 12. FTE 7138 7138 **Next Increment: Exp/Separation Date: Bdgt Accn No.:** 6111/113001-101-25-**PMIS Action Date:** 08-26-2025 1760107 **Action No.:** A-324417 Request ID: DOA-HR-226276 JON: 1760-25-107 Work Schedule: **FULL-TIME Retirement Type: DB 1.75 - DEFINED BENEFIT 1.75** Personnel Jacket No.: 54058

### 14.REMARKS (continue in item 21, if necessary)

CHANGE OF JOB ORDER NO. TO READ: 1760-25-107 CHANGE OF BUDGET ACCOUNT NO. TO READ: 6111/113001-101-25-1760107 CONTINUE ALL BENEFITS AND DEDUCTIONS.

K.L

ESIGN-005-D09022025

1. Fullname 2. Date of Birth 3.Employee ID 4.Date Requested 10000425 CAMPBELL, MARIA PAMELA C 02 Sep 2025 THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION AFFECTING YOUR EMPLOYMENT **6.Effective Date** 7.Legal Authority 5.Nature of Action **SALARY INCREMENT** 09 Sep 2025 **RULE 10.008** FROM TO Description 8. Position Title **COMPUTER SYSTEMS ANALYST II COMPUTER SYSTEMS ANALYST II** Pay Grade-Salary Per Annum-Pay Grade Salary\_ 9. Pay Grade/Step MX 49731 MX 51615 **Salary Rate** Step Rate-Step Rate per Hour-24.81 01 23.91 02 Department 10. Department **DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE** Section/Division-11. Div./Section **PHSS - BUREAU OF PRIMARY CARE SERVICES** PHSS - BUREAU OF PRIMARY CARE SERVICES FTF FTE 12. FTE 6159 6159 **Next Increment:** Exp/Separation Date: **Bdgt Accn No.:** 6111001/6113001-101-PMIS Action Date: 08-26-2025 25-1713160 **Action No.:** A-324419 Request ID: DOA-HR-667155 JON: 1713-23-154 Work Schedule: **Retirement Type:** DC - DEFINED CONTRIBUTION DEDUCTION Personnel Jacket No.: 19910850

14.REMARKS (continue in item 21, if necessary)

RATING PERIOD: 9/09/2024 - 09/08/2025 (S)

KL

ESIGN-005-D09022025

### **GOVERNMENT OF GUAM AGANA, GUAM**

### **NOTIFICATION OF PERSONNEL ACTION**

| 1. Fullname<br>CRUZ, CHRISTINA A  |                                   | 2. Date of Birth                   |   | <b>3.Employee ID</b> 10000039                   | 4.Date Requested<br>02 Sep 2025 |
|---|-----------------------------------|------------------------------------|---|---|---------------------------------|
| THIS IS TO NOTIFY YOU   | U OF THE FOLLOWIN                 | G ACTION A                         | FFECTING  | S YOUR EMPLOYMEN                                | т                               |
| 5.Nature of Action LIMITED TERM APPOINTMENT   |                                   | 6.Effective Date<br>08 Sep 2025    |   | 7.Legal Authority RULE 4.603                    |                                 |
| FROM  | Descr                             | iption                             |   | то  |                                 |
| Pay Grade Salary Per Annum 0  Step Rate per Hour 0  | 8. Position 9. Pay Gra Salary Rat | de/Step                            | Position—PROGRAM COORDINATOR I  Pay Grade—Salary—41372  Step—Rate—19.89 |   |                                 |
| Department  | 10. Depart                        | 10. Department DEPA                |   | RTMENT OF PUBLIC HEALTH & SOCIAL SE             |                                 |
| Section/Division  | 11. Div./Se                       | ction                              | Section/Division PHSS - BUREAU OF HEALTH CARE FINAN                     |   | CARE FINANCING                  |
| FTE   | 12. FTE                           | ==                                 | 6850  |   |                                 |
| Action No.: A-324423  Work Schedule:  Exp/Separation Date 2026  PMIS Action Date: Request ID: DO. |                                   | 09-07-<br>08-26-202<br>A-HR-814172 |   | Bdgt Accn No.: 6<br>1723101<br>JON: 1723-25-101 | 511*001-101-25-                 |
| Retirement Type: DC - DEFINED CON   | TRIBUTION DEDUCTION               | ON                                 |   | Personnel Jacket No                             | o.: 19911218                    |

### 14.REMARKS (continue in item 21, if necessary)

CONTINUE ALL BENEFITS AND DEDUCTIONS FROM LAST APPOINTMENT. PURSUANT TO RULE 4.603 (A), OF THE PERSONNEL RULES AND REGULATIONS, THIS APPOINTMENT IS NOT TO EXCEED ONE (1) YEAR FROM THE EFFECTIVE DATE ABOVE.

K.L

ESIGN-005-D09022025

| 1. Fuliname<br>MAI, MAY-QUI M   | 2. Date of Bi  | irth  | 3.Employee ID<br>37923                            | 4.Date Requested<br>02 Sep 2025   |                   |  |
|---|--|---|---|-----------------------------------|-------------------|--|
| THIS IS TO NOTIFY YO  | U OF THE FOLLOWIN                                    | IG ACTION AF  | FECTING   | G YOUR EMPLOYME                   | NT                |  |
| 5.Nature of Action SALARY INCREMENT   |  | 6.Effective Date<br>20 Jul 2025   |   | 7.Legal Authority RULE 10.008     |                   |  |
| FROM  | Desc   | Description   |   | то                                |                   |  |
| Position CORRECTION OFFICER I  Pay Grade HL21  Step 05  Rate per Hour 19.83 | 9. Pay Gr  | B. Position Title  CORR  Pay Grade/Step Salary Rate  Pay Grade/Step  Step  06 |   | RECTION OFFICER I                 |                   |  |
| Department DEPARTMENT OF CORRECTIONS  | 10. Depar  | tment   | Department DEPARTMENT OF CORRECTIONS              |                                   |                   |  |
| Section/Division DOC - ADULT CORRECTION FACILITY                            | 11. Div./Se  | ection  | Section/Division  DOC - ADULT CORRECTION FACILITY |                                   | FACILITY          |  |
| 3002  | 12. FTE  |   | 3002  |                                   |                   |  |
| Next Increment:  Action No.: A-324390  Work Schedule: FULL-TIME             | Exp/Separation Date PMIS Action Date: Request ID: DO | 08-25-2025  | 5   | Bdgt Acen No.:<br>1310003<br>JON: | 6111001-100-25-   |  |
| Retirement Type: DC - DEFINED CON   | ITRIBUTION DEDUCTI                                   | ON  |   | Personnel Jacket N                | <b>lo.:</b> 55138 |  |

14.REMARKS (continue in item 21,if necessary)

RATING PERIOD 07/20/24 - 07/19/25 (S)

K-

ESIGN-005-D09022025

### **GOVERNMENT OF GUAM AGANA, GUAM**

#### **NOTIFICATION OF PERSONNEL ACTION**

| 1. Fullname SANCHEZ, EDWARD DEXTER S               |  | 2. Date of              | Birth  | 3.Employee ID<br>63269                          | <b>4.Date Requested</b><br>02 Sep 2025 |  |
|--|--|-------------------------|--|---|--|--|
| THIS IS TO NOTIFY YO                               | U OF THE FOLLOWI   | NG ACTION A             | AFFECTIN   | G YOUR EMPLOYMEN                                | eT .                                   |  |
| 5.Nature of Action LIMITED TERM APPOINTMENT        | 6.Effecti<br>21 Au   | ve Date<br>ug 2025      |  | 7.Legal Authority RULE 4.603                    |  |  |
| FROM   | Desc   | Description             |  | то  |  |  |
| Position  Pay Grade  Salary Per Annum  0           | 8. Position 9. Pay Grant Salary Res                        | rade/Step               | Prosition Programme From Programme F | RAM COORDINATOR I                               |  |  |
| Step—Rate per Hour—0  Department—Section/Division— |  | epartment               | Step 01 19.89  Department DEPARTMENT OF PUBLIC HEALTH & SOCIAL S Section/Division  |   | ALTH & SOCIAL SE                       |  |
| FTE  | 11. Div./s   | 12. FTE                 |  | DPHSS  FTE  7079                                |  |  |
| Action No.: A-324273 Work Schedule: FULL-TIME      | Exp/Separation Date: 2026 PMIS Action Date: Request ID: DO | 08-25-20<br>08-HR-90307 | 25   | Bdgt Accn No.: 0<br>1760104<br>JON: 1760-25-104 | 6111/113001-101-25-<br>4               |  |
| Retirement Type: DC - DEFINED CON                  | TRIBUTION DEDUCT   | ION                     |  | Personnel Jacket N                              | o.: 348835                             |  |

#### 14.REMARKS (continue in item 21,if necessary)

EMPLOYMENT IS SUBJECT TO SATISFACTORY COMPLETION OF A MEDICAL EXAMINATION AND MANDATORY DRUG TEST. ENTITLEMENT DATE FOR BASIC LIFE INSURANCE IS 02/21/2026. YOU HAVE THIRTY-ONE (31) DAYS AFTER ENTITLEMENT DATE TO ELECT SUPPLEMENTAL COVERAGE. PURSUANT TO RULE 4.603 (A), OF THE PERSONNEL RULES AND REGULATIONS, THIS APPOINTMENT IS NOT TO EXCEED ONE (1) YEAR FROM THE EFFECTIVE DATE ABOVE.

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ESIGN-005-D09022025

### **GOVERNMENT OF GUAM AGANA, GUAM**

### **NOTIFICATION OF PERSONNEL ACTION**

| 1. Fuliname<br>CRUZ, PAUL J                 |                   |                                 | 2. Date of   | Birth                         | <b>3.Employee ID</b> 5830        | 4.Date Requested<br>02 Sep 2025 |
|---|-------------------|---------------------------------|--------------|-------------------------------|----------------------------------|---------------------------------|
| THIS IS TO NOTIFY YO                        | U OF THE          | FOLLOWIN                        | G ACTION A   | AFFECTIN                      | G YOUR EMPLOYMEN                 | (T                              |
| 5.Nature of Action SALARY INCREMENT         |                   | 6.Effective Date<br>03 Sep 2025 |              | 7.Legal Authority RULE 10.008 |                                  |                                 |
| FROM  |                   | Description                     |              | то                            |                                  |                                 |
| Position——————————————————————————————————— |                   | 8. Position 9. Pay Gra          | de/Step      | Positic<br>SCHO<br>Pay Gr     | OL BUS DRIVER                    |                                 |
| Step Rate per Hour 22.73                    |                   |                                 | 1-208        | Step_                         | Rate 23.45                       |                                 |
| DEPARTMENT OF PUBLIC WORKS                  |                   | 11. Div./Section Section        |              | ARTMENT OF PUBLIC WORKS       |                                  |                                 |
| Section/Division                            |                   |                                 |              |                               | ion/Division  / - BUS OPERATIONS |                                 |
| FTE-<br>4839                                |                   | 12. FTE                         |              | FTE4839                       |                                  |                                 |
| Next Increment:  Action No.: A-324380       | PMIS Action Date: |                                 | 08-25-20<br> |                               | Bdgt Acen No.:                   | 5205A251030SE216-               |
| Work Schedule: FULL-TIME                    |                   |                                 |              |                               |                                  |                                 |
| Retirement Type: DC - DEFINED CON           | N DEDUCTION       | ON                              | 2            | Personnel Jacket N            | o.: 1859                         |                                 |

14.REMARKS (continue in item 21,if necessary)

Rating Period from 9/03/2023 to 9/02/2025. (S)

Koh

ESIGN-005-D09022025

| 1. Fullname<br>SIMBAHAN, ANNALYNNE C  | 2. Date of    | Birth   | 3.Employee ID<br>37949                | 4.Date Requested<br>02 Sep 2025   |                 |
|---|---------------|---|---------------------------------------|---|-----------------|
| THIS IS TO NOTION   | TY YOU OF THE | FOLLOWING ACTION  | AFFECTIN                              | G YOUR EMPLOYM  | ENT             |
| 5.Nature of Action SALARY INCREMENT   |               | 6.Effective Date 20 Jul 2025  |                                       | 7.Legal Authority RULE 10.008   |                 |
| FROM  | FROM          |   | Description                           |   |                 |
| Position CORRECTION OFFICER I  Pay Grade HL21  Step 05  19.83  Department DEPARTMENT OF CORRECTIONS  Section/Division DOC - ADULT CORRECTION FACILITY  FTE 3026 | TY            | 8. Position Title  9. Pay Grade/Step Salary Rate  10. Department  11. Div./Section  12. FTE | Pay G HL21 Step 06 Depar DEPA Section | RECTION OFFICER I  Trade Salary 42897  Rate 20.62  TIMENT OF CORRECTION  ADULT CORRECTION |                 |
| Next Increment:  Action No.: A-324383  Work Schedule: FULL-TIME   |               | aration Date:<br>tion Date: 08-25-20<br>ID: DOA-HR-24874                                    |                                       | Bdgt Accn No.:<br>1310003<br>JON:   | 6111001-100-25- |
| Retirement Type: DC - DEFINED   | CONTRIBUTION  | N DEDUCTION   |                                       | Personnel Jacket  | No.: 56166      |

14.REMARKS (continue in item 21,if necessary)

Rated period from 07-20-2024 TO 07-19-2025 (S)

K.L

ESIGN-005-D09022025

| 1. Fullname<br>ALOKA, JUSTIN G   |  |  | Birth                          | 3.Employee ID<br>37938   | <b>4.Date Requested</b><br>02 Sep 2025 |  |
|--|--|--|--------------------------------|--|--|--|
| THIS IS TO NOTIFY YO   | U OF THE FOL                               | LOWING ACTION                                      | AFFECTIN                       | G YOUR EMPLOYMEN   | NT .                                   |  |
| 5.Nature of Action SALARY INCREMENT  | 6.1  | <b>6.Effective Date</b> 20 Jul 2025                |                                | 7.Legal Authority RULE 10.008  |  |  |
| FROM   |  | Description  |                                | то   |  |  |
| Position CORRECTION OFFICER I  Pay Grade HL21  Salary Per Annum 41247  |  | 8. Position Title CO  9. Pay Grade/Step            |                                | Position CORRECTION OFFICER I  Pay Grade HL21  42897                       |  |  |
| Step Rate per Hour  19.83  Department DEPARTMENT OF CORRECTIONS  Section/Division DOC - ADULT CORRECTION FACILITY  FTE  3034 |  | 10. Department  DEP  Step  Of  Department  Section |                                | 20.62  ARTMENT OF CORRECTIONS  ion/Division  C - ADULT CORRECTION FACILITY |  |  |
| Next Increment:  Action No.: A-324387  Work Schedule: FULL-TIME  | on Date:<br>Date: 08-25-20<br>DOA-HR-02362 |  | Bdgt Acen No.: 1310003<br>JON: | 6111001-100-25-  |  |  |
| Retirement Type: DB 1.75 - DEFINED B   | BENEFIT 1.75                               |  |                                | Personnel Jacket N   | o.: 55699                              |  |

14.REMARKS (continue in item 21,if necessary)

RATING PERIOD: 07/20/2024 TO 07/19/2025. (S)

K.L

ESIGN-005-D09022025

| 1. Fullname<br>HINES, ELIZABETH C. | 2. Date of B   | Birth  | <b>3.Employee ID</b> 10000877     | <b>4.Date Requested</b><br>02 Sep 2025             |                  |  |
|------------------------------------|--|--|-----------------------------------|--|------------------|--|
| THIS IS TO NOTIFY YOU              | OF THE FOLLOWIN  | G ACTION A                                       | FFECTING                          | G YOUR EMPLOYMEN                                   | rT .             |  |
| 5.Nature of Action  AMENDMENT      | <b>6.Effectiv</b><br>30 Jui                            | e Date<br>n 2025                                 |                                   | 7.Legal Authority PR&R                             |                  |  |
| FROM                               | Descr  | iption   | то                                |  |                  |  |
| Position  Salary Per Annum  O      | 9. Pay Gra   | 8. Position Title  9. Pay Grade/Step Salary Rate |                                   | Position CUSTOMER SERVICE REP  Pay Grade HX  32355 |                  |  |
| Rate per Hour  0  Department       | 10. Depart   | tment  | DEPARTMENT OF PUBLIC HEALTH & SOC |  | ALTH & SOCIAL SE |  |
| Section/Division                   | 11. Div./Se  | ection   |                                   |  |                  |  |
| FTE                                | 12. FTE  |  | 6080                              |  |                  |  |
|                                    | Exp/Separation Date: PMIS Action Date: Request ID: DOA | e:<br>08-25-202<br>A-HR-244620                   |                                   | Bdgt Accn No.: 6<br>1729101<br>JON: 1729-25-101    | 611*001-101-25-  |  |
| Retirement Type: DC - DEFINED CONT | RIBUTION DEDUCTION                                     | ON   | 7                                 | Personnel Jacket N                                 | o.: 19920149     |  |

#### 14.REMARKS (continue in item 21, if necessary)

THIS ACTION AMENDS PA# A-317855 (PROBATIONAL APPOINTMENT) TO INCLUDE PRIOR SERVICE. FOR ANNUAL LEAVE RATE OF ACCUMULATION PURPOSES, AND PURSUANT TO SECTION 4109 (A) OF THE GOVERNMENT CODE OF GUAM AND RULE 8.104 OF THE PERSONNEL RULES AND REGULATIONS, CREDITABLE GOVERNMENT OF GUAM SERVICE IS HEREBY FURNISHED: UOG 1 YEARS 07 MONTHS 10 DAYS

K.L

ESIGN-005-D09022025

| 1. Fuliname<br>RUBEN, ALVEN                                      | 2. Date of Birth  | <b>3.Employee ID</b> 10000766 | 4.Date Requested<br>02 Sep 2025  |                      |
|--|---|-------------------------------|--|----------------------|
| THIS IS TO NOTIFY YOU  | U OF THE FOLLOWING                                      | ACTION AFFECTIN               | IG YOUR EMPLOYME   | NT                   |
| 5.Nature of Action AMENDMENT                                     | <b>6.Effective</b><br>07 Apr                            |                               | 7.Legal Authority<br>PR&R  | -2                   |
| FROM   | Descri  | ption                         | то   | 5                    |
| Pay Grade Salary Per Annum 0 Step Rate per Hour 0 Department 10. |   | ment DEP/                     | RECTION OFFICER I  Srade Salary 32997  Rate 15.86  rtment ARTMENT OF CORRECTIONS  ion/Division |                      |
| Next Increment:  Action No.: A-324395  Work Schedule:            | Exp/Separation Date: PMIS Action Date: Request ID: DOA- | 08-25-2025<br>-HR-743065      | Bdgt Accn No.:<br>5100A241310CE003/<br>JON: 1310-24-00   |                      |
| Retirement Type: DC - DEFINED CON                                | TRIBUTION DEDUCTIO                                      | N                             | Personnel Jacket N   | <b>lo.:</b> 19920074 |

### 14.REMARKS (continue in item 21, if necessary)

THIS ACTION AMENDS PA# A-315140 (PROBATIONAL APPOINTMENT) TO INCLUDE PRIOR SERVICE. FOR ANNUAL LEAVE RATE OF ACCUMULATION PURPOSES, AND PURSUANT TO SECTION 4109 (A) OF THE GOVERNMENT CODE OF GUAM AND RULE 8.104 OF THE PERSONNEL RULES AND REGULATIONS, CREDITABLE GOVERNMENT OF GUAM SERVICE IS HEREBY FURNISHED: DOE 4 YEARS 10 MONTHS 02 DAYS

K.L

ESIGN-005-D09022025

| 1. Fullname PALACIOS, MICHELLE C                                      |                                   | 2. Date of                      | Birth                              | 3.Employee ID<br>38058   | 4.Date Requested<br>02 Sep 2025 |
|---|-----------------------------------|---------------------------------|------------------------------------|--|---------------------------------|
| THIS IS TO NOTIFY Y   | OU OF THE FOLLOW                  | ING ACTION A                    | AFFECTIN                           | G YOUR EMPLOYME  | INT                             |
| 5.Nature of Action  AMENDMENT   |                                   | 6.Effective Date<br>28 Apr 2025 |                                    | 7.Legal Authority PR&R   |                                 |
| FROM  | Des                               | Description                     |                                    | то   |                                 |
| Pay Grade Salary Per Annum  O  Step Rate per Hour  O  Department  FTE | 9. Pay G Salary R  10. Depa       | rade/Step<br>tate<br>artment    | Pay Gi HX Step 01 Depart GUAN      | Rate 15.56  Table M BEHAVIORAL HEALTI  Ton/Division  VC - CLINICAL SERVICE | H AND WELLNESS C                |
| Next Increment: Exp/Separation Date 2026                              |                                   | ite: 04-27                      | Bdgt Accn No.: 6111/113001-602-25- |  |                                 |
| Action No.: A-324397 Work Schedule: FULL-TIME                         | 08-25-20<br>DA-HR-0 <b>73</b> 292 | O25 JON: 2310 25 002 - 111/113  |                                    |  |                                 |
| Petirement Type: DC - DEFINED CC                                      | NTDIBUTION DEDUC                  | TION                            |                                    | Dersonnel Jacket N   | No: 62340                       |

### 14.REMARKS (continue in item 21, if necessary)

THIS ACTION AMENDS PA#A-315440 (LIMITED TERM APPOINTMENT) TO INCLUDE PRIOR SERVICE. FOR ANNUAL LEAVE RATE OF ACCUMULATION PURPOSES, AND PURSUANT TO SECTION 4109 (A) OF THE GOVERNMENT CODE OF GUAM AND RULE 8.104 OF THE PERSONNEL RULES AND REGULATIONS, CREDITABLE GOVERNMENT OF GUAM SERVICE IS HEREBY FURNISHED: DOE 14 YEARS 08 MONTHS 19 DAYS

K.L

ESIGN-005-D09022025