<b>1. Fullname</b> OSHIRO, YOSHIO OSHIRO	2. Date of XX XXX XX		<b>3.Employee ID</b> 60059	<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY YOU OF THE F	FOLLOWING ACTION A	AFFECTIN	G YOUR EMPLOYME	NT
5.Nature of Action LIMITED TERM APPOINTMENT	<b>6.Effective Date</b> 17 Sep 2025		<b>7.Legal Authority</b> RULE 4.603	
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	Pay Gr HX  Step— 01  Depart GUAN	Rate—15.56  TREGIONAL TRANSIT A  IN/Division—  IN REGIONAL TRANSIT A	AUTHORITY (GRTA)
Action No.: A-324671 PMIS Action	ration Date: 09-16- on Date: 09-04-20 D: DOA-HR-114538	25	Bdgt Accn No.: 24-9977112 JON: 9977-24-113	6111001/6113001-101-
Retirement Type: DC - DEFINED CONTRIBUTION	I DEDUCTION		Personnel Jacket N	lo.: 150821

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

Approval is recommended.

K. W

ESIGN-005-D09222025

<b>1. Fullname</b> PEREDO, KATHLEEN A			Birth XX	<b>3.Employee ID</b> 1386	<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY YOU	J OF THE FOLLOV	VING ACTION A	AFFECTING	G YOUR EMPLOYMEN	IT
		6.Effective Date 28 Aug 2024		<b>7.Legal Authority</b> 4 GCA SEC 6203	
FROM	De	escription		то	
Position—QUARTERMASTER  Pay Grade—Salary Per Annum—9. Pay 76093  Step—Rate per Hour—36.58  Department—DEPARTMENT OF MILITARY AFFAIRS  Section/Division		oartment /Section	OX  Step  07  Depart  DEPAR  Section  MIL A	76093	AFFAIRS
TAG003	12. FTE		TAG00	03	
Next Increment:  Action No.: A-324112  Work Schedule: FULL-TIME  Exp/Separation D PMIS Action Date Request ID: D		e: 08-15-202		<b>Bdgt Accn No.:</b> 6 3700001   6113001-100 <b>JON:</b> 370025001	
Retirement Type: DC - DEFINED CONT	CTION		Personnel Jacket No	<b>).:</b> 19909481	

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

EMPLOYEE ENTITLED TO A LUMP SUM BONUS OF \$2663.25 WHICH IS EQUIVALENT TO 3.5% OF EMPLOYEE'S BASE SALARY BASED ON A SUPERIOR PERFORMANCE EVALUATION. THIS MERIT BONUS IS IN ACCORDANCE WITH 4 GCA SUBSECTION 6203 AND IS LIMITED TO THE FISCAL YEAR IN WHICH THE SUPERIOR PERFORMANCE WAS RENDERED. SUBJECT TO THE AVAILABILITY OF FEDERAL FUNDS. 6111001: \$2,663.26 6113001: \$858.10 Total Merit Bonus: \$3,521.36

K. L

ESIGN-005-D09222025

<b>1. Fullname</b> REYES, MARILYN Q			2. Date of		<b>3.Employee ID</b> 1136	<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY YOU	OF THE F	OLLOWING	G ACTION A	AFFECTING	G YOUR EMPLOYMEN	Т
<b>5.Nature of Action</b> MERIT BONUS		<b>6.Effective</b> 13 May			<b>7.Legal Authority</b> 4 GCA SEC 6203	
FROM		Descri	ption		то	
Position ADMINISTRATIVE OFFICER  Pay Grade L Salary Per Annum 41479  Rate per Hour 19.94  Department GOV - OFFICE OF HOMELAND SECURITY  Section/Division GOV - OFFICE OF HOMELAND SECURITY  FTE 003		8. Position 9. Pay Grades Salary Rat 10. Depart 11. Div./Sec	de/Step e ment	Pay Gra L Step 05 Departr GOV -	Salary—43051  Rate—20.7	
		ation Date	09-16-202	25	<b>Bdgt Accn No.:</b> 60	3111001/6113001-100-
Action No.: A-324967 Work Schedule: FULL-TIME	Request II	<b>D:</b> DOA	-HR-77340	7	<b>JON:</b> 0600-24-010	6
Retirement Type: DC - DEFINED CONT	RIBUTION	DEDUCTIO	ON		Personnel Jacket No	<b>).:</b> 19908930

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

The employee is eligible to receive a lump sum merit bonus in the amount of \$1,506.79 which represents 3.5% of the employee's base annual salary of \$43,051.00. This award is based on a Superior performance evaluation and is granted in accordance with Title 4 GCA §6203, which authorizes merit bonuses for eligible classified employees. For this employee, the applicable fiscal year in which the superior performance was rendered was Fiscal Year 2014. As stipulated by P.L. 37-123, the merit bonus is limited to the fiscal year in which the performance occurred. Merit Bonus Calculation: Base Salary: \$43,051.00 x 3.5% of Base Salary: \$1,506.79 / Fringe Benefits (32.22%): \$485.49. Total Cost to Agency: \$1,992.28

K. W

ESIGN-005-D09222025

<b>1. Fullname</b> REYES, MARILYN Q			2. Date of		<b>3.Employee ID</b> 1136	<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY YOU O	F THE F	OLLOWIN	G ACTION A	AFFECTING	G YOUR EMPLOYMEN	IT
<b>5.Nature of Action</b> MERIT BONUS		<b>6.Effective</b> 13 May			<b>7.Legal Authority</b> 4 GCA SEC 6203	
FROM		Descri	iption		то	
Position—ADMINISTRATIVE OFFICER  Pay Grade—Salary Per Annum—43051  Step—Rate per Hour—20.7  Department—GOV - OFFICE OF HOMELAND SECURITY  Section/Division—GOV - OFFICE OF HOMELAND SECURITY  FTE—003		8. Position 9. Pay Grad Salary Rat 10. Depart 11. Div./Sec	de/Step e ment	ADMII  Pay Gra  L  Step  06  Depart  GOV -  Section  GOV -	NISTRATIVE OFFICER  Ade Salary 44682  Rate 21.48  Ment OFFICE OF HOMELAND  OFFICE OF HOMELAND	SECURITY
PM	MIS Acti	ration Date on Date: D: DOA	09-16-202		<b>Bdgt Accn No.:</b> 69 24-0600016 <b>JON:</b> 0600-24-01	5111001/6113001-100- 6
Retirement Type: DC - DEFINED CONTRIB	BUTION	DEDUCTIO	ON		Personnel Jacket No	<b>).:</b> 19908930

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

The employee is eligible to receive a lump sum merit bonus in the amount of \$1,563.87 which represents 3.5% of the employee's base annual salary of \$44,682. This award is based on a Superior performance evaluation and is granted in accordance with Title 4 GCA §6203, which authorizes merit bonuses for eligible classified employees. For this employee, the applicable fiscal year in which the superior performance was rendered was Fiscal Year 2015. As stipulated by P.L. 37-123, the merit bonus is limited to the fiscal year in which the performance occurred. Merit Bonus Calculation: Base Salary: \$44,682.00 x 3.5% of Base Salary: \$1,563.87 / Fringe Benefits (32.22%): \$503.88. Total Cost to Agency: \$2,067.75.

K. W

ESIGN-005-D09222025

<b>1. Fullname</b> MENDIOLA, ANTOLIN AS			2. Date of		<b>3.Employee ID</b> 10871	<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY YOU C	OF THE F	OLLOWIN	G ACTION A	AFFECTING	G YOUR EMPLOYMEN	IT
<b>5.Nature of Action</b> MERIT BONUS		<b>6.Effective</b> 19 Sep			<b>7.Legal Authority</b> 4 GCA SEC 6203	
FROM		Descri	iption		то	
Position LAND AGENT I  Pay Grade IX  36209  Rate per Hour 17.41  Department GUAM ANCESTRAL LANDS COMMISSION  Section/Division GUAM ANCESTRAL LANDS COMMISSION  FTE GALC-010		8. Position 9. Pay Gra Salary Rat 10. Depart 11. Div./Sec	de/Step :e :ment	LAND  Pay Gra IX  Step  03  Departe GUAM  Section GUAM	37580  Rate 18.07  Ment ANCESTRAL LANDS C ANCESTRAL LANDS C	OMMISSION
PN	MIS Acti		07-03-20: HR-101895		<b>Bdgt Accn No.:</b> 9	
Retirement Type: DC - DEFINED CONTRI	IBUTION	I DEDUCTIO	NC		Personnel Jacket N	<b>o.:</b> 6537

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

MERIT BONUS AWARD IS PURSUANT TO 4 GCA, SECTION 6203. AWARD BASED ON A SUPERIOR PERFORMANCE RATING FOR THE ASSOCIATED WAITING PERIOD. MERIT BONUS AWARD EQUIVALENT TO 3.5% OF NEW RATE. BONUS AWARD AMOUNT: \$1315.30 (ACTIVE)

K. L

ESIGN-005-D09222025

<b>1. Fullname</b> SUCGANG, DALISAY M			2. Date of Birth		<b>3.Employee ID</b> 2623		<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY YOU OF	THE F	FOLLOWING	G ACTION A	AFFECTIN	G YOUR EMPLO	YMEN	T
<b>5.Nature of Action</b> MERIT BONUS		<b>6.Effective</b> 07 Dec			7.Legal Author 4 GCA SEC	-	
FROM		Descri	ption		Т	0	
Position PSYCHIATRIC TECHNICIAN II  Pay Grade HX  Salary Per Annum 48780  Rate per Hour 23.45  Department GUAM BEHAVIORAL HEALTH AND WELLNESS G Section/Division GBHWC - NURSING SERVICES  FTE C.1411		8. Position 9. Pay Grad Salary Rate 10. Depart 11. Div./Sec	de/Step e ment	PSYC  Pay G  HX  Step— 14  Depar  GUAN  Section GBHV	Tate-24.2  tment-M BEHAVIORAL HE  n/Division-WC - NURSING SER	28 CALTH	AND WELLNESS C
2024 Action No.: A-324681 PMI:	<sub>4</sub> S Acti	ration Date on Date: D: DOA	09-04-20	25	<b>Bdgt Accn No.:</b> 25-2330007 <b>JON:</b> 2330-0		5111001/6113001-602-
Retirement Type: DB - DEFINED BENEFIT I	DEDU	CTION			Personnel Jack	cet No	<b>).:</b> 19907216

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

EMPLOYEE ENTITLED TO A LUMP SUM BONUS OF \$1761.48 WHICH IS EQUIVALENT TO 3.5% OF EMPLOYEE'S BASE SALARY BASED ON A SUPERIOR PERFORMANCE EVAULATION. THIS MERIT BONUS IS IN ACCORDANCE WITH 4 GCA SUBSECTION 6203 AND IS LIMITED TO THE FISCAL YEAR IN WHICH THE SUPERIOR PERFORMANCE WAS RENDERED. Estimated Salaries (111): \$1,761.48, Estimated Fringe Benefits (113): \$543.95, Estimated Total: \$2,305.43

K. W

ESIGN-005-D09222025

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

NOTIFICATION OF P	PERSONNEL ACTION

1. Fullname HADDOCK, CARLA T	2. Date of E		<b>3.Employee ID</b> 60028	4.Date Requested 22 Sep 2025	
THIS IS TO NOTIFY	YOU OF THE	FOLLOWING ACTION A	FFECTIN	IG YOUR EMPLOYME	NT
5.Nature of Action CONTRACTUAL APPOINTMENT		<b>6.Effective Date</b> 10 Sep 2025		7.Legal Authority UNASSIGNED	
FROM		Description		то	
Pay Grade Salary Per Annum 0 Step Rate per Hour 0 Department Section/Division FTE		8. Position Title  9. Pay Grade/Step Salary Rate  10. Department  11. Div./Section  12. FTE	Pay G	SE PRACTITIONER  Salary 234000  Rate 112.5  STATEMAN BEHAVIORAL HEALTH ON/Division M BEHAVIORAL HEALTH	
Next Increment:	Exp/Sepa	ration Date: 09-09-		Bdgt Accn No.:	6111/113001-602-25-
Action No.: A-324811 Work Schedule: FULL-TIME	tion Date: 09-10-2025 ID: DOA-HR-278087		2310004 <b>JON:</b> 25-231000	4 -111/113	
Retirement Type: DC - DEFINED CC	ONTRIBUTION	N DEDUCTION		Personnel Jacket N	<b>lo.:</b> 142229
14.REMARKS (continue in item 21,if ne	cessary)				

Approved by Sup.

K. L

ESIGN-005-D09222025

<b>1. Fullname</b> QUINATA, DIMETRI M			2. Date of		<b>3.Employee ID</b> 60556		<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY YOU	U OF THE	FOLLOWIN	G ACTION A	AFFECTING	G YOUR EMPLO	YMEN	т
5.Nature of Action AMENDMENT		<b>6.Effective</b> 05 Sep			7.Legal Authority PR&R		
FROM		Descr	iption		Т	0	
Position— COMPUTER PROGRAMMER I  Pay Grade— JX Salary Per Annum— 37913  Step————————————————————————————————————		8. Position Title 9. Pay Grade/Step Salary Rate  10. Department  11. Div./Section		Pay Gradient Step O1 OFFIC Section	Sition———————————————————————————————————		
21029		12. FTE		21029	)		
Next Increment:  Exp/Separation Date 2026  Action No.: A-324846  Work Schedule: FULL-TIME  Request ID: DOA				25	<b>Bdgt Accn No.</b> 2100001 <b>JON:</b> 21000		11*001-100-25-
Retirement Type: DB 1.75 - DEFINED B	BENEFIT 1.7	75			Personnel Jacl	ket No	<b>:</b> 240208

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

Amend PA A-324606 Work Schedule to FULL-TIME, vice: PART-TIME.

K. L

ESIGN-005-D09222025

<b>1. Fullname</b> INOCENCIO, TIFFANY-AMBER		te of Birth	<b>3.Employee ID</b> 60826	<b>4.Date Requested</b> 22 Sep 2025	
THIS IS TO NOTIFY YOU	OF THE F	FOLLOWING AC	ΓΙΟΝ AFFECTIN	IG YOUR EMPLOYME	NT
5.Nature of Action RESIGNATION		<b>6.Effective Dat</b> 13 Jul 2025	е	7.Legal Authority RULE 13.002	
FROM		Description	1	то	
Position—NUTRITION ASSISTANT I  Pay Grade—Salary Per Annum—34853  Step—Rate per Hour—16.76  Department—DEPARTMENT OF PUBLIC HEALTH & SOCIA—Section/Division—PHSS - PUBLIC HEALTH  FTE—6631	AL SE	8. Position Title 9. Pay Grade/St Salary Rate  10. Department 11. Div./Section 12. FTE	Pay G Step- Depai	Grade————————————————————————————————————	
1	PMIS Acti	ration Date: fon Date: 09- D: DOA-HR-3	18-2025	<b>Bdgt Accn No.:</b> 1712101 <b>JON:</b> 1712-25-10	611*001-101-25-
Retirement Type: DB 1.75 - DEFINED BE	ENEFIT 1.7			Personnel Jacket N	No.: 277242

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

RESIGNATION WITH DPH/BNS WIC EFFECTIVE 07/13/2025. | LUMP SUM PAYMENT IS AUTHORIZED AND WILL BE MADE FOR ANNUAL LEAVE UP TO 320 HOURS. LUMP SUM PAYMENT IS AUTHORIZED FOR 12 HOURS x \$16.76 (HOURLY) = \$201.08. ESTIMATED BENEFITS: \$ 64.80. TOTAL ESTIMATED LUMP-SUM PAYOUT: \$265.88. NOTE: EMPLOYEE IS REQUESTING FOR A TOTAL PAYOUT FOR ANNUAL LEAVE. PURSUANT TO 4 GCA, 2108 AND RULE 4.502, CHAPTER 4 OF THE PERSONNEL RULES AND REGULATIONS, YOU MAY BE CONSIDERED FOR RE-EMPLOYMENT FOR THE CLASS OF POSITION IN WHICH YOU LAST HAD A PERMANENT APPOINTMENT WITHIN FOUR (4) YEARS FROM THE EFFECTIVE DATE OF SEPARATION. YOU MAY CONTACT THE APPOINTING AUTHORITY OF YOUR FORMER DEPARTMENT FOR CONSIDERATION. YOU MAY ALSO APPLY FOR THE POSITION IF IT SHOULD BE ANNOUNCED. I CERTIFY THAT THIS GG1 SUBMISSION IS TRUE AND CORRECT. ALL PERTINENT DOCUMENTS ARE ATTACHED. THE DIVISION CHIEF HAS REVIEWED AND CONCURRED WITH THE ACCURATENESS OF THE DOCUMENTS. ALL INFORMATION CONTAINED IN THE GG1 HAVE BEEN VERIFIED. SUBJECT TO AVAILABILITY OF FUNDS. 09/15/2025 HR Technical Review Completed HR1276 / LV/GQ



#### For: APPOINTING AUTHORITY

#### GOVERNMENT OF GUAM AGANA, GUAM HR Division

#### NOTIFICATION OF PERSONNEL ACTION

1. Fullname			2. Date of Birth		3.Employee ID	4.Date Requested	
JOROLAN, MARIE LOUISE L		XX XXX XXXX		60196	22 Sep 2025		
THIS IS TO NOTIFY YO	U OF THE	FOLLOWING	G ACTION A	FFECTIN	G YOUR EMPLOYME	NT	
5.Nature of Action		6.Effective	Date		7.Legal Authority		
SALARY INCREMENT		07 Aug	2025		RULE 10.008		
FROM		Descri	ption		то		
Position—PROGRAM COORDINATOR I  Pay Grade—Salary Per Annum—42940  Step—Rate per Hour—20.64  Department—Department—		8. Position 9. Pay Grad Salary Rate	de/Step e	PROG  Pay Gr KX  Step 03	SRAM COORDINATOR I  Tade Salary 44567  Rate 21.43	)	
DEPARTMENT OF PUBLIC HEALTH & SOC	CIAL SE	AL SE 10. Department 11. Div./Section		DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE			
PHSS - PUBLIC HEALTH					Section/Division———————————————————————————————————		
FTE—6761		12. FTE		FTE			
Next Increment:  Action No.: A-325010  Work Schedule: FULL-TIME	PMIS Act	aration Date tion Date: ID: DOA	09-16-202	5	Bdgt Acen No.: 1712114 JON: 171225114	6XXX001-101-25-	
Retirement Type: DB 1.75 - DEFINED B	L BENEFIT 1.	.75			Personnel Jacket N	<b>No.:</b> 175323	
14.REMARKS (continue in item 21,if neces	ssary)				1		

Guam Breast and Cervical Early Detection Program Subject to availability of funds. Office of the Governor \_\_\_\_\_\_ I certify that this GG1 submission is true and correct. All pertinent documents are attached. The Division Chief has reviewed and concurred with the accurateness of the documents. All information contained in the GG1 have been verified.

K. L

ESIGN-005-D09222025

1. Fullname  REYES, JOEY PATRICK		2. Date of Birth 3.Employee ID 4.I		<b>4.Date Requested</b> 22 Sep 2025	
THIS IS TO NOTIFY YOU OF			G YOUR EMPLOYME	·	
5.Nature of Action CHANGE OF BUDGET ACCT NO. / JON	6.Effectiv	e Date		<b>7.Legal Authority</b> PR&R	
FROM	Descr	iption		ТО	
Position—STOREKEEPER I  Pay Grade—Salary Per Annum—32355  Step—Rate per Hour—15.56  Department—DEPARTMENT OF PUBLIC HEALTH & SOCIAL S  Section/Division—PHSS - BUREAU OF COMMUNICABLE DISEASE	     11. Div./Se	de/Step te tment	Position—STOREKEEPER I  Pay Grade—Salary—32355  Step—Rate—15.56  Department—DEPARTMENT OF PUBLIC HEALTH & SOCIATION OF PUBLIC HEALTH		EALTH & SOCIAL SE
C-FTE-	_		FTE		
DPH24-0021	12. FTE		DPH2	5-023	
PM	o/Separation Date: IS Action Date: quest ID: DOA			Bdgt Accn No.: 1713123 JON: 171325123	6111/113001-101-25-
Retirement Type: DC - DEFINED CONTRIB	SUTION DEDUCTION	ON NC		Personnel Jacket N	<b>No.:</b> 19910905
14.REMARKS (continue in item 21,if necessary Subject to the availability of federal funds. Program under the Bureau of Communicable pertinent documents are attached. The Divisio All information contained in the GG1 have beer 09/04/25 HR UPDATED REVIEW Change of Job	Office of the Gove Disease Control. I on Chief has revie n verified. 07/07/2	certify that t wed and cond 5 HR REVIEW	his GG1 s curred w / / LV - C0	ubmission is true ar ith the accurateness DRRECTIONS COMP zation) to 1713-123 (0	nd correct. All s of the documents. LETED / HR1053

For: APPOINTING AUTHORITY
Personnel Services Administrator,
HR Division

ESIGN-005-D09222025

<b>1. Fullname</b> PAULINO, DEBBIE M			2. Date of I		<b>3.Employee ID</b> 4753	<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY YOU	J OF THE	FOLLOWIN	G ACTION A	AFFECTING	G YOUR EMPLOYMEN	IT
5.Nature of Action MERIT BONUS		<b>6.Effective</b> 27 Ma	<b>e Date</b> r 2024		<b>7.Legal Authority</b> 4 GCA SEC 6203	
FROM		Descr	iption		то	
Position— MANAGEMENT ANALYST II  Pay Grade— MX  62163  Step————————————————————————————————————		8. Position 9. Pay Gra Salary Rat 10. Depart 11. Div./Se	de/Step te tment	Pay Grand MX  Step— 08  Depart GUAM  Section GBHW	ment  I BEHAVIORAL HEALTH  In/Division  IC - DIRECTOR'S OFFICE	AND WELLNESS C
FMT.0046		12. FTE		FMT.0	0046	
	PMIS Act		08-21-202 		Bdgt Accn No.: 2300001/6113001-100 JON: 2300-001	
Retirement Type: DC - DEFINED CONT	RIBUTION	N DEDUCTION	NC		Personnel Jacket N	<b>o.:</b> 2000-445

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

EMPLOYEE ENTITLED TO A LUMP SUM BONUS OF \$2244.76 WHICH IS EQUIVALENT TO 3.5% OF EMPLOYEE'S BASE SALARY BASED ON A SUPERIOR PERFORMANCE EVAULATION. THIS MERIT BONUS IS IN ACCORDANCE WITH 4 GCA SUBSECTION 6203 AND IS LIMITED TO THE FISCAL YEAR IN WHICH THE SUPERIOR PERFORMANCE WAS RENDERED. Estimated Salaries (111)-\$2,244.76, Estimated Fringe Benefits (113)-\$723.26, Estimated Total-\$2,968.02

K. W

ESIGN-005-D09222025

<b>1. Fullname</b> PAULINO, DEBBIE M			2. Date of		<b>3.Employee ID</b> 4753	<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY YO	OU OF THE	FOLLOWIN	IG ACTION A	AFFECTIN	IG YOUR EMPLOYM	ENT
5.Nature of Action EXTENSION OF DETAIL		<b>6.Effectiv</b> 07 Jul			<b>7.Legal Authority</b> RULE 4.506	
FROM		Descr	ription		то	
Position— MANAGEMENT ANALYST II  Pay Grade— MX  64136  Step— 08  30.83  Department— GUAM BEHAVIORAL HEALTH AND WELL  Section/Division— GBHWC - DIRECTOR'S OFFICE  FTE— FMT.0046		8. Position 9. Pay Grassalary Ra 10. Depart 11. Div./Se 12. FTE	ade/Step te tment	Pay G NX  Step 07  Depar GUAN  Section GBHV	ment————————————————————————————————————	TH AND WELLNESS C
Next Increment:		aration Date			Bdgt Accn No.:	
Action No.: A-324965 Work Schedule: FULL-TIME		tion Date: ID: DOA			2300001/6113001-10 <b>JON:</b> 100-25-23	00-25-2300001 300001-111/113
Retirement Type: DC - DEFINED CON	TRIBUTIO	N DEDUCTION	ON		Personnel Jacket	<b>No.:</b> 2000-445
					ı	

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

K. L

ESIGN-005-D09222025

	· · · · · · · · ·					
1. Fullname		2. Date of Birth		3.Employee ID	4.Date Requested	
PAULINO, DEBBIE M			xx xxx xx	XX	4753	22 Sep 2025
THE IS TO MOTIFY (VO			IC ACTION (			•
THIS IS TO NOTIFY YO	U OF THE	FOLLOWIN	IG ACTION A	AFFECTIN	G YOUR EMPLOYMI	=NI
5.Nature of Action		6.Effectiv	e Date		7.Legal Authority	
TERMINATION OF DETAIL / ACTING		05 Se	p 2025		RULE 4.506	
APPOINTMENT						
FROM		Descr	ription		то	
Position———————————————————————————————————		8. Positio	n Title	(	on- AGEMENT ANALYST II	1
—Pay Grade———Salary Per Annum———		9. Pay Gra	ade/Step	—Pay Gı	rade—Salary—_	
NX 68648		Salary Ra	te	MX	64136	
Step———Rate per Hour———				Step_	Rate—	
07 33				08	30.83	
Department				Depart	tment	
GUAM BEHAVIORAL HEALTH AND WELLI	NESS C	10. Depar	tment	GUAN	/I BEHAVIORAL HEALT	H AND WELLNESS C
Section/Division		/-		Sectio	n/Division—	
GBHWC - DIRECTOR'S OFFICE		11. Div./Se	ection	GBHV	VC - DIRECTOR'S OFFI	CE
FTE		12. FTE		FTE.		
FMT.0046		12. FIE		FMT.0	0046	
Next Increment:		aration Date			Bdgt Accn No.:	
A-4: N A 72/066		tion Date:			2300001/6113001-10	
Action No.: A-324966  Work Schedule: FULL-TIME	Request	: <b>ID:</b> DOA	ч-нк-523219	1	<b>JON:</b> 100-25-23	00001-111/113
Retirement Type: DC - DEFINED CON	TRIBUTIO	N DEDUCTION	ON		Personnel Jacket	<b>No.:</b> 2000-445
					1	

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

K. W

ESIGN-005-D09222025

1. Fullname DIRAS, DARYL S			2. Date of		<b>3.Employee ID</b> 5179	<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY Y	OU OF THE	FOLLOWIN	IG ACTION	AFFECTIN	G YOUR EMPLOYME	NT
5.Nature of Action SALARY INCREMENT		<b>6.Effectiv</b>			<b>7.Legal Authority</b> RULE 10.008	
FROM		Descr	ription		то	
PROGRAM COORDINATOR IV  Pay Grade OX  Salary Per Annum 76093  Step Rate per Hour 36.58  Department DEPARTMENT OF PUBLIC HEALTH & SO Section/Division PHSS - BUREAU OF MANAGEMENT SU	OCIAL SE	8. Position 9. Pay Gra Salary Rad 10. Depart	ade/Step te tment	PROGON OX  Step— 08  Depart DEPA  Section PHSS	Rate 37.74  TIMENT OF PUBLIC HI  In/Division  - BUREAU OF MANAG	EALTH & SOCIAL SE
BMS 2500		12. FTE		BMS	2500	
Next Increment:	PMIS Act	aration Date	09-19-20		1729112	611*001-101-24-
Action No.: A-324517 Work Schedule: FULL-TIME	Request	ID: DOA	A-HR-20680	03	<b>JON:</b> 172924112	
Retirement Type: DB 1.75 - DEFINED	D BENEFIT 1.	75			Personnel Jacket N	lo.: 1276
1/ DEMARKS (continue in item 2) if nec	escany)				I	

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

RATING PERIOD: FROM 01/17/2023 TO 07/16/2024 (S)

K. W

ESIGN-005-D09222025

2024 1719101  Action No.: A-325021 PMIS Action Date: 09-16-2025 JON: 171925101  Work Schedule: FULL-TIME Request ID: DOA-HR-517540	<b>1. Fullname</b> MARZAN, JOSEPHINE G		2. Date of		<b>3.Employee ID</b> 25068	<b>4.Date Requested</b> 22 Sep 2025
PROBATIONAL APPOINTMENT   29 Sep 2025   RULE4.602	THIS IS TO NOTIFY YOU	OF THE FO	LLOWING ACTION	AFFECTIN	G YOUR EMPLOYME	NT
Position  8. Position Title  9. Pay Grade  Salary Per Annum  0  Step Rate per Hour 0  Department  10. Department		6.	29 Sep 2025		_	
Salary Per Annum   Pay Grade   Salary Per Annum   Salary Per Annum   Salary Rate   Salary   FX   Salary   Sala	FROM		Description		то	
12. FTE   6181	Pay Grade—  Salary Per Annum—  O  Rate per Hour—  O  Department—	9. Sa	. Pay Grade/Step alary Rate D. Department	Pay G FX Step 01 Depar DEPA Section	SE AIDE II  rade	EALTH & SOCIAL SE
2024 1719101  Action No.: A-325021 PMIS Action Date: 09-16-2025 Work Schedule: FULL-TIME Request ID: DOA-HR-517540	FTE-		2. FTE	l (		
Detirement Types DC DEFINED CONTRIBUTION DEDUCTION DESCRIPTION DES	Action No.: A-325021 2	024 MIS Action	<b>Date:</b> 09-16-20	25	1719101	6111/113001-101-25-
Retirement Type: DC - DEFINED CONTRIBUTION DEDUCTION Personnel Jacket No.: 7230	Retirement Type: DC - DEFINED CONTR	RIBUTION D	EDUCTION		Personnel Jacket N	<b>No.:</b> 7230

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

Selected from Certification of Eligibles CI25-273; Dated: 07/09/2025

K. L

ESIGN-005-D09222025

<b>1. Fuliname</b> PAULINO, RACHELLE P			2. Date of		<b>3.Employee ID</b> 7676	<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY YOU	U OF THE F	OLLOWING	G ACTION A	AFFECTING	G YOUR EMPLOYME	NT
5.Nature of Action  DETAIL APPOINTMENT		<b>6.Effective</b> 01 Jan			<b>7.Legal Authority</b> RULE 4.506	
FROM		Descri	ption		то	
Position—PROGRAM COORDINATOR IV  Pay Grade—OX  Salary Per Annum—83568  Rate per Hour—40.18  Department—DEPARTMENT OF PUBLIC HEALTH & SOCI  Section/Division—PHSS - PUBLIC WELFARE  FTE—6800	IAL SE	8. Position 9. Pay Grace Salary Rat 10. Depart 11. Div./Sec	de/Step e ment	Pay Grands SX  Step— 02  Depart DEPAI	HUMAN SERV ADMINI  Salary  89741  Rate  43.14	
Next Increment:  Action No.: A-324682	PMIS Action	ration Date on Date: D: DOA	09-05-20	)25	Bdgt Accn No.: 1729111 JON: 172925111	6***001-101-25-
Work Schedule: FULL-TIME  Retirement Type: DB 1.75 - DEFINED B	BENEFIT 1.7	5			Personnel Jacket N	o.: 3550

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

K. L

ESIGN-005-D09222025

<b>1. Fullname</b> ARTERO, PATRICK R			2. Date of		3.Employee ID 4062	<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY YOU	U OF THE	FOLLOWIN	G ACTION A	AFFECTING	G YOUR EMPLOYMEN	NT
<b>5.Nature of Action</b> SALARY INCREMENT		<b>6.Effective</b> 27 Jul			7.Legal Authority RULE 10.008	
FROM		Descr	iption		то	
Position— COMMODITY INSPECTOR III  Pay Grade— KL21  Salary Per Annum— 70111  Rate per Hour— 33.71  Department— DEPARTMENT OF AGRICULTURE  Section/Division— AGR - PLANT INSPECTION STATION  FTE—		8. Position 9. Pay Gra Salary Rat 10. Depart 11. Div./Se	de/Step te tment	Pay Grand KL21  Step— 14  Depart DEPAR	MODITY INSPECTOR III	JRE
936				936		
Next Increment:  Action No.: A-325090  Work Schedule: FULL-TIME	PMIS Act	ration Date ion Date:	09-18-202		Bdgt Accn No.: -111/113 JON: 163122019	5662A221631CE023
Retirement Type: DB 1.75 - DEFINED E	BENEFIT 1.7	75			Personnel Jacket N	<b>o.:</b> 19908568

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

RATING PERIOD: 7/27/2021 TO 7/26/2023. (UNABLE TO RATE)

K. L

ESIGN-005-D09222025

<b>1. Fullname</b> SANTOS, DENNIS AQ		2. Date o		3.Employee ID 4092	<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY	OU OF THE F	FOLLOWING ACTION	N AFFECTIN	G YOUR EMPLOYME	NT
<b>5.Nature of Action</b> SUSPENSION		<b>6.Effective Date</b> 02 Aug 2025		<b>7.Legal Authority</b> R-11.302	
FROM		Description		то	
Position—POLICE SERGEANT I  Pay Grade—LL25  Step—Rate per Hour—55.97  Department—GUAM POLICE DEPARTMENT  Section/Division—GPD - NEIGHBORHOOD PATROL  FTE—3876		8. Position Title 9. Pay Grade/Step Salary Rate  10. Department 11. Div./Section 12. FTE		rade————————————————————————————————————	
Next Increment:	Exp/Separ	ration Date: on Date: 09-17-2	2025	Bdgt Accn No.: 25-1220001	6111001/6113001-100-
Action No.: A-325030 Work Schedule: FULL-TIME	Request I			<b>JON:</b> 1220-25-00	า
Retirement Type: NON BASE - DEF	INED BENEFI	Т		Personnel Jacket N	l <b>o.:</b> 19904419
1/ DEMADI/S (continue in item 21 if no	2000000			1	

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

Approved by Sup.

K. L

ESIGN-005-D09222025

<b>1. Fullname</b> PEREZ, ARTHUR JAMES S	2. Date o		3.Employee ID 10805	<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY YOU OF THE	FOLLOWING ACTION	AFFECTIN	G YOUR EMPLOYMEN	NT
5.Nature of Action  MERIT BONUS	<b>6.Effective Date</b> 01 Aug 2024		<b>7.Legal Authority</b> 4 GCA SEC 6203	
FROM	Description		то	
Position—CRIMINALIST III  Pay Grade—Salary Per Annum—56999  Step—Rate per Hour—27.4  Department—GUAM POLICE DEPARTMENT  Section/Division—GPD - FORENSIC SCIENCE  FTE—3310	8. Position Title  9. Pay Grade/Step Salary Rate  10. Department  11. Div./Section  12. FTE	CRIM  Pay Gr NX  Step— 03  Depart GUAN  Sectio GPD -	INALIST III  rade Salary 59159  Rate 28.44  IMPOLICE DEPARTMENT  IN/Division FORENSIC SCIENCE	
PMIS Act	aration Date: tion Date: 08-20-2 ID: DOA-HR-0859		Bdgt Accn No.: 6 1250001 / 6113001-100 JON: 1250-24-00	
Retirement Type: DC - DEFINED CONTRIBUTION	N DEDUCTION		Personnel Jacket No	<b>o.:</b> 6472

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

MERIT BONUS AWARD IS PURSUANT TO 4 GCA § 6203 AND PUBLIC LAW NO. 37-42, CHAPTER XII, SECTION 46. MERIT BONUS AWARD IS EQUIVALENT TO 3.5% OF THE NEW RATE. EMPLOYEE IS ENTITLED TO A LUMP SUM BONUS OF \$59,159.00 X 3.5% = \$2,070.57

K. W

ESIGN-005-D09222025

# NOTIFICATION OF PERSONNEL ACTION 2. Date of Birth 3.Employee ID

1. Fullname CRISOSTOMO, GIANNI E		2. Date of I		3.Employee ID 63042	<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY YO	U OF THE FOLLOWIN	NG ACTION A	AFFECTIN	G YOUR EMPLOYME	NT
5.Nature of Action SALARY INCREMENT	<b>6.Effectiv</b> 18 Sep	<b>/e Date</b> p 2024		<b>7.Legal Authority</b> RULE 10.008	
FROM	Desc	ription		то	
Position—POLICE OFFICER (TRAINEE)  Pay Grade—Salary Per Annum—36588  Step—Rate per Hour—17.59  Department—GUAM POLICE DEPARTMENT  Section/Division—Section	9. Pay Gra Salary Ra	ade/Step ite rtment	POLIC Pay Gr FL25 Step— 02 Depart GUAM	38875	т
GUAM POLICE DEPARTMENT			GUAM POLICE DEPARTMENT		T
9030	12. FTE		9030		
Next Increment:  Action No.: A-304977  Work Schedule: FULL-TIME	Exp/Separation Date PMIS Action Date: Request ID: DO	09-11-202	_	Bdgt Accn No.: 1270102 / 6113001-10 JON: 1270-23-10	0-24-1270102
Retirement Type: DC - DEFINED CON	TRIBUTION DEDUCTI	ON		Personnel Jacket N	<b>No.:</b> 320683

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

RATING PERIOD: FROM 09/18/2023 TO 9/17/2024 (S)

K. L

ESIGN-005-D09222025

<b>1. Fullname</b> CRUZ, PATRICK C	2. Date of		<b>3.Employee ID</b> 6375	<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY YOU OF THE	FOLLOWING ACTION	AFFECTIN	G YOUR EMPLOYMEN	NT
5.Nature of Action REEMPLOYMENT	<b>6.Effective Date</b> 22 Sep 2025		<b>7.Legal Authority</b> RULE 4.502	
FROM	Description		то	
Position—SCHOOL BUS DRIVER  Pay Grade—HX Salary Per Annum—44417  Step—Rate per Hour—21.35  Department—DEPARTMENT OF PUBLIC WORKS  Section/Division—DPW - BUS OPERATIONS  FTE—4909	8. Position Title  9. Pay Grade/Step Salary Rate  10. Department  11. Div./Section  12. FTE	SCHO  Pay Gr HX  Step— 10  Depart DEPA	OL BUS DRIVER  ade Salary 44417  Rate 21.35  THERT OF PUBLIC WO	DRKS
PMIS Acti	nation Date: 01-11-202 ion Date: 09-11-202 ID: DOA-HR-138225	25	<b>Bdgt Accn No.:</b> 25-1030216 <b>JON:</b> 1030216	6111001/6113001-205-
Retirement Type: DC - DEFINED CONTRIBUTION	N DEDUCTION	-	Personnel Jacket N	<b>o.:</b> 2347

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

Request for reinstatement approved 8/11/25.reinstatement of position, Pay, Grade, and Step. Effective date will be contingent upon employee passing drug test.

K. L

ESIGN-005-D09222025

1. Fullname		2. Date of B		<b>3.Employee ID</b> 4700	4.Date Requested
REYES, EDWIN JC		XX XXX XXX	XX	4700	22 Sep 2025
THIS IS TO NOTIFY YOU	OF THE FOLLOWIN	NG ACTION A	FFECTI	NG YOUR EMPLOYMI	ENT
5.Nature of Action	6.Effectiv	e Date		7.Legal Authority	
SALARY INCREMENT	26 Au	ıg 2025		RULE 10.008	
FROM	Desc	ription		то	
—Position—			—Posi	tion—	
COASTAL PROGRAM ADMINISTRATOR	8. Positio	on Title	COA	STAL PROGRAM ADMI	NISTRATOR
—Pay Grade———Salary Per Annum———	9. Pay Gr	ade/Sten	—Pay	Grade—Salary—_	
PX 87305	Salary Ra	-	PX	90075	
Step——Rate per Hour—			Step	Rate—	
08 41.97			09	43.31	
Department			Depa	rtment	
BUREAU OF STATISTICS AND PLANS	10. Depar	rtment	BUR	EAU OF STATISTICS AI	ND PLANS
Section/Division	11. Div./se	action	Sect	ion/Division————	
BOSP - COASTAL ZONE MANAGEMENT		ection	BOS	P - COASTAL ZONE MA	ANAGEMENT
_FTE	12. FTE		FTE-		
GCMP001			GCN	1P001	
					,
	Exp/Separation Dat PMIS Action Date:	: <b>e:</b> 08-28-202	) <u>F</u>	<b>Bdgt Accn No.:</b> 25-0930101	6111001/6113001-101-
	Request ID: DO			<b>JON:</b> 0930101	
Work Schedule: FULL-TIME			•	0330101	
Retirement Type: DC - DEFINED CONT	RIBUTION DEDUCTI	ON		Personnel Jacket	<b>No.:</b> 19909484
16 DEMARKS (continue in item 2) if necess		ON		Personnei Jacket	19909484

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

Rating Period: 02/25/2024 to 08/25/2025.

K. L

ESIGN-005-D09222025

<b>1. Fullname</b> BAYONA, MAE LINDA		te of Birth XX XXXX	<b>3.Employee ID</b> 6950	<b>4.Date Requested</b> 22 Sep 2025			
THIS IS TO NOTIFY	YOU OF THE	FOLLOWING ACT	ION AFFECTIN	IG YOUR EMPLOYME	NT		
<b>5.Nature of Action</b> DISMISSAL		<b>6.Effective Date</b> 28 Jun 2025		<b>7.Legal Authority</b> RULE 11.302			
FROM		Description	ı	то			
Position— LICENSE SUPERVISOR (REV & TAX)  Pay Grade— KX  S1715  Step— O7  24.86  Department— DEPARTMENT OF REVENUE & TAXATION  Section/Division— R&T - GENERAL LICENSING  FTE— 2652		8. Position Title 9. Pay Grade/St Salary Rate  10. Department 11. Div./Section 12. FTE	ep —Pay G —Step— —Depar —Section	Position———————————————————————————————————			
Next Increment:	1 -	ration Date: ion Date: 09-	17-2025	Bdgt Accn No.:	5100A250840CE021-		
Action No.: A-325031 Work Schedule: FULL-TIME	Request	ID: DOA-HR-6	545487	<b>JON:</b> 0840021-1	11/113		
Retirement Type: DC - DEFINED CC	ONTRIBUTION	N DEDUCTION		Personnel Jacket N	<b>lo.:</b> 2916		
14.REMARKS (continue in item 21.if ne	cessary)			L			

Pursuant to NFAA issued 06/25/2025, with an effective date of 06/28/2025

K. W

ESIGN-005-D09222025

<b>1. Fullname</b> PEREZ, ROSEMARIE B			2. Date of		<b>3.Employee ID</b> 59912	<b>4.Date Requested</b> 22 Sep 2025	
THIS IS TO NOTIFY YOU O	F THE F	OLLOWIN	G ACTION A	AFFECTING	G YOUR EMPLOYMEN	IT	
5.Nature of Action PROBATIONAL APPOINTMENT		<b>6.Effective</b> 14 Aug	2025		<b>7.Legal Authority</b> RULE4.602		
Pay Grade—Salary Per Annum—0  Rate per Hour—0  Department—Section/Division—		8. Position Title  9. Pay Grade/Step Salary Rate  10. Department  11. Div./Section  12. FTE		Pay Grand HX Step— 01 Depart DEPAR	Rate————————————————————————————————————		
	-	ation Date on Date:	01-02 09-11-202		<b>Bdgt Accn No.:</b> 5	5100A250830SE014-	
Action No.: A-324863 Re Work Schedule: FULL-TIME	quest ID	<b>ID:</b> DOA-HR-891700		0	<b>JON:</b> 083025014-	-111/113	
Retirement Type: DC - DEFINED CONTRIE	BUTION	DEDUCTIO	ON		Personnel Jacket No	<b>5.:</b> 123898	
14 DEMARKS (continue in item 21 if necessar	v)						

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

Selected from Certification of Eligibles CI25-254 dated 6/5/25

K. L

ESIGN-005-D09222025

<b>1. Fullname</b> NARCIS, DAMIAN HARLAN A		2. Date of Birth XX XXX XXXX		<b>4.Date Requested</b> 22 Sep 2025	
THIS IS TO NOTIFY YOU OF TH	IE FOLLOWING ACTION	AFFECTII	NG YOUR EMPLOYME	ENT	
<b>5.Nature of Action</b> PROBATIONAL APPOINTMENT	<b>6.Effective Date</b> 06 Oct 2025	T	<b>7.Legal Authority</b> RULE4.602		
FROM  Position	Description  8. Position Title	Posit	ion————————————————————————————————————		
Pay Grade————————————————————————————————————	9. Pay Grade/Step Salary Rate		Grade———Salary——		
Department	10. Department	СНА	Department CHAMORRO LAND TRUST COMMISSIO		
Section/DivisionFTE	11. Div./Section	CLT	CLTC BUDGET		
		CLT	C-042		
PMIS A	eparation Date: 11-21 Action Date: 09-16-2 st ID: DOA-HR-4724		Bdgt Accn No.: 4400001 / 6113001-1 JON: 24440000	100-24-4400001	
Retirement Type: DC - DEFINED CONTRIBUT	ION DEDUCTION		Personnel Jacket I	<b>No.:</b> 62344	

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

SELECTED FROM CERTIFICATION OF ELIGIBLES CI25-148 DATED 3/4/2025.

K. L

ESIGN-005-D09222025

#### 1. Fullname 2. Date of Birth 3.Employee ID 4.Date Requested TORRES, GENEVIEVE L XX XXX XXXX 59760 22 Sep 2025 THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION AFFECTING YOUR EMPLOYMENT **5.Nature of Action 6.Effective Date** 7.Legal Authority SALARY INCREMENT **RULE 10.008** 28 Dec 2023 **FROM** Description TO -Position-8. Position Title TREASURY CASHIER TREASURY CASHIER -Pay Grade--Salary Per Annum--Pay Grade--Salary-9. Pay Grade/Step 35008 GX 33731 GX **Salary Rate** Step Rate per Hour-Step-Rate-05 16.83 04 16.22 Department-Department-10. Department **DEPARTMENT OF ADMINISTRATION DEPARTMENT OF ADMINISTRATION** -Section/Division--Section/Division-11. Div./Section **DOA - DIVISION OF ACCOUNTS DOA - DIVISION OF ACCOUNTS** FTE 12. FTE 63004 63004 **Bdgt Accn No.: Next Increment: Exp/Separation Date:** 6111001/6113001-100-PMIS Action Date: 25-0660007 09-19-2025 Action No.: A-325150 Request ID: DOA-HR-048598 JON: Work Schedule: **FULL-TIME** DC - DEFINED CONTRIBUTION DEDUCTION Personnel Jacket No.: 98051 **Retirement Type:**

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

K. L

ESIGN-005-D09222025

1. Fullname BAUMGARTNER, ISABEL C		2. Date of Birth		3.Employee ID 25194	<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY YOU	OF THE FOLLOWIN	G ACTION A	FFECTING	G YOUR EMPLOYMEN	NT
<b>5.Nature of Action</b> SALARY INCREMENT	<b>6.Effectiv</b> 25 No	<b>e Date</b> v 2023		7.Legal Authority RULE 10.008	
FROM	Descr	ription		ТО	
Position—TREASURY CASHIER  Pay Grade—Salary Per Annum—33731  Step—Rate per Hour—16.22  Department—DEPARTMENT OF ADMINISTRATION  Section/Division—DOA - DIVISION OF ACCOUNTS	8. Position 9. Pay Gra Salary Ra  10. Depart	nde/Step te tment	Pay Gra GX Step 05 Depart DEPAR	35008	RATION
FTE			FTE—63019		6111001/6113001-100-
P	xp/Separation Date: MIS Action Date: equest ID: DOA	09-19-202	_	25-0660007 <b>JON:</b> 0660 24 00	·
Retirement Type: DC - DEFINED CONTR	NC		Personnel Jacket N	<b>o.:</b> 7356	

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

K. W

ESIGN-005-D09222025

						1	
1. Fullname	2. Date of Birth		3.Employee ID	4.Date Requested			
QUICHOCHO, VILMA R		XX XXX XXXX		XX	10708	22 Sep 2025	
THIS IS TO NOTIFY YO	U OF THE	FOLLOWING	G ACTION A	AFFECTIN	G YOUR EMPLOYM	ENT	
5.Nature of Action		6.Effective	e Date		7.Legal Authority		
SALARY INCREMENT		03 Apr	2023		RULE 10.008		
FROM		Descri	ption		то		
—Position—				Positio	on		
TREASURY CASHIER		8. Position	Title	TREA	SURY CASHIER		
—Pay Grade———Salary Per Annum——		9. Pay Grad	de/Sten	—Pay Gı	rade— —Salary—		
GX 37712		Salary Rate	-	GX	38908		
Step——Rate per Hour—	-Step				Rate		
07 18.13					18.71		
Department				Depart	tment		
DEPARTMENT OF ADMINISTRATION		10. Depart	ment	DEPA	RTMENT OF ADMINIS	TRATION	
Section/Division		11. Div./Sed	ation	Section/Division			
DOA - DIVISION OF ACCOUNTS		II. DIV./3ec	CUOII	DOA -	DIVISION OF ACCOU	NTS	
FTE		12. FTE		FTE			
63010				63010	0		
		<u> </u>			1		
Next Increment:	1 -	aration Date		NE	Bdgt Accn No.:	6111001/6113001-100-	
<b>Action No.:</b> A-325004		tion Date: ID: DOA			25-0660007 <b>JON:</b>		
Work Schedule: FULL-TIME	Request	. DOA	11K-320700	•	JOI4.		
Retirement Type: DC - DEFINED CON	TRIBUTIO	N DEDUCTIO	N		Personnel Jacket	<b>No.:</b> 6378	
					I		

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

K. L

ESIGN-005-D09222025

<b>1. Fullname</b> PASION, JAMES			2. Date of		<b>3.Employee</b> 60445	ID	<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY YOU	U OF THE I	FOLLOWIN	G ACTION A	AFFECTING	S YOUR EMP	LOYMEN	т
5.Nature of Action PROBATIONAL APPOINTMENT	6.Effective			7.Legal Authority RULE4.602			
FROM		Descr	iption			то	
Position  Pay Grade Salary Per Annum 0  Rate per Hour 0  Department  Section/Division  FTE		8. Position Title 9. Pay Grade/Step Salary Rate 10. Department 11. Div./Section 12. FTE		Pay Gra NX Step 01 Depart DEPAR Section DOA -	Position—SYSTEMS PROGRAMMER  Pay Grade—Salary— 54918  Step—Rate—Rate—Rate—Rate—Rate—Rate—Rate—Rate		ATION
Next Increment:		ration Date			Bdgt Accn I	<b>No.:</b> 6	111001/6113001-100-
Action No.: A-325019 Work Schedule: FULL-TIME	PMIS Acti Request I		09-16-202 A-HR-83326		25-0610002 <b>JON:</b> 06	10-25-002	:
Retirement Type: DC - DEFINED CONT	TRIBUTION	I DEDUCTIO	NC		Personnel J	acket No	<b>:</b> 223486

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

Selected from Certification of Eligibles CI25-271 dated 7/7/25

K. L

ESIGN-005-D09222025

<b>1. Fullname</b> CRUZ, JOELTON JOSE TC	2. Date of Birth XX XXX XXXX		<b>3.Employee ID</b> 70398	<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY YOU OF THE	FOLLOWING ACTION	AFFECTIN	G YOUR EMPLOYME	NT
5.Nature of Action PROBATIONAL APPOINTMENT	6.Effective Date 15 Sep 2025	I	<b>7.Legal Authority</b> RULE4.602	
Position  Pay Grade Salary Per Annum 0  Step Rate per Hour 0  Department  Section/Division  FTE	9. Pay Grade/Step Salary Rate  10. Department  11. Div./Section  12. FTE	Pay G FL21  Step 01  Depar DEPA  Section AGR	Step	
2023	ion Date: 08-0  ion Date: 08-27-20  ID: DOA-HR-611756	025	<b>Bdgt Accn No.:</b> 1631019 / 6113001-100 <b>JON:</b> 163125019	6111001-100-25- 0-25-1631019
Retirement Type: SOCIAL SECURITY/MEDICARE	DEDUCTION		Personnel Jacket N	No.: SY1632

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

SELECTED FROM CERTIFICATION OF ELIGIBLES CI25-255 DATED 6/10/2025.

K. L

ESIGN-005-D09222025

<b>1. Fullname</b> Matanane, Tracy		2. Date of Birth		<b>3.Employee ID</b> 10002358	<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY YOU OF THE F	FOLLOWING	G ACTION .	AFFECTING	G YOUR EMPLOYMEN	IT
5.Nature of Action UNCLASSIFIED APPOINTMENT	<b>6.Effective</b> 15 Sep			7.Legal Authority 4GCA4102A(6)	
FROM	Descri	iption		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		Position PROGRAM COORDINATOR III (GOV)  Pay Grade Salary 58119  Step Rate 27.94  Department OFFICE OF THE GOVERNOR  Section/Division GOV - OFFICE OF HOMELAND SECURITY  FTE-		
Action No.: A-324878 PMIS Acti	ration Date ion Date: D: DOA	09-12-20		<b>Bdgt Accn No.:</b> 60280187 <b>JON:</b> 0280-25-185	5111011/6113001-101-25- 7 111/113
Retirement Type: NO RETIREMENT PLAN ON RE	CORD			Personnel Jacket No	o.:

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

K. ~

ESIGN-005-D09222025

<b>1. Fullname</b> GALON, ROMA F.	2. Date of Birth XX XXX XXXX		<b>3.Employee ID</b> 10002359	<b>4.Date Requested</b> 22 Sep 2025			
THIS IS TO NOTIFY YO	OU OF THE	FOLLOWING	ACTION A	FFECTIN	IG YOUR EMPLOYMI	ENT	
<b>5.Nature of Action</b> PROBATIONAL APPOINTMENT	<b>6.Effective I</b> 29 Sep 2			<b>7.Legal Authority</b> RULE4.602			
FROM		Descrip	tion		ТО		
Pay Grade		8. Position Title 9. Pay Grade/Step Salary Rate  10. Department  11. Div./Section  12. FTE		Position—DATA CONTROL CLERK II  Pay Grade—Salary—28269  Step—Rate—13.59  Department—DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE  Section/Division—PHSS - FOOD STAMPS  FTE—6998			
Next Increment:  Action No.: A-324810  Work Schedule:	1		09-10-202 HR-998816	_	<b>Bdgt Accn No.:</b> 1728201 <b>JON:</b> 17282420	6***001-101-24-	
Retirement Type: NO RETIREMENT F	PLAN ON RE	ECORD			Personnel Jacket No.:		
14.REMARKS (continue in item 21,if nece	essary)				l		

Selected from Certification of Eligibles Cl25-268; Dated: 07/03/2025

K. -

ESIGN-005-D09222025

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

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

<b>1. Fullname</b> PANGELINAN, DENISE ANN			2. Date of		<b>3.Employee ID</b> 10002372	<b>4.Date Requested</b> 22 Sep 2025	
THIS IS TO NOTIFY Y	OU OF THE I	FOLLOWING	G ACTION A	AFFECTIN	G YOUR EMPLOYMI	ENT	
5.Nature of Action PROBATIONAL APPOINTMENT	<b>6.Effective</b> 22 Sep			<b>7.Legal Authority</b> RULE4.602			
FROM		Descri	ption		то		
Pay Grade Salary Per Annum 0 Step Rate per Hour 0 Department Section/Division FTE		8. Position Title  9. Pay Grade/Step Salary Rate  Pay Grade/Step O1  10. Department  Department  11. Div./Section  Dol.  12. FTE		Pay Gr HX Step— 01 Depart DEPA Section	PARTMENT OF LABOR  Stion/Division— L - EMPLOYMENT SERVICE (ES) ALIEN EMPL		
Next Increment:	Exp/Sepa PMIS Acti	ration Date ion Date:	: 09-11-202	25	<b>Bdgt Accn No.:</b> 2411102	6111/113001-101-24-	
Action No.: A-324871 Request ID: Work Schedule:			-HR-356417	7	<b>JON:</b> 2411-24-10	)2	
Retirement Type: NO RETIREMENT I	PLAN ON RE	CORD			Personnel Jacket	No.:	
14.REMARKS (continue in item 21.if nec	essarv)				l		

SELECTED FROM CI25-261 DATED: 06/16/2025

K. L

ESIGN-005-D09222025

<b>1. Fullname</b> SAN NICOLAS, EVAN J.	2. Date o		<b>3.Employee ID</b> 10002373	<b>4.Date Requested</b> 22 Sep 2025
THIS IS TO NOTIFY YOU OF THE I	FOLLOWING ACTION	AFFECTIN	G YOUR EMPLOYMEN	IT
5.Nature of Action EXEMPTED APPOINTMENT	<b>6.Effective Date</b> 09 Sep 2025		7.Legal Authority 4GCA4102A(6)	
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	Pay Gr JX  Step 03  Depart MAYO	NISTRATIVE ASSISTAN  Salary 40841  Rate 19.64	
Action No.: A-324796 Exp/Sepa Work Schedule: Exp/Sepa PMIS Acti			Bdgt Accn No.: 111/113 JON:	5100A252880SE001-
Retirement Type: NO RETIREMENT PLAN ON RE	CORD		Personnel Jacket N	o.:

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

TO REPLACE ELAINE TAJALLE UNDER FTE 1270. ATTACHMENTS AND OTHER PERTINENT DOCUMENTS ARE PROVIDED.

K. W

ESIGN-005-D09222025

1. Fullname MENDIOLA, APRIL JOY		2. Date of Birth		<b>3.Employee ID</b> 10002380	<b>4.Date Requested</b> 22 Sep 2025		
THIS IS TO NOTIFY YOU OF TH	E FOLLOWIN	G ACTION	AFFECTING	G YOUR EMPLOYMEN	IT		
5.Nature of Action EXEMPTED APPOINTMENT	<b>6.Effectiv</b> 22 Sep	<b>e Date</b> o 2025		7.Legal Authority 4GCA4102A(6)			
FROM	Descr	iption		то			
Pay Grade—Salary Per Annum—0 Step—Rate per Hour—0 Department—Section/Division—FTE—FTE—	9. Pay Gra Salary Ra	8. Position Title  9. Pay Grade/Step Salary Rate  10. Department  11. Div./Section		Position— ADMINISTRATIVE ASSISTANT  Pay Grade— JX 37913  Step— Rate— 18.23  Department— MAYOR'S COUNCIL  Section/Division— MAYOR - ADMINISTRATION  FTE— 1396			
Action No.: A-324915 PMIS Ac	paration Date ction Date: t ID: DOA	09-12-20		<b>Bdgt Accn No.:</b> 5 111/113 <b>JON:</b>	5100A252880SE001-		
Retirement Type: NO RETIREMENT PLAN ON F	RECORD			Personnel Jacket No	o.:		

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

TO REPLACE RICA GARRIDO UNDER FTE 1396. ATTACHMENTS AND OTHER PERTINENT DOCUMENTS ARE PROVIDED.

K. W

ESIGN-005-D09222025