1. Fullname CRUZ, THELMA M		2. Date of Birth			3.Employee ID 6463	4.Date Requested
THIS IS TO NOTIFY YOU	U OF THE FO	OLLOWING A	ACTION A	FFECTIN	G YOUR EMPLOYM	ENT
5.Nature of Action SALARY INCREMENT		6.Effective Date 27 Oct 2025 Description		7.Legal Authority RULE 10.008		
FROM					то	
Position COMMUNITY PROGRAM AIDE II Pay Grade GX 31313 Step Rate per Hour 15.05 Department GUAM BEHAVIORAL HEALTH AND WELLNESS C Section/Division GBHWC - COMMUNITY SUPPORT FTE PI.3012				Position COMMUNITY PROGRAM AIDE II Pay Grade GX Salary 32498 Step 03 15.62 Department GUAM BEHAVIORAL HEALTH AND WELLNESS C Section/Division GBHWC - COMMUNITY SUPPORT FTE PI.3012		
Next Increment:		ation Date:			Bdgt Accn No.:	5602A252310SE002-
Action No.: A-325973 Work Schedule: FULL-TIME		ction Date: 10-10-2025 st ID: DOA-HR-812116		5	111/113 JON: 2310 25 0	002 - 111/113
Retirement Type: DC - DEFINED CON	TRIBUTION I	DEDUCTION			Personnel Jacket	No.: 2422

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

RATING PERIOD: FROM 10/27/2024 TO 10/26/2025 (S)

K-

ESIGN-005-D10132025

		_			
1. Fullname TEMPLANZA, HERROLD JAY D		2. Date of Birth		3.Employee ID 25163	4.Date Requested
THIS IS TO NOTIFY Y	OU OF THE FOLLOWIN	IG ACTION	AFFECTIN	G YOUR EMPLOYM	ENT
5.Nature of Action SALARY INCREMENT		6.Effective Date 27 Oct 2025		7.Legal Authority RULE 10.008	
FROM	Desci	Description		то	
Position X-RAY TECHNICIAN II Pay Grade HX 38967 Rate per Hour 18.73 Department DEPARTMENT OF PUBLIC HEALTH & SO Section/Division PHSS - BUREAU OF COMMUNICABLE D FTE 6259	11. Div./Se	ade/Step te tment	X-RAY Pay Gi HX Step— 07 Depart DEPA Sectio	Rate————————————————————————————————————	
Next Increment:	Exp/Separation Date:	10-10-202		Bdgt Accn No.: 1713008	6111/113001-100-26-
Action No.: A-325943 Work Schedule: FULL-TIME	Request ID: DO	4-HR-94266	53	JON:	

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

Retirement Type:

RATING PERIOD: FROM 10/28/2024 TO 10/27/2025 (S)

DB 1.75 - DEFINED BENEFIT 1.75

K.L

Personnel Jacket No.:

7325

ESIGN-005-D10132025

1. Fuliname SANCHEZ, GIANA LYN F		2. Date of Birth	3.Employee ID 27547	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU O	F THE FOLLOWIN	G ACTION AFFECTIN	IG YOUR EMPLOYMEN	NT .
5.Nature of Action TERMINATION - EXP OF APPT / CONTRAC	6.Effective 22 Oct		7.Legal Authority RULE13.101	
FROM	Descr	iption	ТО	
Position CUSTOMER SERVICE REP Pay Grade HX 32355 Step O1 15.56 Department BUREAU OF BUDGET & MANAGEMENT RESERVICE Section/Division BBMR - DIRECTOR'S OFFICE FTE 0002	8. Position 9. Pay Gra Salary Rat 10. Depart 11. Div./Se 12. FTE	de/Step te Step- tment Scotti	şi	
PN	p/Separation Date: MIS Action Date: equest ID: DOA	10-10-2025	Bdgt Accn No.: 0400001 JON: 040026001	6111001-100-26-
Retirement Type: DC - DEFINED CONTRI	BUTION DEDUCTION	DN	Personnel Jacket N	o.: 21566
14.REMARKS (continue in item 21,if necessar		M ALITHODIZED	I	

EXPIRATION OF TEMPORARY APPOINTMENT. NO LUMP SUM AUTHORIZED

K.L

ESIGN-005-D10132025

1. Fullname MABAYAG, MIKAILA SN		2. Date of Birth		3.Employee ID	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU O	F THE FOLLOWIN	G ACTION	AFFECTIN	G YOUR EMPLOYMEN	IT
5.Nature of Action SALARY INCREMENT		6.Effective Date 19 Oct 2025		7.Legal Authority RULE 10.008	
FROM	Descr	iption		то	
Position SOCIAL WORKER II Pay Grade MX 62163 Step 07 Rate per Hour 29.89 Department GUAM BEHAVIORAL HEALTH AND WELLNESS Section/Division GUAM BEHAVIORAL HEALTH AND WELLNESS FTE FMT.0058	11. Div./Se	nde/Step te tment	Pay Gr MX Step 08 Depart GUAN	AL WORKER II ade Salary 64136 Rate 30.83 ment I BEHAVIORAL HEALTH In/Division I BEHAVIORAL HEALTH	
PN	Exp/Separation Date: PMIS Action Date: 10-10-2025 Request ID: DOA-HR-974105			Bdgt Accn No.: 5	5602A242310SE002-
Retirement Type: DB 1.75 - DEFINED BEN	IEFIT 1.75			Personnel Jacket No	o.: 6705

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

RATING PERIOD: FROM 04/19/2024 TO 10/18/2025 (S)

K.L

ESIGN-005-D10132025

1. Fullname KILMETE, ROSARINA		2. Date of Birth XX XXX XXXX		3.Employee ID 10858	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	J OF THE FOLLOWIN	G ACTION AF	FECTING	G YOUR EMPLOYMEN	Т
5.Nature of Action RESIGNATION	6.Effectiv 18 Oct			7.Legal Authority RULE 13.002	
FROM	Descr	iption		то	
PSYCHIATRIC TECHNICIAN I Pay Grade GX Salary Per Annum 38908 Rate per Hour 18.71 Department	8. Position 9. Pay Gra Salary Ra	ide/Step te	Positio Pay Gra Step Departi	Salary 0	
GUAM BEHAVIORAL HEALTH AND WELLN Section/Division GBHWC - CLINICAL SERVICES	11. Div./Se		Section/Division		
FTEFMT.0097	12. FTE	in the second se	FTE		
Next Increment: Action No.: A-325911 Work Schedule: FULL-TIME	Exp/Separation Date: 10-18-2025 PMIS Action Date: 10-10-2025 Request ID: DOA-HR-028638			Bdgt Accn No.: 62310002/6113001-602-	-26-2310002
Retirement Type: DC - DEFINED CONT	TRIBUTION DEDUCTION	ON		Personnel Jacket No	5.: 6525

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

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

K-

ESIGN-005-D10132025

GOVERNMENT OF GUAM AGANA, GUAM

NOTIFICATION OF PERSONNEL ACTION

1. Fullname		2. Date of Birth	3.Employee ID	4.Date Requested
MATERNE, JOLEEN A		XX XXX XXXX	63262	13 Oct 2025
THIS IS TO NOTIFY YOU	J OF THE FOLLOWIN	G ACTION AFFECTIN	IG YOUR EMPLOYME	NT
5.Nature of Action	6.Effectiv	e Date	7.Legal Authority	
RESIGNATION	17 Oct	2025	RULE 13.002	
FROM	Descr	iption	то	
Position———————————————————————————————————	8. Position	n Title	ion	
Pay Grade———Salary Per Annum———————————————————————————————————	9. Pay Gra Salary Ra	· ·	Salary	
Step————————————————————————————————————		Step-	-Rate	2
DEPARTMENT OF MILITARY AFFAIRS	10. Depart	tment	tment	
Section/Division MIL AFF - OFFICE OF THE QUARTERMAST	11. Div./Se	Section	on/Division—————	
FTEQM-002	12. FTE	FTE.		
Next Increment:	Exp/Separation Date PMIS Action Date:	10-17-2025 10-10-2025	Bdgt Accn No.: 6113001-101-25-3710	6111001-101-25-3710101
Action No.: A-325957 Work Schedule: FULL-TIME	Request ID: DOA	\-HR-937335	JON: 3710-25-10	
Retirement Type: DC - DEFINED CONT	RIBUTION DEDUCTION	NC	Personnel Jacket N	lo.: 346477

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

LUMP SUM PAYMENT IS AUTHORIZED AND WILL BE MADE FOR ANY UNUSED ANNUAL LEAVE UP TO 320 HOURS. 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. EMPLOYEES MUST PASS DRUG TESTING PRIOR TO RE-EMPLOYMENT. YOU MAY ALSO APPLY FOR THE POSITION IF IT SHOULD BE ANNOUNCED.

K.L

ESIGN-005-D10132025

1. Fuliname GRAY, WALTER G		2. Date of Birth		3.Employee ID 7801	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU OF	THE FOLLOWIN	G ACTION	AFFECTIN	G YOUR EMPLOYMEN	IT
5.Nature of Action SALARY INCREMENT	1	6.Effective Date 15 Oct 2025		7.Legal Authority RULE 10.008	
FROM	Descr	iption		то	-
Position BUILDING INSPECTOR II Pay Grade KX 51715 Step 07 Rate per Hour 24.86 Department DEPARTMENT OF PUBLIC WORKS Section/Division DPW - CAPITAL IMPROVEMENTS FTE 4088	8. Position 9. Pay Gra Salary Ran 10. Depart 11. Div./Se	nde/Step te tment	Pay Gr KX Step 08 Depart DEPAI	53356 Rate 25.65	DRKS
	/Separation Date			Bdgt Accn No.:	
l l	PMIS Action Date: 10-08-2025 Request ID: DOA-HR-564127			JON: 1010242020	or 1010202
Retirement Type: DB - DEFINED BENEFIT	DEDUCTION			Personnel Jacket No	o.: 3651

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

RATING PERIOD: 04/15/2024 to 10/14/2025 (S).

K.L

ESIGN-005-D10132025

GOVERNMENT OF GUAM AGANA, GUAM

NOTIFICATION OF PERSONNEL ACTION

1. Fullname TERLAJE, STEPHANIE BONFIELD			2. Date of Birth		3.Employee ID 37701	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	J OF THE	FOLLOWIN	G ACTION	AFFECTIN	G YOUR EMPLOYME	NT
5.Nature of Action RESIGNATION		6.Effective Date 10 Oct 2025		7.Legal Authority RULE 13.002		
FROM		Descr	iption		то	
Position ADMINISTRATIVE ASSISTANT Pay Grade JX Step Rate per Hour 22.78 Department DEPARTMENT OF MILITARY AFFAIRS Section/Division MIL AFF - OFFICE OF THE QUARTERMAST FTE QM-006	TER	8. Position 9. Pay Gra Salary Rat 10. Depart 11. Div./Se 12. FTE	nde/Step te tment	Pay Gr Step Depart	Salary— O Rate— O	
Next Increment: Action No.: A-325960 Work Schedule: FULL-TIME			e: 10-10- 10-10-20: \-HR-10190'	25	Bdgt Accn No.: 6113001-101-25-3710 JON: 3710-25-10	
Retirement Type: DB 1.75 - DEFINED B	BENEFIT 1.	75			Personnel Jacket I	No.: 41595

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

LUMP SUM PAYMENT IS AUTHORIZED AND WILL BE MADE FOR ANY UNUSED ANNUAL LEAVE UP TO 320 HOURS. 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. EMPLOYEES MUST PASS DRUG TESTING PRIOR TO RE-EMPLOYMENT. YOU MAY ALSO APPLY FOR THE POSITION IF IT SHOULD BE ANNOUNCED.

K.L

ESIGN-005-D10132025

1. Fullname LUJAN, JUDILYN B		2. Date of Birth		3.Employee ID 59918	4.Date Requested
THIS IS TO NOTIFY YOU	J OF THE FOLLOW	ING ACTION	AFFECTIN	G YOUR EMPLOYME	NT
5.Nature of Action RESIGNATION	-	6.Effective Date 10 Oct 2025		7.Legal Authority RULE 13.002	
FROM	De	scription		то	
Position MUNICIPAL CLERK (MC) Pay Grade EX 32170 Step Rate per Hour 15.47 Department MAYOR'S COUNCIL Section/Division MAYOR - BARRIGADA MAYOR'S OFFICE FTE 1254	9. Pay 6 Salary	cion Title Grade/Step Rate artment	Position—Pay Gr —Step— —Section —FTE—	Salary— O Rate O	
Next Increment:	Exp/Separation D PMIS Action Date			Bdgt Accn No.:	5100A252880SE001-
Action No.: A-325945 Work Schedule: FULL-TIME	Request ID:	OA-HR-10633	2	JON:	
Retirement Type: DC - DEFINED CONT	RIBUTION DEDUC	TION		Personnel Jacket N	lo.: 125055
1/ DEMARKS (continue in item 2) if neces	cand				

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

NO LUMP SUM PAYMENT AUTHORIZED.

K.w

ESIGN-005-D10132025

1. Fullname

DE LUNA, MC JASON F

2. Date of Birth
XX XXX XXXX
11273
13 Oct 2025

DE LUNA, MC JASON F XX		XX XXX XXXX	11273	13 Oct 2025
THIS IS TO NOTIFY YOU	U OF THE FOLLOWI	NG ACTION AFFECT	TING YOUR EMPLOYME	NT
5.Nature of Action RESIGNATION	6.Effecti	ve Date	7.Legal Authority RULE 13.002	2
FROM	Desc	ription	то	
Position PSYCHIATRIC SOCIAL WORKERII Pay Grade OX 70638 Step Rate per Hour 33.96 Department GUAM BEHAVIORAL HEALTH AND WELLN Section/Division GBHWC - ADULT COUNSELING SERVICES FTE CM.4041	Salary Ralling	rtment ection Parade/Step Parade/Step Sterion	y Grade————————————————————————————————————	
Next Increment:	Exp/Separation Da PMIS Action Date:		Bdgt Accn No.:	
Action No.: A-325912 Work Schedule: FULL-TIME	Request ID: DO		2310002/6113001-60 JON: 231026002	
Retirement Type: DC - DEFINED CON	TRIBUTION DEDUCT	ION	Personnel Jacket I	No.: 6943

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

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

K.L

ESIGN-005-D10132025

NOTIFICATION OF PERSONNEL ACTION 2. Date of Birth 3.Employee ID 1. Fullname 4.Date Requested CRUZ, ROMY A XX XXX XXXX 60596 13 Oct 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 10 Oct 2025 **RULE 10.008** TO **FROM** Description Position-Position-8. Position Title **OFFICE AIDE OFFICE AIDE** -Pay Grade-Salary Per Annum--Pay Grade-Salary-9. Pay Grade/Step 27098 CX 26108 CX **Salary Rate** Step Rate per Hour-Step Rate-06 12.55 07 13.03 10. Department **GUAM BEHAVIORAL HEALTH AND WELLNESS C GUAM BEHAVIORAL HEALTH AND WELLNESS C** -Section/Division--Section/Division-11. Div./Section **GBHWC - CLINICAL SERVICES GBHWC - CLINICAL SERVICES** -FTE-FTE_ 12. FTE PI.3010 PI.3010 **Exp/Separation Date: Bdgt Accn No.: Next Increment:** PMIS Action Date: 10-07-2025 JON:

DOA-HR-049363

Request ID:

DC - DEFINED CONTRIBUTION DEDUCTION

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

A-325809

Action No.:

Work Schedule:

Retirement Type:

RATING PERIOD: 10/10/2024 TO 10/09/2025 (S).

FULL-TIME

K-

Personnel Jacket No.:

247209

ESIGN-005-D10132025

1. Fullname THOMSIN, JAYSON J.			2. Date of Birth XX XXX XXXX		3.Employee ID 10000709	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	J OF THE FOI	LLOWING	GACTION	AFFECTING	G YOUR EMPLOYMEN	T
5.Nature of Action RESIGNATION	6.	. Effective 07 Oct			7.Legal Authority RULE 13.002	
FROM		Descri	ption	Ī	то	
Position COMMUNITY MAINTENANCE WORKER(Median States of Community of Co	9. Sa	. Position . Pay Grad alary Rate D. Departe D. Div./Sec	de/Step e ment	Position Pay Grands Step Depart Section	Salary—0 Rate—0	
1394						
Next Increment: Action No.: A-325942 Work Schedule:	PMIS Action	Exp/Separation Date: 10-07-2025 PMIS Action Date: 10-10-2025 Request ID: DOA-HR-360966		25	Bdgt Accn No.: 5 111/113 JON:	5100A252880SE002-
Retirement Type: DC - DEFINED CONT	RIBUTION D	EDUCTIC	N		Personnel Jacket No	o.: 19911043

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

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

K. W

ESIGN-005-D10132025

Fullname	2. Date of Birth	3.Employee ID	4.Date Requested
LEON GUERRERO, BENNY PINAULA	XX XXX XXXX	10002401	13 Oct 2025

LEON GUERRERO, BENNY PINAULA XX X		XX XXX X	(XXX	10002401	13 Oct 2025
THIS IS TO NOTIF	Y YOU OF THE F	OLLOWING ACTION	AFFECTI	NG YOUR EMPLOYME	NT
5.Nature of Action UNCLASSIFIED APPOINTMENT		6.Effective Date 06 Oct 2025		7.Legal Authority 4GCA4102A(6)	
FROM		Description		то	Ent
Pay Grade—Salary Per Annum— O Step—Rate per Hour—O Department—Section/Division—FTE—FTE—		8. Position Title9. Pay Grade/Step Salary Rate10. Department11. Div./Section12. FTE	STA Pay Step OFF Sect	artment 19.23 FICE OF THE GOVERNOR FIGURE 19.23 FIGURE 19.23)
Action No.: A-325648 Work Schedule:	PMIS Acti Request I	D: DOA-HR-4175		0210007 JON: 0210 25 00	·
Retirement Type: DC - DEFINED	CONTRIBUTION	DEDUCTION		Personnel Jacket N	l o.: 19920257

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 04/06/2026. 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.

K. L

ESIGN-005-D10132025

GOVERNMENT OF GUAM AGANA, GUAM

NOTIFICATION OF PERSONNEL ACTION

1. Fullname VALENCIA, ENGRACIA SOPHIA Q		2. Date of Birth	3.Employee ID 7052	4.Date Requested 13 Oct 2025		
THIS IS TO NOTIFY YOU O	F THE FOLLOWIN	IG ACTION AFFECT	ING YOUR EMPLOYM	ENT		
5.Nature of Action LIMITED TERM APPOINTMENT	6.Effectiv 06 0c	re Date et 2025	7.Legal Authority RULE 4.603			
FROM	Desci	ription	то			
Pay Grade Salary Per Annum 9. Pay 9 Salary Salary Salary Salary Salary Salary Salary 10. Department 10. Department 11. Div./		n Title CO ade/Step te NX Ste 01 Dep DE Section PH	Grade Salary 54918 PRATE 26.4 PARTMENT OF PUBLIC Intron/Division	on- MU DISEASE CONTROL COORD II rade Salary 54918 Rate 26.4 tment RTMENT OF PUBLIC HEALTH & SOCIAL SE on/Division— S - OFFICE OF PLANNING AND EVALUATIOI		
Action No.: A-325443	p/Separation Dat IIS Action Date: quest ID: DO		Bdgt Accn No.: 1713147 JON: 1713-23-14	6111/113001-101-23- 47		
Retirement Type: DC - DEFINED CONTRIB	BUTION DEDUCTI	ON	Personnel Jacket	No.: 3001		

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 (1) YEAR FROM THE EFFECTIVE DATE ABOVE. 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 04/06/2026. 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 DPHSS: 12 YEARS 06 MONTHS 17 DAYS.

K.L

 1. Fullname
 2. Date of Birth
 3.Employee ID
 4.Date Requested

 LEONES-TUMANDA, DIVINA GRACIA C
 XX XXX XXXX
 60034
 13 Oct 2025

THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION AFFECTING YOUR EMPLOYMENT **6.Effective Date** 7.Legal Authority 5. Nature of Action 06 Oct 2025 PROBATIONAL APPOINTMENT **RULE4.602 FROM Description** TO -Position-8. Position Title **CHILD CARE COMPLIANCE OFFICER** -Pay Grade-Salary Per Annum--Pay Grade-Salary-9. Pay Grade/Step 49731 MX **Salary Rate** Step-Rate per Hour Sten Rate. 01 23.91 Department 10. Department **DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE** -Section/Division--Section/Division-11. Div./Section **DPHSS** FTE FTF. 12. FTE 7235 Exp/Separation Date: 05-02-2025 **Next Increment: Bdgt Accn No.:** 6111/113001-101-25-PMIS Action Date: 10-09-2025 1760107 JON: Action No.: A-325227 Request ID: DOA-HR-268236 1760-25-107 Work Schedule: **FULL-TIME** DC - DEFINED CONTRIBUTION DEDUCTION **Retirement Type:** Personnel Jacket No.: 142610

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 04/06/2026. YOU HAVE THIRTY-ONE (31) DAYS AFTER ENTITLEMENT DATE TO ELECT SUPPLEMENTAL COVERAGE. SELECTED FROM CERTIFICATION OF ELIGIBLES CI25-292 DATED: 07/31/2025. 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 BY DOE/ DMA: 20 YEARS 2 MONTHS 1 DAY.

K. w

GOVERNMENT OF GUAMHR Division AGANA, GUAM

NOTIFICATION OF PERSONNEL ACTION

1. Fullname		2. Date of Bi	irth	3.Employee ID	4.Date Requested	
RAMA, JANELLE S.		XX XXX XXX	X	10002378	13 Oct 2025	
THIS IS TO NOTIFY YOU	OF THE FOLLOWIN	G ACTION AF	FECTING	G YOUR EMPLOYME	NT	
5.Nature of Action	6.Effectiv	e Date		7.Legal Authority		
PROBATIONAL APPOINTMENT	06 Oc	t 2025		RULE4.602		
FROM	Descr	iption		то		
—Position—————	8. Position	n Title	Positio CHILD	n	OFFICER	
Pay Grade—Salary Per Annum—0	1 1 -	9. Pay Grade/Step Salary Rate		Pay Grade—Salary—49731		
Step——Rate per Hour——0				Step Rate 23.91		
Department	10. Depart	10. Department DEPA		RTMENT OF PUBLIC HEALTH & SOCIAL SE		
—Section/Division—	11. Div./Se	11. Div./Section Section DPHS		on/Division———————————————————————————————————		
FTE	12. FTE		-FTE			
	Exp/Separation Date:		;	Bdgt Accn No.: 1760107	6111/113001-101-23-	
Action No.: A-325226 Work Schedule:	Request ID: DOA	A-HR-137293		JON: 176023107	,	
Retirement Type: DB 1.75 - DEFINED BE	NEFIT 1.75			Personnel Jacket I	No.: 19920258	

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 04/06/2026. YOU HAVE THIRTY-ONE (31) DAYS AFTER ENTITLEMENT DATE TO ELECT SUPPLEMENTAL COVERAGE. SELECTED FROM CERTIFICATION OF ELIGIBLES C125-292. DATED 07/31/2025. PRIOR GOVERNMENT OF GUAM SERVICE WILL BE CREDITED UPON RECEIPT OF OFFICIAL PERSONNEL FILES FROM GDOE.

KL

2. Date of Birth 3.Employee ID 1. Fullname 4.Date Requested SELBART, DORALINDA E 10002410 13 Oct 2025 XX XXX XXXX THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION AFFECTING YOUR EMPLOYMENT 7.Legal Authority **5.Nature of Action 6.Effective Date** PROBATIONAL APPOINTMENT 06 Oct 2025 **RULE4.602** TO **FROM** Description -Position-8. Position Title **SANITATION WORKER** -Pay Grade-Salary Per Annum--Pay Grade-Salary-9. Pay Grade/Step 28269 FX **Salary Rate** Rate per Hour Step Sten Rate 01 13.59 **Department** 10. Department **GWSA - GUAM SOLID WASTE AUTHORITY** -Section/Division--Section/Division-11. Div./Section **GSWA - GUAM SOLID WASTE AUTHORITY** FTE-FTF. 12. FTE 5355 **Exp/Separation Date: Next Increment: Bdgt Accn No.:** 6112001 416 26 **PMIS Action Date:** JON: 6111001 416 26 9910201 10-08-2025 **Action No.:** A-325819 Request ID: DOA-HR-599784

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

DC - DEFINED CONTRIBUTION DEDUCTION

Work Schedule:

Retirement Type:

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 04/06/2026. 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.

K.W

Personnel Jacket No.:

19920250

GOVERNMENT OF GUAMHR Division **AGANA, GUAM**

NOTIFICATION OF PERSONNEL ACTION

1. Fullname			2. Date of Birth		3.Employee ID 10002411	4.Date Requested
QUINTAL, AUSTIN JOHN					13 Oct 2025	
THIS IS TO NOTIFY YO	U OF THE	FOLLOWING	G ACTION	AFFECTIN	G YOUR EMPLOYME	ENT
5.Nature of Action PROBATIONAL APPOINTMENT		6.Effective Date 06 Oct 2025		7.Legal Authority RULE4.602		
FROM		Descri	iption		то	
Position———————————————————————————————————		8. Position Title 9. Pay Grade/Step		Position———————————————————————————————————		
Step————————————————————————————————————		Salary Rat	e	Step—	' 1	
Department		10. Department		GWS/	TE AUTHORITY	
Section/Division		11. Div./Sed	ction		Section/Division GSWA - GUAM SOLID WASTE AUTHORITY	
FTE		12. FTE		-FTE		
Next Increment:	ration Date	: 10-08-20	025	Bdgt Accn No.: JON: 6111001 410	6112001 416 26 6 26 9910201	
Action No.: A-325817 Work Schedule:					3.11	0 20 3310201
Retirement Type: DC - DEFINED CON	TRIBUTION	N DEDUCTIO	DN		Personnel Jacket I	No.: 19920249

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 04/06/2026. 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.

K. W

1. Fullname IASINTO, CHESTER		2. Date of Birth		3.Employee ID 10000849	4.Date Requested	
	THE FOLLOWIN	OLLOWING ACTION AFFECTING YOU			<u> </u>	
5.Nature of Action PROBATIONAL APPOINTMENT FROM	06 Oc	06 Oct 2025		7.Legal Authority RULE4.602		
Pay Grade Salary Per Annum O Step Rate per Hour O Department Section/Division	8. Positio 9. Pay Gra Salary Ra 10. Depar	Position Title Pay Grade/Step ary Rate Step—01 Department Div./Section SANIT		rtment———————————————————————————————————		
Next Increment: Exp	/Separation Date	2.		Bdgt Accn No.:	5112001 416 26	
	•	10-08-20	25	JON: 6111001 416		
Action No.: A-325814 Req Work Schedule: FULL-TIME	4-HR-79760	6				
Retirement Type: DC - DEFINED CONTRIBUTION DEDUCTION Personnel Jacket No.: 19920						

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 04/06/2026. 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.

K.L

1. Fullname MARSH-TAITANO, KELLY G	2. Date of		3.Employee ID 10002389	4.Date Requested 13 Oct 2025				
THIS IS TO NOTIFY YOU	OF THE FOLLOW	NG ACTION	AFFECTING	G YOUR EMPLOYME	NT			
5.Nature of Action LIMITED TERM APPOINTMENT		6.Effective Date 06 Oct 2025		7.Legal Authority RULE 4.603				
FROM	Desc	cription	ÜL,	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		Position— MUSEUM CURATOR Pay Grade— QX 73788 Step— 01 35.48 Department— DEPARTMENT OF CHAMORRO AFFAIRS Section/Division— DCA - GUAM MUSEUM FTE— 642				
Action No.: A-325646 P	xp/Separation Da MIS Action Date: equest ID: DO	10-08-20)25	Bdgt Accn No.: 26-3620001 JON: 3620-26-0	6111001/6113001-100-			
Retirement Type: DB - DEFINED BENEF	IT DEDUCTION			Personnel Jacket I	No.: 19920248			

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. 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 04/06/2026. YOU HAVE THIRTY-ONE (31) DAYS AFTER ENTITLEMENT DATE TO ELECT SUPPLEMENTAL COVERAGE. PRIOR GOVERNMENT OF GUAM SERVICE WILL BE CREDITED UPON RECEIPT OF OFFICIAL PERSONNEL FILES FROM UOG.

K. W

ESIGN-005-D10132025

1. Fullname 2. Date of Birth 3.Employee ID 4.Date Requested BALABAGNO, LEONA LEE M. 10002377 XX XXX XXXX 13 Oct 2025 THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION AFFECTING YOUR EMPLOYMENT **6.Effective Date** 7.Legal Authority 5. Nature of Action PROBATIONAL APPOINTMENT 06 Oct 2025 **RULE4.602 FROM** Description TO -Position 8. Position Title **CHILD CARE COMPLIANCE OFFICER** Pay Grade Salary Per Annum Pay Grade-Salary-9. Pay Grade/Step 49731 **Salary Rate** Rate per Hour-Sten Step. Rate 01 23.91 Department Department 10. Department **DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE** -Section/Division-Section/Division-11. Div./Section **DPHSS** -FTE FTF. 12. FTE 7233

Next Increment:	Exp/Separation Date:		Bagt Acen No.:	6111/113001-101-25-
	PMIS Action Date:	10-08-2025	1760107	

Action No.: A-325197

Work Schedule:

Request ID: DOA-HR-927167

JON:

176025107

DC - DEFINED CONTRIBUTION DEDUCTION **Retirement Type:**

Personnel Jacket No.:

19920253

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 04/06/2026. YOU HAVE THIRTY-ONE (31) DAYS AFTER ENTITLEMENT DATE TO ELECT SUPPLEMENTAL COVERAGE. SELECTED FROM CERTIFICATION OF ELIGIBLES CI25-292: DATED: 07/31/2025

K. W

ESIGN-005-D10132025

1. Fuliname LEGASPI, APRIL NICOLE C.		2. Date of Birth XX XXX XXXX		3.Employee ID 10002386	4.Date Requested 13 Oct 2025	
THIS IS TO NOTIFY YOU O	F THE FOLLOWIN	G ACTION A	FFECTIN	G YOUR EMPLOYME	NT	
5.Nature of Action PROBATIONAL APPOINTMENT	6.Effectiv 06 Oc	e Date t 2025		7.Legal Authority RULE4.602		
FROM	Descr	iption		то		
Position Pay Grade Salary Per Annum O Salary Pay Grade Pay Grade Rate per Hour O Department 10. I		n Title MICR Pay Gr MX Step- 01 The Department DEPA Section		ROBIOLOGIST II Strade Salary 49731 Rate 23.91 RTMENT OF PUBLIC HEALTH & SOCIAL SE DON/Division S- BUREAU OF COMMUNICABLE DISEASE		
PM	p/Separation Date: IIS Action Date: quest ID: DOA	10-08-202		Bdgt Acen No.: 1713143 JON: 171323143	6111/113001-101-23-	
Retirement Type: DC - DEFINED CONTRIB	BUTION DEDUCTION	ON		Personnel Jacket I	No.: 19920256	

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 04/06/2026. YOU HAVE THIRTY-ONE (31) DAYS AFTER ENTITLEMENT DATE TO ELECT SUPPLEMENTAL COVERAGE. SELECTED FROM CERTIFICATION OF ELIGIBLES C125-328 DATED 08/28/2025.

K.L

ESIGN-005-D10132025

1. Fullname

DUENAS, NICOLE DELISLE

2. Date of Birth

XX XXX XXXX

10002384

13 Oct 2025

XX XXX XXXX	10002384 13 0	ct 2025
NG ACTION AFF	ECTING YOUR EMPLOYMENT	
ve Date ct 2025	7.Legal Authority RULE 4.603	1/22
ription	то	
rtment	Position—PROGRAM COORDINATOR III Pay Grade—Salary—54918 Step—Rate—26.4 Department—DEPARTMENT OF CHAMORRO AFFAIRS Section/Division—DCA - GUAM MUSEUM FTE—644	
10-07-2025 A-HR-138168	26-3620001 JON: 3620-26-001	13001-100-
		NX 54918 Step

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. 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 04/06/2026. YOU HAVE THIRTY-ONE (31) DAYS AFTER ENTITLEMENT DATE TO ELECT SUPPLEMENTAL COVERAGE. PRIOR GOVERNMENT OF GUAM SERVICE WILL BE CREDITED UPON RECEIPT OF OFFICIAL PERSONNEL FILES FROM GUAM LEGISLATURE.

K.L

ESIGN-005-D10132025

1. Fullname2. Date of Birth3.Employee ID4.Date RequestedPATTON, JOHNATHAN GXX XXXX XXXX1000238313 Oct 2025

PATTON, JOHNATHAN G XX XXX XXXX			XXX XXXX	XXX 10002383 13		
THIS IS TO NOTIFY	OU OF THE	FOLLOWING AC	CTION AFFECTI	NG YOUR EMPLOYME	INT	
5.Nature of Action LIMITED TERM APPOINTMENT		6.Effective Da		7.Legal Authority RULE 4.603		
FROM		Description	on	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 LX Step 01 10. Department DEP 11. Div./Section		PARTMENT OF CHAMORRO AFFAIRS Ction/Division CA - GUAM MUSEUM		
Action No.: A-325685 Work Schedule:	PMIS Act Request	aration Date: ion Date: 10 ID: DOA-HR	-07-2025	Bdgt Accn No.: 26-3620001 JON: 3620-26-0		
Retirement Type: DC - DEFINED CC	MIKIBULIOI	N DEDUCTION		Personnel Jacket I	No.: 19920246	

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

EMPLOYMENT IS SUBJECT TO SATISFACTORY COMPLETION OF A MEDICAL EXAMINATION AND MANDATORY DRUG TEST. 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. TEMPORARY WAIVER OF PHYSICAL EXAMINATION REQUESTED BY APPOINTING AUTHORITY AND AUTHORIZED PURSUANT TO RULE 9.004 AND DOA CIRCULAR 2011-017. ENTITLEMENT DATE FOR BASIC LIFE INSURANCE IS 04/06/2026. YOU HAVE THIRTY-ONE (31) DAYS AFTER ENTITLEMENT DATE TO ELECT SUPPLEMENTAL COVERAGE. THE ANNUAL LEAVE RATE OF ACCUMULATION PURSUANT TO PL 24-155, SECTION 4109(B) OF ARTICLE 1, CHAPTER 4 OF THE GUAM CODE ANNOTATED, DATED APRIL 09, 1998, PRIOR MILITARY SERVICE IS HEREBY FURNISHED (ARMY): 03 YEARS ONLY.

K.L

GOVERNMENT OF GUAM AGANA, GUAM

NOTIFICATION OF PERSONNEL ACTION

1. Fullname DUENAS, VINESSA PANGELINAN			2. Date of Birth XX XXX XXXX		3.Employee !D 10002382	4.Date Requested 13 Oct 2025	
THIS IS TO NOTIFY YOU	OF THE	FOLLOWIN	G ACTION A	AFFECTIN	G YOUR EMPLOYMI	ENT	
5.Nature of Action LIMITED TERM APPOINTMENT		6.Effective Date 06 Oct 2025		7.Legal Authority RULE 4.603			
FROM		Descr	iption		то		
Pay Grade Salary Per Annum 9. Salary Per Hour 0 Department 10. Section/Division 11.		9. Pay Gra Salary Rat 10. Depart	Pay Grade/Step Salary Rate Step— 01 Depart DEPAI I. Div./Section DCA -		CORIC PRESERVATION SPEC II Strade Salary 45262 Rate 21.76 PARTMENT OF CHAMORRO AFFAIRS CONDIVISION ON O		
Action No.: A-325682 Work Schedule:	PMIS Act Request I	ion Date: ID: DOA	10-05- 10-07-202 A-HR-661168	25	Bdgt Accn No.: 26-3620001 JON: 3620-26-0		
Retirement Type: DC - DEFINED CONT	RIBUTION	N DEDUCTION	ON		Personnel Jacket	No.: 19920245	

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 (1) YEAR FROM THE EFFECTIVE DATE ABOVE. 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 04/06/2026. YOU HAVE THIRTY-ONE (31) DAYS AFTER ENTITLEMENT DATE TO ELECT SUPPLEMENTAL COVERAGE.

K.W

ESIGN-005-D10132025

GOVERNMENT OF GUAM AGANA, GUAM

NOTIFICATION OF PERSONNEL ACTION

1. Fullname DUENAS, CHRIS MICHAEL M			2. Date of Birth XX XXX XXXX		3.Employee ID 22573	4.Date Requested 13 Oct 2025	
THIS IS TO NOTIFY YO	U OF THE I	FOLLOWIN	G ACTION	AFFECTIN	G YOUR EMPLOYME	NT	
5.Nature of Action EXTENSION OF DETAIL		05 Oct 2025		7.Legal Authority RULE 4.506			
Position ADMINISTRATIVE ASSISTANT Pay Grade JX 42388 Step Rate per Hour 20.38 Department GUAM BEHAVIORAL HEALTH AND WELLNESS C Section/Division GBHWC - FINANCIAL MANAGEMENT FTE FMT.0017		8. Position 9. Pay Gra Salary Rad	9. Pay Grade/Step Salary Rate NX Step 01 10. Department GUAM 11. Div./Section GBHW 12. FTE		Salary 54918 Rate 26.4 M BEHAVIORAL HEALTH AND WELLNESS C In/Division VC - FINANCIAL MANAGEMENT		
Next Increment: Action No.: A-325915 Work Schedule: FULL-TIME	Exp/Separation Date: PMIS Action Date: 10-09-2025 Request ID: DOA-HR-664789				Bdgt Accn No.: 2300001/6113001-100 JON: 23002600	0-26-2300001	
Retirement Type: DC - DEFINED CON	N DEDUCTION			Personnel Jacket N	lo.: 7158		

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

COMPENSATION WHILE BEING DETAILED AS A MANAGEMENT ANALYST III, PURSUANT TO SECTION 6.008, CHAPTER 6 OF THE PERSONNEL RULES AND REGULATIONS. THIS PAY ADJUSTMENT IS EQUIVALENT TO STEP 01 OF PAY GRADE NX. THIS DETAIL IS NOT TO EXCEED 90 CALENDAR DAYS FROM THE EFFECTIVE DATE 10/05/2025. EXTENSION OF DETAIL APPOINTMENT IS IN ACCORDANCE WITH DOA DIRECTOR APPROVAL (HRD NO.: 25-343 DATED 09/30/2025. DETAIL TERM DATE: 01/02/2026

K. 6-

ESIGN-005-D10132025

1. Fuliname UNTALAN, VALERIE SA		2. Date of Birth XX XXX XXXX		3.Employee ID	4.Date Requested 13 Oct 2025	
THIS IS TO NOTIFY YO	U OF THE FOLLOWIN	IG ACTION	AFFECTING	G YOUR EMPLOYMEN	₹T	
5.Nature of Action SALARY INCREMENT		6.Effective Date 05 Oct 2025		7.Legal Authority RULE 10.008		
FROM	Desci	ription		ТО		
Position DRIVERS LICENSE EXAMINER II	8. Positio	n Title		RS LICENSE EXAMINER		
Pay Grade——Salary Per Annum———37545	9. Pay Gra Salary Ra	· 1	HX	Salary———————————————————————————————————		
O5 Rate per Hour—18.05			Step— 06	Rate————————————————————————————————————		
DEPARTMENT OF REVENUE & TAXATION	10. Depar	10. Department DEP/ Section		DEPARTMENT OF REVENUE & TAXATION Section/Division— R&T - MOTOR VEHICLE		
Section/Division———————————————————————————————————	11. Div./Se					
FTE- 2545	12. FTE	2. FTE 2545				
Next Increment: Action No.: A-325849 Work Schedule: FULL-TIME	Exp/Separation Date: PMIS Action Date: Request ID: DO/	10-08-20		Bdgt Accn No.: 9 111/113 JON: 085024028	5100A260850CE028- 3-111/113	
Retirement Type: DC - DEFINED CON	TRIBUTION DEDUCTI	ON		Personnel Jacket N	o.: 7057	

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

RATING PERIOD: FROM 10/05/2024 TO 10/04/2025. (S)

K. W

ESIGN-005-D10132025

1. Fullname CAMACHO, GABRIEL G			2. Date of Birth		3.Employee ID 7091	4.Date Requested 13 Oct 2025	
THIS IS TO NOTIFY YOU	OF THE F	OLLOWIN	G ACTION	AFFECTING	G YOUR EMPLOYMEN	IT	
5.Nature of Action SALARY INCREMENT		6.Effective Date 05 Oct 2025		7.Legal Authority RULE 10.008			
FROM		Descr	iption		то	~	
Position DRIVERS LICENSE EXAMINER II Pay Grade HX Step Rate per Hour 27.42		8. Position 9. Pay Gra Salary Rat	nde/Step Pay Gr		ERS LICENSE EXAMINER II		
DEPARTMENT OF REVENUE & TAXATION		10. Department		DEPAI	ARTMENT OF REVENUE & TAXATION		
Section/Division———————————————————————————————————		111. Div./Section		[tion/Division———————————————————————————————————		
FTE—2216		12. FTE	ei	FTE	FTE		
Next Increment: Exp/Separation I PMIS Action Dat Action No.: A-325845 Work Schedule: FULL-TIME					Bdgt Accn No.: 5 111/113 JON: 421024002	5100A260850CE028-	
Retirement Type: DB 1.75 - DEFINED BE	NEFIT 1.7	5			Personnel Jacket No	o.: 3035	

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

RATING PERIOD: FROM 10/05/2023 TO 10/04/2025 (S)

K-

ESIGN-005-D10132025

. Fullname	2. Date of Birth	3.Employee ID	4.Date Requested
CRUZ, TIMOTHY SCOTT P	XX XXX XXXX	38172	13 Oct 2025

CRUZ, TIMOTHY SCOTT P	×	X XXX XXXX	38172	13 Oct 2025	
THIS IS TO NOTIFY Y	OU OF THE I	FOLLOWING	ACTION AFFECT	ING YOUR EMPLOYM	ENT
5.Nature of Action RESIGNATION		6.Effective E 03 Oct 2		7.Legal Authority RULE 13.002	=
FROM		Descript	tion	- ТО	
Position CORRECTION OFFICER I Pay Grade HL21 Step Rate per Hour 19.83 Department DEPARTMENT OF CORRECTIONS Section/Division DOC - ROSARIO DETENTION CENTER FTE 2134		8. Position T 9. Pay Grade Salary Rate 10. Departm 11. Div./Secti 12. FTE	ent —Sec	Grade————————————————————————————————————	
Next Increment:	1	ration Date: ion Date:	10-03-2025 10-10-2025	Bdgt Accn No.: 26-1311009	6111001/6113001-100-
Action No.: A-325965 Work Schedule: FULL-TIME		ID: DOA-H		JON: 1311009	
Retirement Type: DB 1.75 - DEFINED	BENEFIT 1.7	75		Personnel Jacket	No.: 82037

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

LUMP SUM PAYMENT IS AUTHORIZED AND WILL BE MADE FOR ANY UNUSED ANNUAL LEAVE UP TO 320 HOURS. 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. EMPLOYEES MUST PASS DRUG TESTING PRIOR TO RE-EMPLOYMENT. YOU MAY ALSO APPLY FOR THE POSITION IF IT SHOULD BE ANNOUNCED.

K.L

ESIGN-005-D10132025

1. Fuliname VILLANUEVA, MARIE N			2. Date of Birth		3.Employee ID 8104	4.Date Requested		
THIS IS TO NOTIFY YOU	J OF THE	FOLLOWIN			G YOUR EMPLOYME			
5.Nature of Action RESIGNATION		6.Effective Date 03 Oct 2025		7.Legal Authority RULE 13.002				
FROM		Descr	iption		то			
Position ADMINISTRATIVE ASSISTANT Pay Grade JX Salary Per Annum 52047 Step Rate per Hour 25.02 Department DEPARTMENT OF PUBLIC WORKS Section/Division DPW - P.E.A.L.S. BOARD FTE 1002		8. Position Title 9. Pay Grade/Step Salary Rate 10. Department 11. Div./Section		Pay Gi	Position———————————————————————————————————			
Next Increment: Action No.: A-325920 Work Schedule: FULL-TIME	PMIS Act	ration Date:	10-09-20	25	Bdgt Accn No.: 1003015 JON: 1003015	6111/113001-100-26-		
Retirement Type: DC - DEFINED CONT	TRIBUTION	N DEDUCTION	NC		Personnel Jacket	No.: 3892		

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

LUMP SUM PAYMENT IS AUTHORIZED AND WILL BE MADE FOR ANNUAL LEAVE UP TO 320 HOURS. 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. EMPLOYEES MUST PASS DRUG TESTING PRIOR TO RE-EMPLOYMENT. YOU MAY ALSO APPLY FOR THE POSITION IF IT SHOULD BE ANNOUNCED.

K.L

ESIGN-005-D10132025

GOVERNMENT OF GUAM AGANA, GUAM

NOTIFICATION OF PERSONNEL ACTION

1. Fullname			2. Date of Birth			ee ID	4.Date Requested
FEGURGUR II, ANTONIO T	XX XXX XXXX		10002	407	13 Oct 2025		
THIS IS TO NOTIFY YO	U OF THE	FOLLOWING	S ACTION A	AFFECTIN	G YOUR EN	UPLOYMEN	Т
5.Nature of Action PROBATIONAL APPOINTMENT		6.Effective 03 Oct			7.Legal Authority RULE4.602		
FROM		Description			ТО		
Position		8. Position	Title	Position	TATION WO	RKER	
Pay Grade Salary Per Annum 0		9. Pay Grad	٠ ا	Pay Gr FX	ade	Salary 28269	
Step——Rate per Hour——0				Step— 01		Rate	
Department		10. Department		1	wsa - Guam solid waste authority		
Section/Division		11. Div./Sec	ction	Section/Division———————————————————————————————————		AUTHORITY	
FTE.		12. FTE		FTE— 5028	=		
Next Increment:	1	ration Date ion Date:	: 10-08-20	25	1	n No.: 6	5112001 416 26 26 9910201
Action No.: A-325820 Work Schedule:	Request	ID: DOA	-HR-192225	<u></u>			
Retirement Type: DC - DEFINED CON	TRIBUTION	DEDUCTIO	N		Personne	l Jacket No	o.: 19920255

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 04/03/2026. 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. NO PRIOR SERVICE

K.L

1. Fuliname NAPUTI, THERESE C		2. Date of		3.Employee ID 10000750	4.Date Requested 13 Oct 2025	
THIS IS TO NOTIFY YOU	OF THE FOLLO	OWING ACTION	AFFECTIN	G YOUR EMPLOYMEN	IT	
5.Nature of Action RESIGNATION		ective Date 03 Oct 2025		7.Legal Authority RULE 13.002		
FROM		Description	=	ТО		
Position RECREATION LEADER II Pay Grade GX 33731 Step 04 16.22 Department MAYOR'S COUNCIL Section/Division MAYOR - INARAJAN MAYOR'S OFFICE FTE INA-01	9. Pa Salar	osition Title by Grade/Step by Rate department iv./Section	—Pay Gr —Step— —Depart —Section	0		
	PMIS Action Da	aration Date: 10-03-2025 tion Date: 10-07-2025		Bdgt Accn No.: 5862M252800WR404-111/113 (SCO)		
Action No.: A-325729 Work Schedule:	Request ID:	DOA-HR-152127	7	JON:		
Retirement Type: DC - DEFINED CONT	RIBUTION DED	N DEDUCTION		Personnel Jacket No.: 19911090		
14.REMARKS (continue in item 21,if necess		AADE FOD ANNI	101 1 50/5	LID TO 730 LIQUES		

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

K. W

ESIGN-005-D10132025

1. Fuliname OJEDA, LOLITA T		2. Date of Birth XX XXX XXXX		3.Employee ID 3481	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	OF THE FOLLO	WING ACTION	AFFECTIN	G YOUR EMPLOYMEN	IT .
5.Nature of Action RESIGNATION		ctive Date 3 Oct 2025		7.Legal Authority RULE 13.002	
FROM	D	escription		то	
Position— MUNICIPAL CLERK (MC) Pay Grade— EX 32170 Step— 07 Rate per Hour— 15.47 Department— MAYOR'S COUNCIL Section/Division— MAYOR - MERIZO MAYOR'S OFFICE FTE— 1243	9. Pay Salary	partment ./Section	Position Pay Gr Step Depart	Salary 0 Rate 0	
	Exp/Separation PMIS Action Date Progress ID:	e: 10-07-20		Bdgt Accn No.: 5	5100A252880SE001 -
Action No.: A-325728 Work Schedule: FULL-TIME	Request ID:	DOA-HR-27543	0/	JON:	
Retirement Type: DC - DEFINED CONT	RIBUTION DEDU	ICTION		Personnel Jacket N	o.: 19905403
14.REMARKS (continue in item 21,if necess	sary)				

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

K.L

ESIGN-005-D10132025

r	OTIFICATION	F PERSONN	IEL ACTIC	N		
1. Fuliname MALWESOU, JOEVEN .		2. Date of Birth XX XXX XXXX		3.Employee ID 60663	4.Date Requested	
THIS IS TO NOTIFY YO	OU OF THE FOLLO	WING ACTION	AFFECTIN	G YOUR EMPLOYME	NT	
5.Nature of Action EXEMPTED APPOINTMENT		ctive Date 2 Oct 2025		7.Legal Authority 4GCA4102A(6)		
FROM	D	escription		то		
Pay Grade Salary Per Annum O Rate per Hour O Department Section/Division FTE		Grade/Step Rate	Pay Gr FX Step 04 Depart MAYO	Grade—Salary—31606		
		E	FTE			
Action No.: A-325585	Exp/Separation PMIS Action Date		025	Bdgt Accn No.:	5100A252880SE002-	

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

FULL-TIME

Work Schedule:

Retirement Type:

EMPLOYMENT IS SUBJECT TO SATISFACTORY COMPLETION OF A MEDICAL EXAMINATION AND MANDATORY DRUG TEST. ENTITLEMENT DATE FOR BASIC LIFE INSURANCE IS 04/02/2026. 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 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 MAYOR OFFICE: 2 YEARS 5 MONTHS 10 DAYS.

DOA-HR-122045

Request ID:

DC - DEFINED CONTRIBUTION DEDUCTION

K. L

JON:

Personnel Jacket No.:

257498

ESIGN-005-D10132025

GOVERNMENT OF GUAM AGANA, GUAM

NOTIFICATION OF PERSONNEL ACTION

1. Fullname MENDIOLA, BERTHA Q			2. Date of		3.Employee ID 6699	4.Date Requested
THIS IS TO NOTIFY YOU	U OF THE	FOLLOWIN	G ACTION	AFFECTIN	G YOUR EMPLOYM	
5.Nature of Action LIMITED TERM APPOINTMENT		6.Effective 01 Oct			7.Legal Authority RULE 4.603	
FROM		Descr	iption	169	то	
Position Salary Per Annum O Rate per Hour O Department		8. Position 9. Pay Gra Salary Rat	de/Step te	Pay Gi HX Step 01	OMER SERVICE REP	TE AUTHORITY
Section/Division		11. Div./Se	ction	Section/Division— GSWA - GUAM SOLID WASTE AUTHORIT FTE— 5392)
Action No.: A-325821 Work Schedule: FULL-TIME	2026 PMIS Act Request I	ID: DOA	10-08-20 A-HR-11060)25		6112001 416 26 16 26 9910201
Retirement Type: DC - DEFINED CONT	IKIROLION	A DEDUCIE	NC		Personnel Jacket	No.: 2622

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 (1) YEAR FROM THE EFFECTIVE DATE ABOVE. 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 04/01/2026. 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, PRIOR GOVERNMENT OF GUAM SERVICE WILL BE CREDITED UPON RECEIPT OF OFFICIAL PERSONNEL FILES FROM GDOE.

K. L

GOVERNMENT OF CUAM HR Division

NOTIFICATION OF PERSONNEL ACTION

1. Fullname PHILLIPS, VINCENT I		2. Date of Birth		3.Employee ID 60323	4.Date Requested	
THIS IS TO NOTIFY YOU	OF THE FOLLOWI	1				
5.Nature of Action SALARY INCREMENT FROM	01 00	8. Position Title 9. Pay Grade/Step Salary Rate 10. Department 11. Div./Section FIREF Pay Grade/Step IL21 Step 04 Depart GUAM Section GFD -		Rate 20.17 Internet		
Position—FIREFIGHTER I Pay Grade—Salary Per Annum—39750 Step—Rate per Hour—19.11 Department—GUAM FIRE DEPARTMENT Section/Division—GFD - FIRE SUPPRESSION BUREAU FTE—FD12361	9. Pay Gr Salary Ra					
Pi	xp/Separation Date: MIS Action Date: equest ID: DO	10-08-20		Bdgt Acen No.: 4250005 JON:	611*001-100-26-	
Retirement Type: DB 1.75 - DEFINED BEI	NEFIT 1.75			Personnel Jacket N	o.: 190852	

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

RATING PERIOD: FROM 10/1/24 TO 9/30/25 (S).

K.L

ESIGN-005-D10132025

GOVERNMENT OF GUAM AGANA, GUAM

NOTIFICATION OF PERSONNEL ACTION

1. Fullname FLORES, CHARLENE ANNE K		2. Date of XX XXX XX		3.Employee ID 10002388	4.Date Requested
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION AFFECTING				G YOUR EMPLOYME	NT
5.Nature of Action LIMITED TERM APPOINTMENT		6.Effective Date 01 Oct 2025		7.Legal Authority RULE 4.603	
FROM		Description		то	
Pay Grade—Salary Per Annum—0 Step—Rate per Hour—0 Department—Section/Division—FTE—	Pay Grade Salary Per Annum 9. Pa Step Rate per Hour O Department 10. D		Position—PROGRAM COORDINATOR III Pay Grade—Salary—54918 Step—Rate—26.4 Department—DEPARTMENT OF CHAMORRO AF		
		=	645		
Action No.: A-325649	n Date: 09-30 ate: 10-08-202 DOA-HR-46789	25	Bdgt Accn No.: 26-3620001 JON: 3620-26-0	6111001/6113001-100-	
Retirement Type: DB 1.75 - DEFINED BENEFIT 1.75				Personnel Jacket N	lo.: 19920254

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 (1) YEAR FROM THE EFFECTIVE DATE ABOVE. 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 04/01/2026. YOU HAVE THIRTY-ONE (31) DAYS AFTER ENTITLEMENT DATE TO ELECT SUPPLEMENTAL COVERAGE. PRIOR GOVERNMENT OF GUAM SERVICE WILL BE CREDITED UPON RECEIPT OF OFFICIAL PERSONNEL FILES FROM UOG.

K.L

ESIGN-005-D10132025

1. Fullname 2. Date of Birth 3.Employee ID 4.Date Requested SANTOS, CHRISTIAN P XX XXX XXXX 60319 13 Oct 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 01 Oct 2025 **RULE 10.008 FROM Description** TO -Position-Position-8. Position Title FIREFIGHTER I FIREFIGHTER I -Pay Grade-Salary Per Annum--Pay Grade-Salary_ 9. Pay Grade/Step **IL21** 39750 41959 IL21 **Salary Rate** Rate per Hour-Step-Step-Rate-03 19.11 04 20.17 -Department-Department-10. Department **GUAM FIRE DEPARTMENT GUAM FIRE DEPARTMENT** -Section/Division--Section/Division-11. Div./Section **GFD - FIRE SUPPRESSION BUREAU GFD - FIRE SUPPRESSION BUREAU** -FTE-FTE-12. FTE FD12059 FD12059 **Exp/Separation Date: Bdgt Accn No.: Next Increment:** 611*001-100-26-PMIS Action Date: 10-07-2025 4250005 JON: **Action No.:** A-325787 Request ID: DOA-HR-805516 Work Schedule: **FULL-TIME** 190629 **Retirement Type: DB 1.75 - DEFINED BENEFIT 1.75** Personnel Jacket No.:

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

RATING PERIOD: FROM 10/1/24 TO 9/30/25 (S).

K.L

ESIGN-005-D10132025

GOVERNMENT OF GUAM AGANA, GUAM

NOTIFICATION OF PERSONNEL ACTION

1. Fullname REYES, EZEKIEL C		2. Date of Birth XX XXX XXXX		3.Employee ID 60316	4.Date Requested 13 Oct 2025		
THIS IS TO NOTIFY YOU	J OF THE	OLLOWIN	G ACTION	AFFECTIN	G YOUR EMPLOYME	NT	
5.Nature of Action SALARY INCREMENT		6.Effective Date 01 Oct 2025		7.Legal Authority RULE 10.008			
FROM		Description		то			
Position FIREFIGHTER I Pay Grade Salary Per Annum 1L21 39750		8. Position 9. Pay Gra	de/Step	Position FIREF Pay Gr IL21	IGHTER I		
Step — Rate per Hour — 19.11				Step—			
GUAM FIRE DEPARTMENT	=	10. Department		# FIRE DEPARTMENT			
Section/Division GFD - FIRE SUPPRESSION BUREAU		11. Div./Section		(ion/Division———————————————————————————————————		
FTEFD12438		12. FTE		[12438		
		ration Date on Date:	10-07-20	25	Bdgt Accn No.: 4250005	611*001-100-26-	
Action No.: A-325785 Request II Work Schedule: FULL-TIME		D: DOA	A-HR-37267	3	JON:		
Retirement Type: DB 1.75 - DEFINED B	75			Personnel Jacket N	lo.: 190260		

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

RATING PERIOD: FROM 10/1/24 TO 9/30/25 (S).

K. w

ESIGN-005-D10132025

1. Fullname PEREZ, JORDAN S		2. Date of Birth XX XXX XXXX 60303 4.D		4.Date Requested 13 Oct 2025	
THIS IS TO NOTIFY YOU O	F THE FOLLOWIN	G ACTION A	AFFECTING	G YOUR EMPLOYMEN	IT
5.Nature of Action SALARY INCREMENT	1 -	6.Effective Date 01 Oct 2025		7.Legal Authority RULE 10.008	
FROM	Descr	ription		то	
Position FIREFIGHTER I Pay Grade IL21 39750 Step Rate per Hour 19.11 Department GUAM FIRE DEPARTMENT Section/Division GFD - FIRE SUPPRESSION BUREAU	8. Position 9. Pay Gra Salary Rat 10. Depart	nde/Step te tment	FIREF Pay Gr IL21 Step 04 Depart GUAM	on————————————————————————————————————	
FTE—FD12293			FTEFD12293		
Next Increment: Action No.: A-325780 Work Schedule: FULL-TIME Exp/Separation Date: PMIS Action Date: Request ID: DOA		10-07-202		Bdgt Accn No.: 4250005 JON:	511*001-100-26-
Retirement Type: DB 1.75 - DEFINED BEN			Personnel Jacket No	o.: 189582	

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

RATING PERIOD: FROM 10/1/24 TO 09/30/25 (S).

K.L

ESIGN-005-D10132025

1. Fullname MEGINO, CHARLES R			2. Date of		3.Employee ID 60322	4.Date Requested	
THIS IS TO NOTIFY YOU	J OF THE F	OLLOWIN					
5.Nature of Action SALARY INCREMENT FROM		6.Effective Date 01 Oct 2025 Description		7.Legal Authority RULE 10.008			
Position FIREFIGHTER I Pay Grade IL21 Salary Per Annum 39750 Step Rate per Hour 19.11 Department GUAM FIRE DEPARTMENT Section/Division GFD - FIRE SUPPRESSION BUREAU FTE FD12129	8. Position Title 9. Pay Grade/St Salary Rate 10. Department		de/Step te tment	Pay Gr IL21 Step— 04 Depart GUAN Sectio	Rate 20.17 artment AM FIRE DEPARTMENT ion/Division - FIRE SUPPRESSION BUREAU		
Next Increment: Action No.: A-325775 Work Schedule: FULL-TIME		on Date:	10-07-202		Bdgt Accn No.: 4250005 JON:	611*001-100-26-	
Retirement Type: DB 1.75 - DEFINED B	ENEFIT 1.7	75			Personnel Jacket N	lo.: 190844	

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

RATING PERIOD: FROM 10/1/24 TO 9/30/25 (S).

K.

ESIGN-005-D10132025

GOVERNMENT OF GUAM AGANA, GUAM

NOTIFICATION OF PERSONNEL ACTION

1. Fullname LEON GUERRERO, ROBERT J					4.Date Requested 13 Oct 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 01 Oct 2025		7.Legal Authority RULE 10.008		
FROM		Descr	iption		то	
Position FIREFIGHTER I Pay Grade IL21 Salary Per Annum 39750 Rate per Hour 19.11 Department		8. Position 9. Pay Gra Salary Rat	de/Step te	Pay Gr. IL21 Step 04 Depart	41959 —Rate———————————————————————————————————	
GUAM FIRE DEPARTMENT Section/Division GFD - FIRE SUPPRESSION BUREAU FTE FD12257		11. Div./Se	ction	Section GFD -	GUAM FIRE DEPARTMENT Section/Division GFD - FIRE SUPPRESSION BUREAU FTE FD12257	
Next Increment: Action No.: A-325773 Work Schedule: FULL-TIME Exp/Separation Date: PMIS Action Date: Request ID: DO		on Date:	10-07-20		Bdgt Accn No.: 4250005 JON:	511*001-100-26-
Retirement Type: DB 1.75 - DEFINED BENEFIT 1.75					Personnel Jacket No	o.: 190441

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

RATING PERIOD: FROM 10/1/24 TO 9/30/25 (S).

K.L

ESIGN-005-D10132025

1. Fullname CHACO, ROBINSON G			2. Date of Birth XX XXX XXXX		3.Employee ID 60317	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTIO				AFFECTIN	G YOUR EMPLOYMEN	łT
5.Nature of Action SALARY INCREMENT		6.Effective Date 01 Oct 2025		7.Legal Authority RULE 10.008		
FROM		Descri	ption		то	
Pay Grade Salary Per Annum 9. Pay		. Position . Pay Grad salary Rate	de/Step	Position— FIREFIGHTER I Pay Grade— IL21 Salary— 41959 Step— Rate— Rate—		
03 19.11				04	20.17	
Department GUAM FIRE DEPARTMENT	10	10. Department		M FIRE DEPARTMENT		
Section/Division———————————————————————————————————		l. Div./Sed	ction		ction/Division———————————————————————————————————	
FTEFD12149		2. FTE	FTE—FD12149			
Next Increment: Action No.: A-325771 Work Schedule: FULL-TIME Exp/Separation D PMIS Action Date Request ID: D		n Date:	10-07-20		Bdgt Accn No.: 4250005 JON:	511*001-100-26-
Retirement Type: DB 1.75 - DEFINED BI	ENEFIT 1.75				Personnel Jacket N	o.: 190429

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

RATING PERIOD: 10/01/2024 TO 09/30/2025 (S).

K.L

ESIGN-005-D10132025

1. Fullname CHACO, AUSTIN ANTHONY C			2. Date of Birth XX XXXX XXXX 60315		4.Date Requested	
THIS IS TO NOTIFY YOU	OF THE	FOLLOWIN	G ACTION	AFFECTIN	G YOUR EMPLOYMEN	IT
5.Nature of Action SALARY INCREMENT		6.Effective Date 01 Oct 2025		7.Legal Authority RULE 10.008		
FROM		Descr	iption	1 =	то	
Position FIREFIGHTER I Pay Grade IL21 Salary Per Annum 39750 Step Rate per Hour 19.11 Department GUAM FIRE DEPARTMENT Section/Division GFD - FIRE SUPPRESSION BUREAU FTE FD12264		8. Position 9. Pay Gra Salary Rat 10. Depart 11. Div./Se 12. FTE	nde/Step te tment	Pay Gr IL21 Step— 04 Depart GUAN Section GFD -	Rate—20.17 ment—I FIRE DEPARTMENT n/Division—FIRE SUPPRESSION BU	
	PMIS Action Date: Request ID: DO		10-07-20		Bdgt Accn No.: 4250005 JON:	611*001-100-26-
Retirement Type: DB 1.75 - DEFINED BENEFIT 1.75				Personnel Jacket N	o.: 190257	

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

RATING PERIOD: 10/01/2024 TO 09/30/2025 (S).

K.L

ESIGN-005-D10132025

1. Fullname CAWILI, DOMINIC PETER T					4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	OF THE FOLLOWI	NG ACTION	AFFECTIN	G YOUR EMPLOYMEN	IT
5.Nature of Action SALARY INCREMENT	0	Effective Date 01 Oct 2025 7.Legal Authority RULE 10.008			
FROM	Desc	Description TO			
Position— FIREFIGHTER I Pay Grade— IL21 Salary Per Annum— 44168 Step— 05 Rate per Hour— 21.23 Department— GUAM FIRE DEPARTMENT Section/Division— GFD - FIRE SUPPRESSION BUREAU FTE— FD12074	9. Pay G Salary R 10. Depa 11. Div./S	rade/Step ate rtment	Pay Gr IL21 Step— 06 Depart GUAN	ASSISTANCE OF THE SUPPRESSION BUT TO STATE OF THE SUPPRESSION	JREAU
•	Exp/Separation Da PMIS Action Date: Request ID: DC		25 6	Bdgt Accn No.: 4250005 JON:	511*001-100-26-
Retirement Type: DB 1.75 - DEFINED BENEFIT 1.75				Personnel Jacket N	o.: 7353

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

RATING PERIOD: 10/01/2024 TO 09/30/2025 (S).

K.w

ESIGN-005-D10132025

GOVERNMENT OF GUAM AGANA, GUAM

NOTIFICATION OF PERSONNEL ACTION

1. Fullname CAMACHO, LUKE ADAM A		2. Date of Birth		3.Employee ID 60304	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	OF THE FOLLOWIN	G ACTION A	FFECTING	G YOUR EMPLOYMEN	IT
5.Nature of Action SALARY INCREMENT	-	6.Effective Date 01 Oct 2025		7.Legal Authority RULE 10.008	
FROM	Descr	iption		то	
		n Title nde/Step te			
Department GUAM FIRE DEPARTMENT	10. Depart	10 Department		M FIRE DEPARTMENT	
Section/Division GFD - FIRE SUPPRESSION BUREAU	11. Div./Se	11. Div./Section		on/Division———————————————————————————————————	
FTE————————————————————————————————————	12. FTE	FTE— FD12362			
Next Increment: Action No.: A-325761 Work Schedule: FULL-TIME Exp/Separation PMIS Action II Request ID:		10-07-202	25	Bdgt Accn No.: 4250005 JON:	511*001-100-26-
Retirement Type: DB 1.75 - DEFINED BE	NEFIT 1.75	301		Personnel Jacket N	o.: 189643

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

RATING PERIOD:10/01/2024 to 09/30/2025 (S).

K. W

ESIGN-005-D10132025

GOVERNMENT OF GUAM AGANA, GUAM

NOTIFICATION OF PERSONNEL ACTION

1. Fuliname BLAS, SHANE B					4.Date Requested 13 Oct 2025	
THIS IS TO NOTIFY YOU	NG ACTION	AFFECTIN	G YOUR EMPLOYMEN	IT		
5.Nature of Action SALARY INCREMENT		6.Effective Date 01 Oct 2025		7.Legal Authority RULE 10.008		
FROM	Desc	ription		то	2	
Position FIREFIGHTER I	8. Positio	on Title	FIREF	IGHTER I		
Pay Grade——Salary Per Annum———————————————————————————————————	9. Pay Gi Salary Ra	rade/Step ate	IL21	Pay Grade Salary 41959 Step Rate 20.17		
Rate per Hour————————————————————————————————————	32					
GUAM FIRE DEPARTMENT	10. Depa	tment		AM FIRE DEPARTMENT		
Section/Division GFD - FIRE SUPPRESSION BUREAU	11. Div./S	ection		Section/Division GFD - FIRE SUPPRESSION BUREAU		
FTEFD12185	12. FTE	12. FTE		FTE FD12185		
Next Increment: Action No.: A-325758 Work Schedule: FULL-TIME Exp/Separatio PMIS Action I Request ID:		10-07-20		Bdgt Accn No.: 4250005 JON:	611*001-100-26-	
Retirement Type: DB 1.75 - DEFINED B	ENEFIT 1.75			Personnel Jacket N	o.: 191718	

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

RATING PERIOD: 10/1/2024 TO 09/30/2025 (S).

K.L

ESIGN-005-D10132025

1. Fullname MICHALEC, NADYA R.P.		2. Date of Birth		3.Employee ID 10000882	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU OF THE	FOLLOWING	ACTION A	AFFECTIN	G YOUR EMPLOYME	ENT
		6.Effective Date 01 Oct 2025		7.Legal Authority 4GCA4102A(6)	
FROM	Descrip	tion		то	
Pay Grade Salary Per Annum 0 Step Rate per Hour 0 Department Section/Division FTE	8. Position 9. Pay Grade Salary Rate 10. Departm 11. Div./Sect 12. FTE	e/Step nent	Step— 01 Depart MAY0	ATION LEADER II de Salary 30169 Rate 14.5 nent CYDIVISION R - SENIOR CENTER OPERATIONS	
Action No.: A-325432 PMIS Act	aration Date: iion Date: ID: DOA-l			Bdgt Accn No.: 2800430 JON:	6111001-862-25-
Retirement Type: DC - DEFINED CONTRIBUTION	N DEDUCTION	N		Personnel Jacket	No.: 19920114

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 04/01/2026. 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.

K.L

ESIGN-005-D10132025

2. Date of Birth 3.Employee ID 1. Fullname 4.Date Requested MARTINEZ, ANTOINETTE M XX XXX XXXX 38175 13 Oct 2025 THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION AFFECTING YOUR EMPLOYMENT 5. Nature of Action **6.Effective Date** 7.Legal Authority **PROMOTION** 30 Sep 2025 **RULE 4.506 FROM** Description TO Position-Position. 8. Position Title **ADMINISTRATIVE ASSISTANT ADMINISTRATIVE OFFICER** Salary Per Annum--Pay Grade--Pay Grade-Salary-9. Pay Grade/Step 40841 45262 JX LX **Salary Rate** -Step Rate per Hour-Step-Rate-03 19.64 01 21.76 Department-Department 10. Department **GWSA - GUAM SOLID WASTE AUTHORITY GWSA - GUAM SOLID WASTE AUTHORITY** -Section/Division--Section/Division-11. Div./Section

Next Increment:	Exp/Separation Date:	Bdgt Accn No.: 6112001 416 26
	PMIS Action Date: 10-10-2025	JON: 6111001 416 26 9910201
Action No.: A-325928	Request ID: DOA-HR-840332	
Work Schedule: FULL-TIME		
Retirement Type: DC - DEFINED	CONTRIBUTION DEDUCTION	Personnel Jacket No.: 82679

12. FTE

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

GSWA - GUAM SOLID WASTE AUTHORITY

-FTE-

5376

SELECTED FROM THE CERTIFICATION OF ELIGIBLES. CERTIFICATE NUMBER EI25-015. 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.

K.L

FTE-

5346

GSWA - GUAM SOLID WASTE AUTHORITY

ESIGN-005-D10132025

. Fullname	2. Date of Birth	3.Employee ID	4.Date Requested
GARRIDO, ROLAND JUNIOR	XX XXX XXXX	10000465	13 Oct 2025

GARRIDO, ROLAND JUNIOR	XX XXX X	XX XXX XXXX		13 Oct 2025	
THIS IS TO NOTIFY YOU OF	THE FOLLOWING ACTION	AFFECTIN	G YOUR EMPLOYMEN	NT	
5.Nature of Action TERMINATION - EXP OF APPT / CONTRACT	6.Effective Date 30 Sep 2025		7.Legal Authority RULE13.101		
FROM	Description		то		
Position—APPRENTICE (LAW ENFORCEMENT) Pay Grade—Salary Per Annum—29133 Step—Rate per Hour—14.01 Department—DEPARTMENT OF AGRICULTURE Section/Division—AGR - CONSERVATION LAW ENFORCEMENT FTE—832	8. Position Title 9. Pay Grade/Step Salary Rate 10. Department 11. Div./Section 12. FTE		Rate 0		
Next Increment: Exp	o/Separation Date: 09-30	0-	Bdgt Accn No.:	5682C211600AR303-	
	IS Action Date: 10-10-20 quest ID: DOA-HR-35933		JON: 160021303-	111/113	
Retirement Type: DC - DEFINED CONTRIB	BUTION DEDUCTION	·	Personnel Jacket N	o.: 19910919	

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

EXPIRATION OF LIMITED TERM APPOINTMENT. NO LUMP SUM AUTHORIZED.

K.L

ESIGN-005-D10132025

1. Fullname IECHAD, DAWSON OMELUCHES			2. Date of		3.Employee ID 10000463	4.Date Requested 13 Oct 2025	
THIS IS TO NOTIFY YOU	J OF THE I	FOLLOWIN	G ACTION	AFFECTIN	IG YOUR EMPLOYME	ENT	
5.Nature of Action TERMINATION - EXP OF APPT / CONTR	ACT	6.Effectiv 30 Sep			7.Legal Authority RULE13.101		
FROM		Description			то		
Position APPRENTICE (LAW ENFORCEMENT) Pay Grade FL21 Salary Per Annum 29133 Step Rate per Hour 14.01 Department DEPARTMENT OF AGRICULTURE Section/Division AGR - CONSERVATION LAW ENFORCEMENT FTE 836		8. Position 9. Pay Gra Salary Rat 10. Depart 11. Div./Se 12. FTE	de/Step te tment	Position Pay Grade Step Pay Grade Rate O Department Section/Division			
Next Increment: Action No.: A-325901 Work Schedule:	Exp/Sepa PMIS Acti Request I		10-10-20 10-15-258		Bdgt Accn No.: 111/113 JON: 1600303-1	5682C211600AR303-	
Retirement Type: DC - DEFINED CONT	ribution	I DEDUCTION	ON		Personnel Jacket	No.: 19910920	
14.REMARKS (continue in item 21,if necess TERMINATION OF LIMITED TERM APPO		T. NO LUMP	SUM AUTI	HORIZED.			

K. w

ESIGN-005-D10132025

1. Fullname CALANAYAN, JOHN F			2. Date of Birth XX XXX XXXX		3.Employee ID 4477	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	J OF THE F	FOLLOWIN	G ACTION	AFFECTIN	G YOUR EMPLOYMEN	IT
5.Nature of Action SALARY INCREMENT		6.Effective Date 30 Sep 2025		7.Legal Authority RULE 10.008		
FROM		Descr	iption		то	
Position ENGINEER SUPERVISOR Pay Grade PX 92933 Step Rate per Hour 44.68 Department DEPARTMENT OF PUBLIC WORKS Section/Division DPW - CAPITAL IMPROVEMENTS		8. Position Title 9. Pay Grade/Step Salary Rate Pay Gr PX Step— 11 10. Department DEPA Section		PREER SUPERVISOR Prade Salary 95882 Rate 46.1 RTMENT OF PUBLIC WORKS Promotion Complete of the promotion of the public works on the public works of the public wor		
PMIS Act		aration Date: tion Date: 10-10-2025			Bdgt Accn No.: 6 1010005 6113001-100- JON: 1010005	
Work Schedule: FULL-TIME		ID: DOA-HR-442532		1010003		
Retirement Type: DB 1.75 - DEFINED B	BENEFIT 1.7	' 5			Personnel Jacket No	o.: 19908435

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

RATING PERIOD: FROM 9/30/2023 TO 9/29/2025 (S)

K.L

ESIGN-005-D10132025

î. Fullname	2. Date of Birth	3.Employee ID	4.Date Requested
BARCINAS, ELIZABETH C	XX XXX XXXX	10002408	13 Oct 2025

BARCINAS, ELIZABETH C	BARCINAS, ELIZABETH C XX XXX XXXX		10002408	13 Oct 2025	
THIS IS TO NOTIFY	YOU OF THE I	FOLLOWING ACTION	AFFECTIN	G YOUR EMPLOYME	NT
5.Nature of Action LIMITED TERM APPOINTMENT		6.Effective Date 30 Sep 2025		7.Legal Authority RULE 4.603	
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 HX Step- 01 Depar GWS		
Action No.: A-325822 2026 Work Schedule: PMIS Act		ration Date: 09-29 fon Date: 10-08-20 D: DOA-HR-214811	25	Bdgt Accn No.: JON: 6111001 416	6112001 416 26 5 26 9910201
Retirement Type: DC - DEFINED CO	ONTRIBUTION	DEDUCTION		Personnel Jacket N	lo.: 19920252

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. 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 03/30/2026. 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. NO PRIOR SERVICE.

K-

GOVERNMENT OF GUAM AGANA, GUAM HR Division

NOTIFICATION OF PERSONNEL ACTION

1. Fullname FLORES, JESSE R		2. Date of		3.Employee ID 10002409	4.Date Requested		
THIS IS TO NOTIFY YO	U OF THE	FOLLOWIN	G ACTION	AFFECTIN	G YOUR EMPLOYME	NT	
5.Nature of Action PROBATIONAL APPOINTMENT FROM		30 Sep 2025		7.Legal Authority RULE4.602 TO			
Pay Grade Salary Per Annum O Step Rate per Hour O Department Section/Division FTE		8. Position Title 9. Pay Grade/Step Salary Rate Pay G FX Step 01 10. Department GWS 11. Div./Section Section FTE		Pay Gr FX Step— 01 Depart GWSA	Intrent SA - GUAM SOLID WASTE AUTHORITY Ion/Division VA - GUAM SOLID WASTE AUTHORITY		
PMIS Act		ration Date ion Date: ID: DOA	10-08-20		Bdgt Accn No.: JON: 6111001 416	6112001 416 26 5 26 9910201	
Retirement Type: DC - DEFINED CON	TRIBUTION	N DEDUCTION	ON		Personnel Jacket N	lo.: 19920251	

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 03/30/2026. 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.

K.L

GOVERNMENT OF GUAM^{HR Division} AGANA, GUAM NOTIFICATION OF PERSONNEL ACTION

1. Fullname 2. Date of Birth 3.Employee ID 4.Date Requested UNTALAN, NATHANIEL B XX XXX XXXX 11131 13 Oct 2025 THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION AFFECTING YOUR EMPLOYMENT **6.Effective Date** 5. Nature of Action 7.Legal Authority **SALARY INCREMENT** 30 Sep 2025 **RULE 10.008 FROM** TO Description -Position-Position-8. Position Title FIREFIGHTER I FIREFIGHTER I -Pay Grade-Salary Per Annum--Pay Grade-Salary-9. Pay Grade/Step 45934 47702 **IL21 IL21 Salary Rate** Rate per Hour-Step-Step-Rate-06 22.08 07 22.93 Department-Department-10. Department **GUAM FIRE DEPARTMENT GUAM FIRE DEPARTMENT** -Section/Division--Section/Division-11. Div./Section **GFD - FIRE SUPPRESSION BUREAU GFD - FIRE SUPPRESSION BUREAU** -FTE-FTE-12. FTE FD12274 FD12274 **Exp/Separation Date: Next Increment: Bdgt Accn No.:** 611*001-100-25-PMIS Action Date: 4250005 10-07-2025 JON: Action No.: A-325790 Request ID: DOA-HR-540618 Work Schedule: **FULL-TIME Retirement Type:** DB 1.75 - DEFINED BENEFIT 1.75 Personnel Jacket No.: 6803

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

Rating period 9/30/24 to 9/29/25 (S).

K.L

ESIGN-005-D10132025

1. Fullname MESA, GEORGE ANTHONY D			2. Date of Birth XX XXXX XXXX		3.Employee ID	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	OLLOWIN	G ACTION	AFFECTIN	G YOUR EMPLOYMEN	NT	
5.Nature of Action SALARY INCREMENT		6.Effective Date 30 Sep 2025		7.Legal Authority RULE 10.008		
FROM		Descr	iption		то	
Position FIREFIGHTER I Pay Grade IL21 Step O6 Pate per Hour 22.08		8. Position 9. Pay Gra Salary Rat	de/Step te	Pay Gr IL21 Step 07 Depart	Step———Rate——	
GUAM FIRE DEPARTMENT Section/Division GFD - FIRE SUPPRESSION BUREAU FTE FD12158		11. Div./Se	ction	GFD -	Section/Division— GFD - FIRE SUPPRESSION BUREAU FTE— FD12158	
PMIS Acti		iration Date: ion Date: 10-07-2025 ID: DOA-HR-673253			Bdgt Accn No.: 4250005 JON:	611*001-100-25-
Retirement Type: DC - DEFINED CONT	TRIBUTION	DEDUCTION	NC		Personnel Jacket N	o.: 6997

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

RATING PERIOD: FROM 9/30/24 TO 9/29/25 (S).

K. W

ESIGN-005-D10132025

N	OTIFICATION OF P	PERSONNI	EL ACTIC	N	
1. Fullname AGUON, JUSTIN M		2. Date of Birth		3.Employee ID 10155	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YO	U OF THE FOLLOWIN	G ACTION	AFFECTING	G YOUR EMPLOYMEN	IT
5.Nature of Action SALARY INCREMENT	30 Sep	6.Effective Date 30 Sep 2025		7.Legal Authority RULE 10.008	ř
Pay Grade IL21 Step Rate per Hour 23.78 Department GUAM FIRE DEPARTMENT Section/Division		n Title nde/Step te	Pay Grund IL21 Step— 09 Depart GUAM	TO tion— EFIGHTER I Grade— Salary 51235 Rate 24.63 artment— AM FIRE DEPARTMENT ion/Division— - FIRE SUPPRESSION BUREAU	
Next Increment:	Exp/Separation Date PMIS Action Date:	e: 10-07-202	25	Bdgt Accn No.: 64250005	511*001-00-25-

Request ID: DOA-HR-891191

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

A-325756

Action No.:

Work Schedule:

Retirement Type:

RATING PERIOD: 03/30/2024 TO 09/29/2025 (S).

DB 1.75 - DEFINED BENEFIT 1.75

FULL-TIME

K. L

JON:

Personnel Jacket No.:

5806

ESIGN-005-D10132025

1. Fuliname DUENAS, ROWENA B.		2. Date of Birth XX XXX XXXX		3.Employee ID 10002338	4.Date Requested	
THIS IS TO NOTIFY YOU	U OF THE F	OLLOWIN	G ACTION	AFFECTING	G YOUR EMPLOYMEN	NT
5.Nature of Action RESIGNATION		6.Effective Date 29 Sep 2025		7.Legal Authority RULE 13.002		
FROM		Descr	iption		ТО	
Position—SCHOOL BUS DRIVER Pay Grade—Salary Per Annum— HX 32355 Step—Rate per Hour— 15.56 Department—DEPARTMENT OF PUBLIC WORKS Section/Division—DPW - BUS OPERATIONS FTE—4744		Bescription 8. Position Title 9. Pay Grade/Step Salary Rate Pay Grade/Step Step— 10. Department 11. Div./Section 12. FTE Position Position Pay Grade/Step Step— Step— Depart FTE— FTE— FTE— Position		rade—Salary—0 Rate—0		
Next Increment: Action No.: A-325949 Work Schedule: FULL-TIME	Exp/Separa PMIS Action Request IE	on Date:	9: 09-29 10-10-202 A-HR-69501		Bdgt Accn No.: 25-1030216 JON: 1030216	6111001/6113001-205-
Retirement Type: DC - DEFINED CON	TRIBUTION	DEDUCTION	 DN		Personnel Jacket N	o.: 19920174
14.REMARKS (continue in item 21,if neces	sary)				1	

EMPLOYEE DID NOT COMPLETE PROBATIONARY PERIOD. NO LUMP SUM PAYMENT AUTHORIZED.

K. W

ESIGN-005-D10132025

1. Fullname MENDIOLA, PAUL AI			2. Date of Birth XX XXX XXXX		3.Employee ID 3353	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	U OF THE I	FOLLOWIN	G ACTION	AFFECTING	G YOUR EMPLOYMEN	IT
5.Nature of Action RESIGNATION		6.Effective Date 29 Sep 2025		7.Legal Authority RULE 13.002		
FROM		Descr	iption		то	
Position COMMUNITY MAINTENANCE WORKER Pay Grade FX Salary Per Annum 31606 Step Quantity Annum 15.2 Department MAYOR'S COUNCIL Section/Division MAYOR - AGANA HEIGHTS MAYOR'S OFFICE FTE 1281		Salary Rate Step- On Department				
Next Increment: Exp/Separ		aration Date: 09-29-2025			Bdgt Accn No.: 5	5100A252880SE002-
Action No.: A-325947 Work Schedule: FULL-TIME		ID: DOA-HR-630083		33	JON:	
Retirement Type: DC - DEFINED CONT	TRIBUTION	DEDUCTION	ON		Personnel Jacket No	o.: 19908242
14 DEMARKS (continue in item 21 if neces	sarvi					

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

K.L

ESIGN-005-D10132025

1. Fullname RIVERA, JULIA N			2. Date of		3.Employee ID 60817	4.Date Requested
THIS IS TO NOTIFY YO	U OF THE I	FOLLOWIN	G ACTION	AFFECTI	NG YOUR EMPLOYN	MENT
5.Nature of Action		6.Effectiv			7.Legal Authority	1
RESIGNATION		28 Se	2025		RULE 13.002	
FROM		Description		ТО		
Program Coordinator I		8. Positio	n Title	Posi	tion	
Pay Grade Salary Per Annum 41372 Step Rate per Hour 19.89		9. Pay Gra	-	42	Grade———Salary—	
				Step	Rate—0	
DEPARTMENT OF PUBLIC HEALTH & SOC	IAL SE	10. Department		on/Division——————		
DEPARTMENT OF PUBLIC HEALTH & SOC	IAL SE	11. Div./Se	ction			
7057		12. FTE		FTE		
Next Increment: Exp/Sepa		ration Date	e: 09-28	3-	Bdgt Accn No.: 1700001	611*001-100-25-
Action No.: A-325969 Work Schedule: FULL-TIME	PMIS Acti Request I		10-10-20 A-HR- 75 898		JON: 1700-25	-001
Retirement Type: DB 1.75 - DEFINED B	BENEFIT 1.7	75			Personnel Jacke	t No.: 275907
T / DELA DICO / 1 - 1						

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

NO LUMP SUM REQUESTED RESIGNATION DUE TO SUBSEQUENT PROBATIONAL APPOINTMENT.

K.L

ESIGN-005-D10132025

1. Fullname TOM, MALIA L	2. Date of Birth XX XXX XXXX		3.Employee ID 60362	4.Date Requested 13 Oct 2025			
THIS IS TO NOTIFY YOU	U OF THE	FOLLOWING ACTION AFFECTING YOUR EMPLOYMENT					
5.Nature of Action TERMINATION - EXP OF APPT / CONTR	ACT	6.Effectiv 26 Sep	e Date 0 2025		7.Legal Authority RULE13.101		
FROM		Description		то			
Position COMPUTER TECHNICIAN I Pay Grade HX 32355 Step 01 15.56 Department GUAM ENVIRONMENTAL PROTECTION AGENCY Section/Division GEPA - ADMINISTRATION FTE GEPA-AR1		8. Position Title 9. Pay Grade/Step Salary Rate 10. Department 11. Div./Section		Step	y Grade————————————————————————————————————		
Next Increment:			e: 09-26		_	5111001-101-24-	
Action No.: A-325970 PMIS Action Date Request ID: D Work Schedule: FULL-TIME			10-10-202 A-HR-40350		2298107 & 6113001-10 JON: 2298107	1-24-2298107	
Retirement Type: DC - DEFINED CON	TRIBUTION	DEDUCTION	ON	-	Personnel Jacket No	o.: 195008	
7/ DELANDI/C/							

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

TERMINATION OF TEMPORARY APPOINTMENT. NO LUMP SUM PAYMENT AUTHORIZED.

K.L

ESIGN-005-D10132025

1. Fullname AGUON, DAVID JF		2. Date of Birth XX XXX XXXX			3.Employee ID 4451	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	OF THE	FOLLOWIN	G ACTION	AFFECTING	G YOUR EMPLOYME	NT
5.Nature of Action RETIREMENT SERVICE		6.Effective 26 Sep			7.Legal Authority 4GCA CH8	
FROM		Description		то		
Position RECREATION LEADER I Pay Grade DX Salary Per Annum 46259 Step 22 Rate per Hour 22.24 Department DEPARTMENT OF PARKS AND RECREATION Section/Division		8. Position Title 9. Pay Grade/Step Salary Rate 10. Department 11. Div./Section		Pay Grade Salary 0 Step Rate 0 Department Section/Division		
FTE 849		12. FTE		FTE—		
	PMIS Acti	I ration Date ion Date: ID: DOA	10-10-202	25	Bdgt Acen No.: 2511002 JON: 2511-25-00	6111/113001-100-25-
Retirement Type: NON BASE - DEFINE	D BENEFI	IT			Personnel Jacket N	lo.: 19906199

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

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

K. W

ESIGN-005-D10132025

1. Fullname REYES, CHRISTIAN JC			2. Date of Birth XX XXX XXXX		3.Employee ID 60760	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	J OF THE F	FOLLOWIN	G ACTION	AFFECTING	G YOUR EMPLOYMEN	Т
5.Nature of Action RESIGNATION		6.Effective 26 Sep			7.Legal Authority RULE 13.002	
FROM		Description		то		
Pay Grade IL21 Step Rate per Hour 18.05 Department CUSTOMS AND QUARANTINE AGENCY Section/Division C & Q - AIRPORT OPERATIONS		8. Position Title 9. Pay Grade/Step Salary Rate 10. Department 11. Div./Section Position Pay Grade/Step Step Department Step Department		Salary— O Rate— O		
Next Increment: Exp/Separat PMIS Action		on Date:	10-10-202	25	25-3233001	5111001/6113001-209-
Action No.: A-325917 Work Schedule: FULL-TIME	Request I	D: DOA	\-HR-97642	2.3	JON: 3233-25-00	1-111/113
Retirement Type: DB 1.75 - DEFINED B	ENEFIT 1.7	75			Personnel Jacket No	269861

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

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

K.L

ESIGN-005-D10132025

1. Fullname LEON GUERRERO, MATTHEW A		2. Date of Birth		3.Employee ID 4327	4.Date Requested		
THIS IS TO NOTIFY YOU	J OF THE FOLLOW	VING ACTION A	FFECTIN	IG YOUR EMPLOYM	ENT		
5.Nature of Action RETIREMENT SERVICE		6.Effective Date 26 Sep 2025		7.Legal Authority 4GCA CH8			
FROM		Description		то	II .		
Position DEPUTY CIVIL REGISTRA Pay Grade OX Salary Per Annum 80999 Step Rate per Hour 38.94 Department DEPARTMENT OF LAND MANAGEMENT Section/Division DLM - LAND RECORDS FTE 1063		8. Position Title 9. Pay Grade/Step Salary Rate 10. Department 11. Div./Section 12. FTE		Pay Grade Salary 0 Step Rate 0 Department Section/Division FTE			
Next Increment:	Exp/Separation D		F	Bdgt Accn No.: 2930201	6111001-222-25-		
Action No.: A-325626 Work Schedule: FULL-TIME	Request ID:		_		22-25-2930201		
Retirement Type: NON BASE - DEFINI	ED BENEFIT			Personnel Jacket	No.: 19904500		

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

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

Kw

ESIGN-005-D10132025

1. Fullname LAEIGRENG, JONIE T		2. Date of Birth XX XXX XXXX		3.Employee ID 60338	4.Date Requested 13 Oct 2025	
THIS IS TO NOTIFY YOU O	F THE FOLLOWIN	IG ACTION AFF	FECTINO	YOUR EMPLOYME	ENT	
5.Nature of Action TERMINATION	1	6.Effective Date 25 Sep 2025		7.Legal Authority RULE13.101		
FROM	Desci	Description		то		
Position TRANSIT DISPATCHER Pay Grade IX 34886 Step Rate per Hour 16.77 Department GUAM REGIONAL TRANSIT AUTHORITY (GRITE) Section/Division GUAM REGIONAL TRANSIT AUTHORITY (GRITE) FTE PT-059	9. Pay Gra Salary Ra 10. Depar	8. Position Title 9. Pay Grade/Step Salary Rate 10. Department 11. Div./Section Position Pay G Step- Section		Salary 0 Rate 0		
Action No.: A-325667 PN	xp/Separation Date: equest ID: DO/	10-06-2025		Bdgt Accn No.: 9977112 JON: 9977-24-1	6111 / 6113 001-101-24-	
Work Schedule: FULL-TIME Retirement Type: DC - DEFINED CONTRI	BUTION DEDUCTI	ON		Personnel Jacket	No.: 192349	

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

TERMINATION OF LTA. NO LUMP SUM PAYMENT AUTHORIZED.

K.L

ESIGN-005-D10132025

1. Fullname2. Date of Birth3.Employee ID4.Date RequestedIGNACIO, IASKIXX XXX XXXX3767213 Oct 2025

IGNACIO, IASKI		×	X XXX XXXX	37672	13 Oct 2025
THIS IS TO NOTIFY YO	U OF THE F	OLLOWING	ACTION AFFECT	TING YOUR EMPLOYME	NT
5.Nature of Action TERMINATION		6.Effective 25 Sep 2		7.Legal Authority RULE13.101	
FROM		Descript	ion	то	
Position BUS DRIVER FOR IND W/ DISABILITI Pay Grade HX 32355 Step Rate per Hour 15.56 Department GUAM REGIONAL TRANSIT AUTHORITY (Section/Division GUAM REGIONAL TRANSIT AUTHORITY (FTE PT-051	(GRTA)	8. Position T 9. Pay Grade Salary Rate 10. Departm 11. Div./Secti 12. FTE	ent Se	y Grade————————————————————————————————————	
Next Increment:	1	ration Date: on Date:	09-25-2025	Bdgt Accn No.: 9977112	6 111/113 001-101-24-
Action No.: A-325666 Work Schedule: FULL-TIME		on Date: D: DOA-H		JON: 9977-24-11:	2
Retirement Type: DC - DEFINED CON	TRIBUTION	DEDUCTION		Personnel Jacket N	lo.: 39187

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

TERMINATION OF LTA. NO LUMP SUM PAYMENT AUTHORIZED.

K. L

ESIGN-005-D10132025

1. Fullname FLISCO, FRANCIS N		2. Date of Birth XX XXX XXXX		3.Employee ID 1021		e Requested Oct 2025		
THIS IS TO NOTIFY YOU	OF THE FO	FOLLOWING ACTION AFFECTING YOUR EMPLOYMENT						
5.Nature of Action SALARY INCREMENT	6.	Effective D			7.Legal Authority RULE 10.008			
FROM		Description		то				
PERSONNEL SPECIALIST IV Pay Grade OX Salary Per Annum 88956 Step Rate per Hour 42.77 Department DEPARTMENT OF ADMINISTRATION Saction/Division		8. Position Title 9. Pay Grade/Step Salary Rate 10. Department 11. Div./Section		Personnel specialist IV Pay Grade Salary 91778 Step Rate 44.12 Department DEPARTMENT OF ADMINISTRATION Section/Division DOA - PERSONNEL MANAGEMENT				
FTE61001AO		12. F1E ()		(FTE61001AO			
Next Increment: Exp/Sepai			10-10-202	5	Bdgt Accn No.:	5100 A2	24 0610 SE002	
Action No.: A-325870 Work Schedule: FULL-TIME	Request ID:	DOA-H	IR-555317		JON: 0610 24	002 111/113		
Retirement Type: DB 1.75 - DEFINED B	ENEFIT 1.75		·		Personnel Jacket	t No.:	19904319	

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

WAITING PERIOD FROM 09/22/2023 TO 09/21/2025. (O)

K.L

ESIGN-005-D10132025

1. Fuliname LEON GUERRERO, VIRGINIA F		2. Date of Birth XX XXX XXXX		3.Employee ID	4.Date Requested 13 Oct 2025	
THIS IS TO NOTIFY YOU	OF THE FOLLOWI	NG ACTION	AFFECTIN	G YOUR EMPLOYMEN	IT	
5.Nature of Action AMENDMENT	6.Effecti v	ve Date ep 2025		7.Legal Authority PR&R		
FROM	Desc	Description		то		
Position ADMINISTRATIVE ASSISTANT Pay Grade JX 37913 Step Rate per Hour 18.23 Department MAYOR'S COUNCIL Section/Division MAYOR - ADMINISTRATION	9. Pay Gr Salary Ra 10. Depar	8. Position Title 9. Pay Grade/Step Salary Rate 10. Department 11. Div./Section		Position ADMINISTRATIVE ASSISTANT Pay Grade Salary 37913 Step Rate 01 18.23 Department MAYOR'S COUNCIL Section/Division MAYOR - ADMINISTRATION		
SCC-12	12. FTE		SCC-1	2		
Next Increment: Action No.: A-325740 Work Schedule: FULL-TIME Exp/Separat PMIS Action Request ID:		10-08-20	25	Bdgt Accn No.: 5232C242400GA203 JON: 2400-24-20	3	
Retirement Type: DC - DEFINED CONT	RIBUTION DEDUCT	ION		Personnel Jacket No	5.: 19903109	

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

THIS ACTION AMENDS PA#A-325315 NATURE OF ACTION SHOULD READ: REGULAR RETIREMENT - DEFINED CONTRIBUTION VICE RESIGNATION. THIS ACTION ALSO AMENDS TO INCLUDE THE FOLLOWING REMARKS: LUMP SUM PAYMENT IS AUTHORIZED AND WILL BE MADE FOR ANNUAL LEAVE UP TO 320 HOURS AND 50% OF ANY UNUSED SICK LEAVE.

K. w

ESIGN-005-D10132025

1. Fullname PEREZ, DORA LYNN C		2. Date of Birth XX XXX XXXX		3.Employee ID 5485	4.Date Requested		
THIS IS TO NOTIFY YOU	J OF THE F	HE FOLLOWING ACTION AFFECTING YOUR EMPLOYMENT					
5.Nature of Action RESIGNATION		6.Effective 22 Sep			7.Legal Authority RULE 13.002		
FROM		Descr	iption		то		
Position— ADMINISTRATIVE ASST. (MC) Pay Grade— JX 40841 Step— 03 19.64 Department— MAYOR'S COUNCIL Section/Division— MAYOR - SANTA RITA MAYOR'S OFFICE FTE— 1271		Description 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: Action No.: A-325730 Work Schedule: FULL-TIME	Exp/Sepa PMIS Acti Request I		9: 09-22 10-08-20 A-HR-08238		Bdgt Acen No.: 111/113 JON:	5100A252880SE001 -	
Retirement Type: DC - DEFINED CONT	RIBUTION	DEDUCTION	NC		Personnel Jacket I	No.: 1552	

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

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

K.L

ESIGN-005-D10132025

1. Fullname AGUON, MARIA CRISTINA FE P.		2. Date of Birth XX XXX XXXX		3.Employee ID 10000743	4.Date Requested		
THIS IS TO NOTIFY YOU	OF THE F	OLLOWIN	G ACTION	AFFECTING	G YOUR EMPLOYMEN	Т	
5.Nature of Action TERMINATION		6.Effective 22 Sep			7.Legal Authority RULE13.101		
FROM		Description			то		
Position ADMINISTRATIVE AIDE TRAINEE Pay Grade AX 19240 Step Rate per Hour 9.25 Department DEPARTMENT OF LABOR Section/Division DOL - WIOA PROGRAM FTE .		8. Position 9. Pay Gra Salary Rat 10. Depart 11. Div./Sec	de/Step de de de de/Step	Pay Grand Step— Depart Section	Salary—0 Rate—0		
	Exp/Separa		9: 09-22 10-06-20		Bdgt Accn No.: 6	5111/113001-101-24-	
Action No.: A-325663 Work Schedule:	Request IE	DOA	-HR-24840	9	JON: 2415-24-117		
Retirement Type: SOCIAL SECURITY/ME	EDICARE D	DEDUCTIO	N		Personnel Jacket No	o.: 19911082	
14 DEMARKS (continue in item 21 if necess	arv)						

This position is 100% federally funded and is contingent on the availability of funds.

K.L

ESIGN-005-D10132025

1. Fullname MOLINOS, MARLON R		2. Date of Birth XX XXX XXXX		3.Employee ID	4.Date Requested		
THIS IS TO NOTIFY YOU	OF THE FOLLOW	/ING ACTION	AFFECTIN	IG YOUR EMPLOYM	ENT		
5.Nature of Action TERMINATION - EXP OF APPT / CONTRACT		6.Effective Date 20 Sep 2025		7.Legal Authority RULE13.101			
FROM	De	Description		то			
PROGRAM COORDINATOR I Pay Grade KX Salary Per Annum 41372 Step Rate per Hour 19.89 Department DEPARTMENT OF PUBLIC WORKS Section/Division DPW - HIGHWAY / ENGINEERING DIV FTE 208		8. Position Title 9. Pay Grade/Step Salary Rate 10. Department 11. Div./Section 12. FTE		Position Pay Grade Salary O Step Rate O Department Section/Division FTE			
Action No.: A-325926	exp/Separation D MIS Action Date Request ID:		25	Bdgt Accn No.: 25-1068122 JON: 1068122	6111001/6113001-101-		
Work Schedule: FULL-TIME Retirement Type: DC - DEFINED CONTF	RIBUTION DEDUC	TION		Personnel Jacket	No.: 6917		
14.REMARKS (continue in item 21,if necessary	ary)		AUTHOR	IZED AND WILL BE	MADE FOR ANNUAL		

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

K. W

ESIGN-005-D10132025

1. Fullname MANIBUSAN, RAYMOND C		2. Date of Birth XX XXX XXXX		3.Employee ID 38157	4.Date Requested 13 Oct 2025	
THIS IS TO NOTIFY YOU OF THE	FOLLOWIN	G ACTION A	FFECTING	G YOUR EMPLOYMEN	NT	
5.Nature of Action RESIGNATION	6.Effectiv 19 Sep			7.Legal Authority RULE 13.002		
FROM	Descr	Description		то		
Position———————————————————————————————————	8. Position		Position Pay Gr	ade———Salary		
Step 15.56	Salary Ra	te	Step————————————————————————————————————			
DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE	10. Department		Depart	ment—————	\	
Section/Division PHSS - PUBLIC HEALTH	11. Div./Se	ection		ion/Division		
FTE 6210	12. FTE	-	FTE—			
PMIS Ac	tion Date:	e: 09-19-1 10-07-202	.5	1713123	6111/113001-101-25-	
Action No.: A-325738 Request Work Schedule: FULL-TIME	ID: DOA	A-HR-647719		JON: 1713-25-123		
Retirement Type: DC - DEFINED CONTRIBUTIO	N DEDUCTION	ON		Personnel Jacket N	o.: 78852	

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

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

K.L

ESIGN-005-D10132025

6.Effective	e Date	AFFECTIN	7.Legal Authority RULE 10.008	NT
17 Sep	2025			
Descr	iption			
			то	
9. Pay Gra	ide/Step	PSYC	HIATRIC TECHNICIAN I	
		03	Rate15.62	
10. Depart	tment)
11. Div./Se	ction		-	- }
12. FTE	d .	[
on Date:	10-07-20		Bdgt Acen No.: 111/113 JON: 2310 23 000	
5. 507	TIN 32030		2510 25 00.	T 11/11 0
I DEDUCTION	ON		Personnel Jacket N	o.: 320737
	9. Pay Gra Salary Ra 10. Depart 11. Div./Se 12. FTE ation Date: D: DOA	ration Date: on Date: 10-07-20	9. Pay Grade/Step Salary Rate 10. Department GUAN 11. Div./Section GUAN 12. FTE SUDD sation Date: Do D	9. Pay Grade/Step Salary Rate Step O3 15.62 Department GUAM BEHAVIORAL HEALTH Section/Division GUAM BEHAVIORAL HEALTH SUDD.013 Pation Date: D1. DOA-HR-528965 Date: 10-07-2025 D1. DOA-HR-528965 Date: 10-07-2025 D1. DOA-HR-528965 D2. DOA-HR-528965 D3. Salary 32498 Step Rate 15.62 Department GUAM BEHAVIORAL HEALTH Section/Division GUAM BEHAVIORAL HEALTH SUDD.013 D3. Salary 15.62 D4. Salary 15.62 D5. Salary 15.62 D6. Salary 15.62 D6. Step Begat Accn No.: 111/113 JON: 2310 23 00:

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

RATING PERIOD: 09/17/2024 TO 09/16/2025. (S)

K.L

ESIGN-005-D10132025

GOVERNMENT OF GUAM AGANA, GUAM

NOTIFICATION OF PERSONNEL ACTION 1. Fullname 2. Date of Birth 3.Employee ID 4.Date Requested MONTALLANA, RUBY BELARSO XX XXX XXXX 10000302 13 Oct 2025 THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION AFFECTING YOUR EMPLOYMENT **6.Effective Date** 5. Nature of Action 7.Legal Authority SALARY INCREMENT 16 Sep 2025 **RULE 10.008 FROM** Description TO -Position-Position. 8. Position Title MEDICAL LABORATORY TECHNICIAN I **MEDICAL LABORATORY TECHNICIAN I** Salary Per Annum--Pav Grade--Pay Grade-Salary_ 9. Pay Grade/Step GX 30169 GX 31313 **Salary Rate** Step Rate per Hour-Step -Rate-01 14.5 02 15.05 -Department--Department 10. Department **DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE** -Section/Division--Section/Division-11. Div./Section **PHSS - BUREAU OF PRIMARY CARE SERVICES PHSS - BUREAU OF PRIMARY CARE SERVICES** -FTE--FTE-12. FTE 7051 7051 **Next Increment: Exp/Separation Date:** Bdgt Accn No.: 6111001-105-23-**PMIS Action Date:**

Request ID:

Work Schedule: DC - DEFINED CONTRIBUTION DEDUCTION **Retirement Type:**

A-325953

Action No.:

10-10-2025

DOA-HR-624073

1716005

JON: 1716-23-005

Personnel Jacket No.:

19910880

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

RATING PERIOD: FROM 09/16/2024 TO 09/15/2025. (S)

K.L

ESIGN-005-D10132025

1. Fullname
SUSUICO, JR., KEITH FRANK

2. Date of Birth
XX XXX XXXX
10000523
13 Oct 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 16 Sep 2025 **RULE 10.008 FROM** Description TO Position_ Position-8. Position Title MESSENGER CLERK **MESSENGER CLERK** Pay Grade-Salary Per Annum-Pay Grade_ Salary-9. Pay Grade/Step DX 23229 24109 **Salary Rate** Step-Step-Rate per Hour-Rate-11.17 11.59 Department Department 10. Department **CUSTOMS AND QUARANTINE AGENCY CUSTOMS AND QUARANTINE AGENCY** -Section/Division-Section/Division_ 11. Div./Section **C & O - ADMINISTRATIVE SUPPORT C & Q - ADMINISTRATIVE SUPPORT** -FTE-FTE-12. FTE C-733 C-733 **Next Increment:** Exp/Separation Date: **Bdgt Accn No.:** 6111001/6113001-100-**PMIS Action Date:** 25-3200001 10-07-2025 **Action No.:** A-325725 Request ID: DOA-HR-076473 JON: 320024001-111/113 Work Schedule: DC - DEFINED CONTRIBUTION DEDUCTION Personnel Jacket No.: Retirement Type: 19910879

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

Rating period: FROM 09/16/2024 to 09/15/2025 (S)

K.L

ESIGN-005-D10132025

1. Fuliname RIVERA, VANESSA R			2. Date of I		3.Employee ID 8984	4.Date Requested
THIS IS TO NOTIFY YOU	J OF THE	FOLLOWIN	G ACTION A	FFECTIN	G YOUR EMPLOYME	ENT
5.Nature of Action SALARY INCREMENT	2	6.Effective			7.Legal Authority RULE 10.008	
FROM		Descr	iption		то	
Position EMPLOYMENT DEVELOPMENT WKR III Pay Grade KX 49827 Step Rate per Hour 23.96 Department DEPARTMENT OF LABOR Section/Division DOL - WIOA PROGRAM		8. Position 9. Pay Gra Salary Rat 10. Depart	de/Step te	Pay Gr KX Step 07 Depart DEPA	OYMENT DEVELOPME	ENT WKR III
FTE1502		12. FTE		FTE— 1502		
Next Increment: Action No.: A-325930 Work Schedule: FULL-TIME	PMIS Act		e: 10-09-202 A-HR-723881		Bdgt Accn No.: 2415103 JON: 241525103	6111/113001-101-25-
Retirement Type: DB 1.75 - DEFINED B	BENEFIT 1.7	75			Personnel Jacket	No.: 4650

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

WAITING PERIOD: FROM 09/13/2024 TO 09/12/2025 (S)

K. W

ESIGN-005-D10132025

1. Fullname MACATUNO, JOY F		:	2. Date of		3.Employee ID 60564	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	OF THE I	FOLLOWIN	G ACTION	AFFECTIN	G YOUR EMPLOYMEN	IT = I
5.Nature of Action SALARY INCREMENT		6.Effective			7.Legal Authority RULE 10.008	
FROM		Descr	iption		то	
Position ACCOUNTANT I Pay Grade LX Salary Per Annum 48758 Step O3 Pate per Hour 23.44 Department DEPARTMENT OF ADMINISTRATION Section/Division DOA - DIVISION OF ACCOUNTS FTE 66053		8. Position 9. Pay Gra Salary Rat 10. Depart 11. Div./Se 12. FTE	de/Step te tment	ACCO Pay Gr LX Step— 04 Depart DEPAI	Rate—24.33 ment—RTMENT OF ADMINISTE	
	PMIS Acti		9: 10-08-20 \-HR-05244		Bdgt Accn No.: 6 0660007 JON:	5xxx001-100-26-
Retirement Type: DC - DEFINED CONT	RIBUTION	I DEDUCTION	ON		Personnel Jacket No	o.: 242306

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

RATING PERIOD: FROM 09/12/2024 TO 09/11/2025 (S)

K.L

ESIGN-005-D10132025

1. Fullname JIMENEZ, JERMAINE RYAN C			2. Date of		3.Employee ID 63028	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	OF THE F	OLLOWIN	G ACTION	AFFECTIN	G YOUR EMPLOYMEN	IT
5.Nature of Action SALARY INCREMENT		6.Effectiv			7.Legal Authority RULE 10.008	
FROM	=	Descr	iption		то	
Position PSYCHIATRIC TECHNICIAN I Pay Grade GX Salary Per Annum 31313		8. Position 9. Pay Gra Salary Ra	ide/Step	PSYC Pay Gr GX	32498	1
Step————————————————————————————————————				O3	15.62	
GUAM BEHAVIORAL HEALTH AND WELLNE	ESS C	10. Depart	tment	- Depart GUAM	ment————————————————————————————————————)
Section/Division GUAM BEHAVIORAL HEALTH AND WELLNE	ESS C	11. Div./Se	ction		n/Division———————————————————————————————————	1
SUDD.014		12. FTE		SUDD		
· · · · · · · · · · · · · · · · · · ·	Exp/Sepai PMIS Acti	ration Date on Date:	10-08-20	25	Bdgt Accn No.:	5602A232310GA004-
Action No.: A-325805 Work Schedule: FULL-TIME	Request I	D: DOA	\-HR-174679	9	JON: 2310 23 004	4-111/113
Retirement Type: DC - DEFINED CONT	RIBUTION	DEDUCTION	NC		Personnel Jacket N	o.: 319804

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

RATING PERIOD: FROM 09/11/2024 TO 09/10/2025 (S)

K.L

ESIGN-005-D10132025

1. Fullname MABINI, JAN A		2. Date of I		3.Employee ID 7048	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	J OF THE FOLLOWIN	G ACTION A	FFECTIN	G YOUR EMPLOYME	NT
5.Nature of Action SALARY INCREMENT	6.Effectiv 11 Sep	2025		7.Legal Authority RULE 10.008	* 1
FROM	Descr	ription		то	
PSYCHIATRIC TECHNICIAN II Pay Grade	8. Positio		PSYC	1 1	
Step — Rate per Hour — 21.35	Salary Ra	te	Step—	45826 Rate	
GUAM BEHAVIORAL HEALTH AND WELLN	ESS C 10. Depar	tment	f '	ment I BEHAVIORAL HEALTH	AND WELLNESS C
Section/Division GBHWC - NURSING SERVICES	11. Div./Se	ection		n/Division———————————————————————————————————	1
FMT.0135	12. FTE		FMT.0	135	
Next Increment: Action No.: A-325803	Exp/Separation Date: PMIS Action Date: Request ID: DO/	10-08-202		Bdgt Acen No.: JON:	
Work Schedule: FULL-TIME Retirement Type: DC - DEFINED CONT	TRIBUTION DEDUCTION	ON		Personnel Jacket N	lo.: 2997

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

RATING PERIOD: FROM 09/11/2023 TO 09/10/2025 (S)

K. L

ESIGN-005-D10132025

1. Fullname YURKO, SHIRLEY L			2. Date of		3.Employee ID 63024	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	OF THE FO	OLLOWIN	G ACTION	AFFECTING	G YOUR EMPLOYMEN	IT .
5.Nature of Action SALARY INCREMENT		6.Effectiv e			7.Legal Authority RULE 10.008	
FROM		Descr	iption	0	то	
Position ACCOUNTANT I Pay Grade LX Step Rate per Hour		8. Position 9. Pay Gra Salary Rat	de/Step	Pay Gr	UNTANT I Salary 48758 Rate	
DEPARTMENT OF ADMINISTRATION		10. Depart	ment	DEPAI	ment 23.44 RTMENT OF ADMINISTI	RATION
Section/Division DOA - DIVISION OF ACCOUNTS FTE 66057		11. Div./Se	ction	(n/Division———————————————————————————————————	rs
	Exp/Separa PMIS Actio Request ID	n Date:	10-08-20		Bdgt Accn No.: 0660007 JON: 0660 23 00	6xxx001-100-26- 7-111/113
Retirement Type: DC - DEFINED CONT	RIBUTION	DEDUCTION	ON		Personnel Jacket N	o.: 319765

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

RATING PERIOD: 09/11/2024 TO 09/10/2025 (S)

K.L

ESIGN-005-D10132025

1. Fuliname BADAR, JENNIFER C			2. Date of		3.Employee ID 10236	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	OF THE	FOLLOWIN	G ACTION	AFFECTIN	G YOUR EMPLOYMEN	łT
5.Nature of Action SALARY INCREMENT		6.Effectiv 10 Sep			7.Legal Authority RULE 10.008	2
FROM		Descr	iption		то	
Position ADMINISTRATIVE OFFICER Pay Grade LX Step O5 Rate per Hour 25.25 Department GUAM REGIONAL TRANSIT AUTHORITY (C	GRTA)	8. Position 9. Pay Gra Salary Ra	ide/Step te	Pay Gr. LX Step— 06 Depart	Rate—26.21 ment—1 REGIONAL TRANSIT A	
GUAM REGIONAL TRANSIT AUTHORITY (C	GRTA)	11. Div./Se	ection		n/Division———————————————————————————————————)
004		12. FTE		FTE—004		
7. · · · · · · ·	PMIS Acti		e: 10-06-20 A-HR-27594		Bdgt Accn No.: 9977001 JON: 997725001	6111/113001-100-26-
Retirement Type: DC - DEFINED CONT	RIBUTION	DEDUCTION	ON		Personnel Jacket N	o.: 5886

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

RATING PERIOD: FROM 09/10/2024 TO 9/9/25 (s) GUAM ENERGY 9/10/24 TO 9/7/25 (S) AND GRTA 9/8/25 TO 9/9/25 (S)

K.L

ESIGN-005-D10132025

1. Fullname ROBERTO, BRIANA SN		2. Date of		3.Employee ID 5223	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	OF THE FOLLOW	ING ACTION	AFFECTIN	G YOUR EMPLOYMEN	iT .
5.Nature of Action SALARY INCREMENT		tive Date Sep 2025		7.Legal Authority RULE 10.008	
FROM	Des	scription	5	то	
Position ADMINISTRATIVE ASSISTANT Pay Grade JX 42388 Step Rate per Hour 20.38 Department CUSTOMS AND QUARANTINE AGENCY Section/Division C & Q - LOGISTICS AND SUPPORT	9. Pay 6 Salary	tion Title Grade/Step Rate Partment	Pay Gr JX Step— 05 Depart CUST Section C & Q	ASSISTAN Salary 43995 Rate 21.15	EAGENCY
C-109	12. FTE		C-109)	
P	xp/Separation D MIS Action Date equest ID: D	: 10-08-20		Bdgt Accn No.: 6 25-3200001 JON: 3200-24-00	5111001/6113001-100-
Retirement Type: DB 1.75 - DEFINED BEI	NEFIT 1.75			Personnel Jacket No	o.: 1318

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

RATING PERIOD: FROM 09/09/2024 TO 09/08/2025 (S)

K.L

ESIGN-005-D10132025

1. Fullname CRUZ, NATHAN JON D			2. Date of		3.Employee ID 59798	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	OF THE F	OLLOWIN	G ACTION	AFFECTING	G YOUR EMPLOYMEN	IT
5.Nature of Action SALARY INCREMENT		6.Effectiv 09 Sep	e Date p 2025		7.Legal Authority RULE 10.008	
FROM		Descr	iption		то	
Position ADMINISTRATIVE OFFICER Pay Grade LX 45262 Step 01 21.76 Department DEPARTMENT OF CHAMORRO AFFAIRS Section/Division DCA - DIRECTOR'S OFFICE FTE 104		8. Position 9. Pay Gra Salary Rat 10. Depart 11. Div./Se 12. FTE	de/Step te tment	Pay GraLX Step— 02 Departed DEPAF	Salary—46978 Rate—22.59	O AFFAIRS
	xp/Separ	ration Date on Date:	e: 10-07-20	25	Bdgt Accn No.: 5	5100A243600GA001- 4-3600001
1	Request II		\-HR-36583	7	JON: 3600-24-00	
Retirement Type: DB 1.75 - DEFINED BE	NEFIT 1.7	5			Personnel Jacket N	o.: 105790

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

RATING PERIOD: FROM 09/09/2024 TO 09/08/2025 (S)

K.L

ESIGN-005-D10132025

1. Fullname CALAOR, JERI C		2. Date of		3.Employee ID 2608	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	OF THE FOLLOV	VING ACTION	AFFECTIN	G YOUR EMPLOYM	ENT
5.Nature of Action SALARY INCREMENT		tive Date Sep 2025		7.Legal Authority RULE 10.008	
FROM	De	scription		то	
Position ENGINEER III Pay Grade Salary Per Annum		tion Title Grade/Step	Pay Gr	NEER III	
OX 80999 Step Rate per Hour 38.94	Salary	Rate	OX Step— 10	83568 Rate 40.18	
DEPARTMENT OF PUBLIC WORKS	10. Dep	partment	DEPA	RTMENT OF PUBLIC V	VORKS
Section/Division— DPW - CAPITAL IMPROVEMENTS	11. Div.	/Section	1	n/Division———————————————————————————————————	MENTS
FTE4131	12. FTE		FTE—4131		
	xp/Separation D		25	Bdgt Accn No.: 1010005 6113001-10	
Action No.: A-325824 Work Schedule: FULL-TIME	Request ID:	OOA-HR-910625	5	JON: 1010005	
Retirement Type: DB 1.75 - DEFINED BE	NEFIT 1.75	-		Personnel Jacket	No.: 19909789

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

RATING PERIOD: FROM 03/06/2024 TO 09/05/2025 (S)

K.L

ESIGN-005-D10132025

1. Fuliname LAYGO, LAELEYA CRYSTAN P		2. Date o		3.Employee ID 60869	4.Date Requested
THIS IS TO NOTIFY YO	U OF THE FOL	LOWING ACTION	AFFECTIN	G YOUR EMPLOYMEN	IT
5.Nature of Action SALARY INCREMENT	6.E	Effective Date 04 Sep 2025		7.Legal Authority RULE 10.008	
FROM	5	Description	>:	то	
Position ACCOUNTANT I Pay Grade LX 46978 Step 02 Rate per Hour 22.59 Department DEPARTMENT OF ADMINISTRATION Section/Division DOA - DIVISION OF ACCOUNTS FTE 66027	9. F Sal	Position Title Pay Grade/Step lary Rate Department Div./Section FTE	Pay Gr LX Step 03 Depart DEPA	Rate 23.44 ment RTMENT OF ADMINISTE n/Division DIVISION OF ACCOUNT	
Next Increment: Action No.: A-325796 Work Schedule: FULL-TIME	Exp/Separation I PMIS Action I Request ID:			Bdgt Accn No.: 60660007 JON: 0660 25 00	5xxx001-100-26- 7-111/113
Retirement Type: DC - DEFINED CON	TRIBUTION DE	DUCTION		Personnel Jacket No	288950

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

RATING PERIOD: FROM 09/04/2024 TO 09/03/2025 (S)

K.L

ESIGN-005-D10132025

FROM Position CORRECTION OFFICER I Pay Grade Salary Per Annum 9. Pa	2. Date of XX XXX XX COWING ACTION Frective Date 03 Sep 2025 Description Position Title Pay Grade/Step	AFFECTING Position	7.Legal Authority RULE 10.008	
5.Nature of Action SALARY INCREMENT FROM Position CORRECTION OFFICER I Pay Grade HL21 A1247 Salary Per Annum 41247 Salary Salary Per Hour	ffective Date 03 Sep 2025 Description Position Title	Positio	7.Legal Authority RULE 10.008	
FROM Position CORRECTION OFFICER I Pay Grade HL21 A1247 Salary Per Annum 9. Pay Salary Per Annum 41247 Salary Per Hour	03 Sep 2025 Description Position Title	l í	RULE 10.008	
Pay Grade HL21 Step Rate per Hour Position 8. Pa 41247 Salary Per Annum 9. Pa Salary Per Annum 41247	Position Title	l í	on	
CORRECTION OFFICER I Pay Grade HL21 Salary Per Annum 41247 Salary Step Rate per Hour		l í		
05 19.03	ary Rate	Pay Gr HL21 —Step—	1	
Department DEPARTMENT OF CORRECTIONS	Department	1 1	tment OF CORRECT	IONS
Section/Division DOC - ROSARIO DETENTION CENTER	Div./Section	×	n/Division———————————————————————————————————	
FTE	FTE	FTE— 2033		
	Date: 10-10-20		25-1311009	6111001/6113001-100-
Action No.: A-325874 Request ID: Work Schedule: FULL-TIME	DOA-HR-30108	5	JON: 1311009	
Retirement Type: DB 1.75 - DEFINED BENEFIT 1.75			i 	

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

RATING PERIOD: FROM 09/03/2024 TO 09/02/2025 (S)

K.L

ESIGN-005-D10132025

					-
1. Fullname MACIAS, ANTHONY JM		2. Date of Birth		3.Employee ID 7646	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	J OF THE FOLLOWIN	IG ACTION A	AFFECTING	G YOUR EMPLOYMEN	IT
5.Nature of Action SALARY INCREMENT		6.Effective Date 20 Aug 2025		7.Legal Authority RULE 10.008	
FROM	Desci	ription		то	
Position ACCOUNTANT I Pay Grade LX 60225 Step O9 Rate per Hour 28.95 Department DEPARTMENT OF ADMINISTRATION Section/Division		Pay Grade/Step y Rate Crade/Step y Rate		ONTANT I rade Salary 62136 Rate 29.87 tment ARTMENT OF ADMINISTRATION On/Division - DIVISION OF ACCOUNTS	
Next Increment: Exp/Separat PMIS Action		e: 10-08-202	25	Bdgt Accn No.: 5	5100A240660007
Action No.: A-325792 Request ID: D Work Schedule: FULL-TIME					_
Retirement Type: DB 1.75 - DEFINED B	BENEFIT 1.75			Personnel Jacket No	o.: 3522

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

RATING PERIOD: 02/20/2024 TO 08/19/2025 (S)

K. L

ESIGN-005-D10132025

1. Fullname YI, JIN H	2. Date of Birth XX XXX XXXX 3346 4		4.Date Requested 13 Oct 2025			
THIS IS TO NOTIFY YOU OF	THE FOLLOWIN	IG ACTION	AFFECTIN	G YOUR EMPLOYMEN	IT	
5.Nature of Action SALARY INCREMENT	6.Effectiv 16 Aug	e Date g 2025		7.Legal Authority RULE 10.008		
FROM	Descr	ription		то	12	
Position POLICE LIEUTENANT Pay Grade OL25 Salary Per Annum 108908	8. Position 9. Pay Gra Salary Rat	nde/Step	Position POLIC	E LIEUTENANT		
Step————————————————————————————————————				Rate		
GUAM POLICE DEPARTMENT	10. Depart	10. Department		M POLICE DEPARTMENT		
Section/Division GPD - NEIGHBORHOOD PATROL	11. Div./Se	11. Div./Section		o - NEIGHBORHOOD PATROL		
3497	12. FTE		FTE—3497			
PMI	/Separation Date: uest ID: DOA	10-08-20		Bdgt Accn No.: JON: 1220-24-00	1	
Retirement Type: DB 1.75 - DEFINED BENE	FIT 1.75			Personnel Jacket No	o.: 19907879	

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

RATING PERIOD: FROM 08/16/2023 TO 08/15/2025 (S)

K. W

ESIGN-005-D10132025

1. Fuliname SIMPAO, JANEISHA AS			of Birth	3.Employee ID 60009	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY	OU OF THE	FOLLOWING ACTION	ON AFFECTII	NG YOUR EMPLOYM	ENT
5.Nature of Action RESIGNATION	6.Effective Date 16 Aug 2025		7.Legal Authority RULE 13.002		
FROM		Description		ТО	8
Position SOCIAL WORKER II Pay Grade Salary Per Annum 51615		8. Position Title 9. Pay Grade/Ste	Posit	Grade———Salary—	
Step — Rate per Hour — 24.81		Salary Rate	Step		
DEPARTMENT OF PUBLIC HEALTH & S	OCIAL SE	10. Department	Depa	ertment	
Section/Division PHSS - BUREAU OF SOCIAL SERVICES	AND ADI	11. Div./Section	Secti	ion/Division	
7220		12. FTE	FTE		
Next Increment:		aration Date: 08 tion Date: 10-07	3-16-2025 2-2025	Bdgt Accn No.: 25-1726136	6111001 / 6113001-101-
Action No.: A-325739 Work Schedule: FULL-TIME	Request	ID: DOA-HR-60	1728	JON: 17262513	6
Retirement Type: DC - DEFINED CC	NTRIBUTIO	N DEDUCTION		Personnel Jacket	No.: 138152

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

LUMP SUM PAYMENT IS AUTHORIZED AND WILL BE MADE FOR ANNUAL LEAVE UP TO 320 HOURS. 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. DRUG TEST WILL BE REQUIRED. YOU MAY ALSO APPLY FOR THE POSITION IF IT SHOULD BE ANNOUNCED.

K.L

ESIGN-005-D10132025

1. Fuliname CRUZ, MISHAE N		2. Date of		3.Employee ID 60215	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	OF THE FOLLOW	ING ACTION	AFFECTIN	G YOUR EMPLOYME	NT
5.Nature of Action SALARY INCREMENT		ive Date aug 2025		7.Legal Authority RULE 10.008	
FROM	Des	cription		то	
PAYROLL CLERK I Pay Grade FX Salary Per Annum 30452		9. Pay Grade/Step Salary Rate PAY Pay G FX		Grade—Salary—31606	
Step————————————————————————————————————			Step— 04	Rate15.2	
DEPARTMENT OF CORRECTIONS	10. Dep	10. Department DEPAI		RTMENT OF CORRECTIONS	
Section/Division DOC - DIRECTOR'S OFFICE	11. Div./	11. Div./Section		on/Division———————————————————————————————————	
FTE		2. FTE FTE 1916			
	Exp/Separation Date		25	Bdgt Accn No.: 1300001	6111001-100-25-
Action No.: A-325801 Request ID Work Schedule: FULL-TIME		ID: DOA-HR-779776		JON: 1300001 c	or 130024001
Retirement Type: DC - DEFINED CONT	RIBUTION DEDUC	TION		Personnel Jacket	No.: 178254

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

RATING PERIOD: 08/14/2024 TO 08/13/2025 (O).

K. w

ESIGN-005-D10132025

GOVERNMENT OF GUAM AGANA, GUAM

NOTIFICATION OF PERSONNEL ACTION

1. Fullname ROBERTO, NORMA J		2. Date of		3.Employee ID 7650	4.Date Requested 13 Oct 2025	
THIS IS TO NOTIFY YOU	OF THE FOLLOWI	NG ACTION	AFFECTIN	G YOUR EMPLOYMEN	IT	
5.Nature of Action SALARY INCREMENT	6.Effecti	ve Date		7.Legal Authority RULE 10.008		
FROM	Desc	ription		то		
Position—SOCIAL WORKER III Pay Grade—Salary Per Annum—9. Page Salar Sal		on Title rade/Step ate rtment ection	Pay Gr NX Step— 11 Depart	AL WORKER III rade Salary 77783 Rate 37.4 tment RTMENT OF PUBLIC HEALTH & SOCIAL SE		
6017	12. FTE	12. FTE		6017		
F	Exp/Separation Da PMIS Action Date: Request ID: DO			Bdgt Accn No.: 6 25-1726136 JON: 172625136	6111001 / 6113001-101-	
Retirement Type: DB 1.75 - DEFINED BE	ENEFIT 1.75			Personnel Jacket No	o.: 3526	

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

RATING PERIOD: FROM 08/13/2023 TO 08/12/2025. (O)

K.L

ESIGN-005-D10132025

1. Fuliname TAITAGUE, NATASHA O		2. Date of Birth 3.Employed		4.Date Requested		
THIS IS TO NOTIFY YOU	U OF THE FOLLOWIN	IG ACTION A	AFFECTIN	G YOUR EMPLOYME	ENT	
5.Nature of Action SALARY INCREMENT		6.Effective Date 12 Aug 2025		7.Legal Authority RULE 10.008		
FROM	Desci	ription		ТО		
PROGRAM COORDINATOR III Pay Grade Salary Per Annum 54918	8. Positio 9. Pay Gra	ade/Step	PROGRAM COORDINATOR III Pay Grade Salary NX 56999			
Step————————————————————————————————————	Salary Ra			Step—Rate—27.4 Department—		
BUREAU OF STATISTICS AND PLANS	10. Depar	10. Department		EAU OF STATISTICS AND PLANS		
Section/Division— BOSP - ADMINISTRATION	11. Div./Se	ection		Section/Division BOSP - ADMINISTRATION		
GCMP004	12. FTE	12. FTE (IP004		
Next Increment: Action No.: A-325879	Exp/Separation Date PMIS Action Date: Request ID: DOA	10-10-202		Bdgt Accn No.: 25-0930101 JON: 0930101	6111001/6113001-101-	
Work Schedule: FULL-TIME Retirement Type: DB 1.75 - DEFINED B	BENEFIT 1.75		r	Personnel Jacket	No.: 2209	

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

RATING PERIOD: FROM 08/12/2024 TO 08/11/2025 (O)

K.L

ESIGN-005-D10132025

1. Fullname PAUL, BRYAN CRAIG C			2. Date of Birth		3.Employee ID	4.Date Requested
THIS IS TO NOTIFY Y	OU OF THE	FOLLOWIN				
5.Nature of Action SALARY INCREMENT FROM		6.Effective Date 12 Aug 2025 Description		7.Legal Authority RULE 10.008		
				то		
Position— FIREFIGHTER II Pay Grade— JL21 Salary Per Annum— 51166 Step— Rate per Hour— 24.6 Department— GUAM FIRE DEPARTMENT Section/Division— GFD - EMS & RESCUE OPERATIONS BUILDED FTE— FD12229	REAU	8. Position 9. Pay Gra Salary Ra 10. Depar	ade/Step te tment	Pay G JL21 Step- 08 Depar GUAI	Rate—25.51 Timent—M FIRE DEPARTMENT On/Division———————————————————————————————————	
Next Increment: Action No.: A-325830 Work Schedule: FULL-TIME	PMIS Act		e: 10-08-20 4-HR-99251		Bdgt Acen No.: 4250005 JON:	611*001-100-25-
Retirement Type: DB 1.75 - DEFINED	BENEFIT 1.	75			Personnel Jacket	No.: 6796

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

RATING PERIOD: FROM 02/12/24 TO 08/11/25. (O)

K.L

ESIGN-005-D10132025

1. Fullname TYDINGCO, ROWENA C	2. Date of				
THIS IS TO NOTIFY YOU	OF THE FOLLOW	ING ACTION	AFFECTIN	G YOUR EMPLOYMEN	IT
5.Nature of Action SALARY INCREMENT		6.Effective Date 12 Aug 2025		7.Legal Authority RULE 10.008	
FROM	Des	cription		то	
Position ADMINISTRATIVE OFFICER Pay Grade LX Step Calculate Per Hour 21.76 Department BUREAU OF STATISTICS AND PLANS Section/Division		ion Title irade/Step late artment	Pay Grade LX 46978 Step 02 Department BUREAU OF STATISTICS AND P		PLANS
BOSP - SOCIAL - ECONOMIC PLANNING FTE SOC-002			BOSP - SOCIAL - ECONOMIC PLANNING FTE SOC-002		
Next Increment: Action No.: A-325818 Work Schedule: FULL-TIME				Bdgt Accn No.: 0920005 JON: 0920-24-00	
Retirement Type: DC - DEFINED CONTR	IBUTION DEDUC	TION		Personnel Jacket N	o.: 309402

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

RATING PERIOD: FROM 08/12/2024 TO 08/11/2025 (O)

K.L

ESIGN-005-D10132025

1. Fullname PEWTRESS, EUGENIUS K		2. Date of Birth		3.Employee ID 11435	4.Date Requested 13 Oct 2025	
THIS IS TO NOTIFY YOU O	F THE FOLLOWIN	G ACTION	AFFECTING	G YOUR EMPLOYMEN	IT	
5.Nature of Action SALARY INCREMENT	6.Effective			7.Legal Authority RULE 10.008		
FROM	Descr	iption		то		
Position—POLICE OFFICER III Pay Grade—Salary Per Annum—60747 Step—Rate per Hour—29.21 Department—GUAM POLICE DEPARTMENT Section/Division—	9. Pay Gra Salary Rat	nde/Step te tment	Position—POLICE OFFICER III Pay Grade—Salary—63944 Step—Rate—30.74 Department—GUAM POLICE DEPARTMENT			
GPD - NEIGHBORHOOD PATROL	11. Div./Se	ction		ion/Division———————————————————————————————————		
FTE	12. FTE	12. FTE		FTE—3258		
PM				Bdgt Accn No.: 6 1220001/6113001-100- JON: 1220-24-00	25-1220001	
Retirement Type: DB 1.75 - DEFINED BEN	IEFIT 1.75			Personnel Jacket No	o.: 7095	

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

RATING PERIOD: FROM 08/11/2024 TO 08/10/2025. (S)

K.L

ESIGN-005-D10132025

1. Fuliname BAZA, CHRISTINE A		**	2. Date of Birth XX XXX XXXX		3.Employee ID 9850	4.Date Requested	
THIS IS TO NOTIFY YOU	J OF THE I	FOLLOWIN	G ACTION	AFFECTIN	G YOUR EMPLOYMEN	IT	
5.Nature of Action SALARY INCREMENT		6.Effectiv 06 Au	e Date g 2025		7.Legal Authority RULE 10.008		
FROM		Description		то			
Position— SYSTEMS PROGRAMMER Pay Grade— NX 73072 Step— Q9 Rate per Hour— 35.13 Department— DEPARTMENT OF PUBLIC HEALTH & SOCIAL SE		8. Position 9. Pay Gra Salary Rad	de/Step te	Position—SYSTEMS PROGRAMMER Pay Grade—Salary—75392 Step—Rate—36.25 Department—DEPARTMENT OF PUBLIC HEALTH & SOC		ALTH & SOCIAL SE	
Section/Division PHSS - BUREAU OF COMMUNICABLE DISI	EASE	111. Div./Section		on/Division———————————————————————————————————			
FTE—6120		12. FTE	12. FTE 6120				
PMIS Acti		nration Date: ion Date: 10-09-2025 ID: DOA-HR-499754		Bdgt Accn No.: 6 1713112 JON: 210024001	5111/113001-101-24-		
Retirement Type: DB 1.75 - DEFINED B	BENEFIT 1.7	'5			Personnel Jacket No	5515	

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

RATING PERIOD: 02/06/2024 TO 08/05/2025 (O)

K.L

ESIGN-005-D10132025

1. Fullname TIOBECH, SHANE G			2. Date of Birth		3.Employee ID 60014	4.Date Requested 13 Oct 2025
THIS IS TO NOTIFY YOU	J OF THE F	OLLOWIN	G ACTION	AFFECTING	G YOUR EMPLOYMEN	Т
5.Nature of Action SALARY INCREMENT DENIAL		6.Effectiv 02 Au	e Date g 2025		7.Legal Authority RULE 10.008	
FROM	-	Descr	iption		то	
Position GUARD Pay Grade EL21 32675 Step 04 15.71 Department GUAM BEHAVIORAL HEALTH AND WELLN Section/Division GBHWC - REGULATORY AFFAIRS FTE FMT.0023	ESS C	8. Position 9. Pay Gra Salary Rad 10. Depart 11. Div./Se	de/Step te tment	Section	Salary 32675 Rate 15.71 Ment I BEHAVIORAL HEALTH In/Division IC - REGULATORY AFFA	
Next Increment: Exp/Separa		ration Date	10-10-202	25	Bdgt Accn No.: JON:	51
Action No.: A-325950 Work Schedule: FULL-TIME						
Retirement Type: DC - DEFINED CONT	DEDUCTION	NC		Personnel Jacket No	5.: 139716	

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

RATING PERIOD: FROM 08/2/2024 TO 08/01/2025 (U)

K.L

ESIGN-005-D10132025

1. Fullname LAGUANA, KIANTAE ROSE BLAS	-	2. Date of Birth		3.Employee ID 10002325	4.Date Requested 13 Oct 2025		
THIS IS TO NOTIFY YOU	J OF THE FOL	LLOWING	ACTION	AFFECTING	G YOUR EMPLOYMEN	IT	
5.Nature of Action AMENDMENT		Effective 29 Jul 2			7.Legal Authority PR&R		
FROM		Descrip	tion		то		
Position FISH & WILDLIFE TECH I Pay Grade HX 32355 Step Rate per Hour 15.56 Department DEPARTMENT OF AGRICULTURE Section/Division AGR - WILDLIFE SECTION		8. Position Title 9. Pay Grade/Step Salary Rate 10. Department 11. Div./Section FISH Pay G HX Step- 01 Department DEPA Section AGR		Pay Grand HX Step— 01 Depart DEPAI	Salary 32355 Rate 15.56 ARTMENT OF AGRICULTURE ion/Division R - WILDLIFE SECTION		
Next Increment:	Exp/Separati PMIS Action	Date:	10-08-20		Bdgt Accn No.: 1 JON: 1622-25-107		
Action No.: A-325840 Work Schedule: FULL-TIME	Request ID:	DOA-I	HR-49761	7			
Retirement Type: DC - DEFINED CON	TRIBUTION DI	EDUCTIO	N		Personnel Jacket No	o.: 19920191	

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

THIS ACTION AMENDS PA# A-323593 (PROBATIONAL APPOINTMENT) EMPLOYEE NAME SHOULD READ: KIANTAE ROSE BLAS LAGUANA VICE KIANTE ROSE BLAS LAGUANA.

K. w

ESIGN-005-D10132025

1. Fuliname GODOY, CZARINNA COINTA C		2. Date of Birth XX XXX XXXX		3.Employee ID 60078	4.Date Requested 13 Oct 2025					
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION AFFECTING YOUR EMPLOYMENT										
5.Nature of Action SALARY INCREMENT		6.Effective Date 10 Jul 2025			7.Legal Authority RULE 10.008					
FROM		Description		то						
Position— ACCOUNTANT II Pay Grade————————————————————————————————————		8. Position Title 9. Pay Grade/Step		Position ACCOUNTANT II Pay Grade Salary						
Step Rate per Hour 25.76		Salary Rat	te	Step—	55601 Rate 26.73					
DEPARTMENT OF ADMINISTRATION		10. Department		RTMENT OF ADMINISTRATION						
Section/Division DOA - DIVISION OF ACCOUNTS		11. Div./Section			Section/Division DOA - DIVISION OF ACCOUNTS					
FTE-66059		12. FTE		66059)					
1 ** *		ration Date: ion Date: 10-07-2025			Bdgt Accn No.: 0660007	5xxx001-100-26-				
Action No.: A-325746 Work Schedule: FULL-TIME	ID: DOA-HR-963250			JON:						
Retirement Type: DC - DEFINED CONTRIBUTION DEDUCTION					Personnel Jacket N	o.: 155971				

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

RATING PERIOD: FROM 07/10/2024 TO 07/09/2025 (S)

K. W

ESIGN-005-D10132025

1. Fullname IGNACIO, VERONICA S		2. Date of Birth		3.Employee ID	4.Date Requested				
THIS IS TO NOTIFY YOU OF THE FOLLOWING ACTION AFFECTING YOUR EMPLOYMENT									
5.Nature of Action AMENDMENT		6.Effective Date 07 Jul 2025		7.Legal Authority PR&R					
FROM	Descr	Description		то					
Pay Grade Salary Per Annum O Step Rate per Hour O Department Section/Division	8. Position 9. Pay Gra Salary Rat 10. Depart	tment	Position LABOR LAW ENFORCEMENT SPEC I Pay Grade Salary 32355 Step Rate 15.56 Department DEPARTMENT OF LABOR Section/Division DOL - ALIEN LABOR PROCESSING AND CERTIFI						
FTE	12. FTE		_FTE 3005						
F	Exp/Separation Date PMIS Action Date: Request ID: DOA	10-07-2025		Bdgt Accn No.: 6 2430202 JON: 2430-25-202	5111/113001-232-25- 2				
Retirement Type: DC - DEFINED CONTR		Personnel Jacket No	э.: 6314						

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

THIS ACTION AMENDS PA#A-323891 (PROBATIONAL APPOINTMENT) POSITION NO. (FTE) SHOULD READ: 3005 VICE 1115.

K.L

ESIGN-005-D10132025