## COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS OFFICE OF THE PERSONNEL OFFICER J. M. BUILDING, ROOM 201 SAIPAN, COMMONWEALTH MARIANAS 96950

## **NOTIFICATION OF PERSONNEL ACTION**

| 1. NAME: (CAPS) Last — First — Middle Mendiola, Gre                         | <del></del>                     | Aiss         | SERVICE COMP DATE                               | 2. BIRTH DATE Month Day Year             |
|---|---------------------------------|--------------|---|--|
| 3. SOCIAL SECURITY No.  | 4. GROUP LIFE:                  | 5. F         | HEALTH INSURANCE:                               | de No.                                   |
| 6. NATURE OF ACTION:<br>Limite  | ed Term NTE J                   | ULY 19, 1985 |   | 7. EFFECTIVE DATE Month Day Year 6 18 85 |
| 8. FROM: POSITION TITLE Staff Assistant, Ti                                 | inian                           | 9. PAY LEVEL | IO. SALAR<br>BI-WEEK<br>PER ANN                 | LY: \$3.30 pr                            |
| 11. NAME & LOCATION OF EMPLOY  RNEXNED XNEXEX 2ND N  12. TO: POSITION TITLE |                                 | CONSTITUTIO  | NAL CONVENTION, HO  14. SALAR  BI-WEEK  PER ANN | Y:<br>LY:                                |
| 15. NAME & LOCATION OF EMPLOY   | ING OFFICE:                     |              | 16. DUTY S                                      | TATION:                                  |
| A   | L:<br>OF HOURS PER<br>PERIOD    |              | NO. OF HOURS                                    |  |
| 18. ACCOUNT CHARGEABLE:   | 19. SUBJECT TO  GNM Income FICA |              | Social Security C                               | irement []                               |
| 20. REMARKS:  |                                 |              |   |  |

DISTRIBUTION:

1. Employee
2. Personnel -OPF
3. Payroll
4. Department Head
5. Budget

## COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS OFFICE OF THE PERSONNEL OFFICER J. M. BUILDING, ROOM 201 SAIPAN, COMMONWEALTH MARIANAS 96950

# NOTIFICATION OF PERSONNEL ACTION

| 1. NAME: (CAPS) Last - First - Middle | Mr. Mrs. N                              | liss                                  | SERVICE      | COMP DATE                  | 2. BII     |          |                |
|---------------------------------------|---|---------------------------------------|--------------|----------------------------|------------|----------|----------------|
| MAFNAS, Eric                          | T.                                      |                                       | 6-18-        | -85                        | 8          | Bay<br>8 | 67             |
| 3. SOCIAL SECURITY No.                | 4. GROUP LIFE:                          | 5                                     | . HEALTH INS | URANCE:                    | ,          |          |                |
| 586-14-1973                           |   |                                       |              | Cod                        | • No       |          |                |
| 6. NATURE OF ACTION:                  |   |                                       |              | =                          | . EFFE     |          |                |
| Limited 7                             | Term Employment                         | NTE JU                                | LY 19, 1985  | 1                          | Month<br>6 | 18       | <b>Year</b> 85 |
| 8. FROM: POSITION TITLE               |   | 9. PAY LEVI                           | EL           | 10. SALARY                 |            | 25 p     | r              |
| Page Clerk                            |   |                                       | i            | BI-WEEKL<br>PER ANN        | .Y: ¢1     |          | 0 в/w          |
| 11. NAME & LOCATION OF EMPLOY         | NG OFFICE:                              |                                       |              |                            |            |          |                |
| 2ND NORTHERN MARIANAS (               | CONSTITUTIONAL C                        | ONVENTION,                            | HOUSE OF     | ΓAGA                       |            |          |                |
| 12. TO: POSITION TITLE                |   | 13. PAY LEV                           | EL           | 14. SALARY                 |            |          |                |
|                                       |   |                                       |              | BI-WEEKL<br>PER ANN        |            |          |                |
| 15. NAME & LOCATION OF EMPLOY         | ING OFFICE:                             | · · · · · · · · · · · · · · · · · · · |              | 16. DUTY ST                | TATION     | :        |                |
|                                       |   |                                       |              |                            |            |          |                |
| 17. ELIGIBLE FOR LEAVE ACCRUAI        |   |                                       |              |                            |            |          |                |
| Annual                                | F HOURS PER<br>PERIOD                   | <del></del>                           | Sick         | O. OF HOURS<br>AY PERIOD _ |            |          |                |
| 18. ACCOUNT CHARGEABLE:               | 19. SUBJECT TO                          | •                                     |              |                            | _          |          |                |
| <b>17</b> 11                          | GNM Income                              | Tax 🔲                                 | Social S     | ecurity [                  |            |          |                |
| 2,11                                  | FICA []                                 |                                       |              | CNMI Retir                 | ement [    | ]        |                |
| 20. REMARKS:                          | ··· • · · · · · · · · · · · · · · · · · |                                       |              |                            |            |          |                |

DISTRIBUTION:

1. Employee
2. Personnel -OPF
3. Payroll
4. Department Head
5. Budget

Herman T. Guerrero

President, Con-Con

#### COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS OFFICE OF THE PERSONNEL OFFICER J. M. BUILDING, ROOM 201 SAIPAN, COMMONWEALTH MARIANAS 96950

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

| 1. NAME: (CAPS)  | Last - First - Middle | Mr. Mrs. A                  | liss                   | SERVICE      | COMP DATE                          | 2. Bi         | RTH           | PATE         |
|------------------|-----------------------|-----------------------------|------------------------|--------------|------------------------------------|---------------|---------------|--------------|
|                  | Castro, Merce         | d J.                        |                        | 6/18/        | 85                                 | 3             | 2             | 69           |
| 3. SOCIAL SECUR  | ITY No.               | 4. GROUP LIFE:              |                        | 5. HEALTH IN | SURANCE:                           | <del></del>   | L             | <u> </u>     |
| 586-14-17        | 19                    |                             |                        |              | Cod                                | • No. <u></u> |               |              |
| 6. NATURE OF AC  | TION:                 |                             | · <del>-</del>         |              | 7                                  | . EFFE        | • • • • •     |              |
|                  | Limited               | Term Employmen              | t NTE JU               | JLY 19, 198  | 5                                  | Month<br>6    | 18            | <b>85</b>    |
| 8. FROM: POSITIO | N TITLE<br>'age       |                             | 9. PAY LEV             | /EL:         | 10. SALARY<br>BI-WEEKI<br>PER ANN  | LY: \$        | 2.25<br>180.0 | рr<br>)О b/w |
| 2ND NORT         |                       | CONSTITUTIONAL              | CONVENTION 13. PAY LEV |              | TAGA  14. SALAR  BI-WEEKI  PER ANN | _Y:           |               | -            |
| 15. NAME & LOCAT | TION OF EMPLOY        | NG OFFICE:                  |                        |              | 16. DUTY S                         |               |               |              |
| 17. ELIGIBLE FOR | NO. O                 | .:<br>F HOURS PER<br>PERIOD |                        | Siek         | NO. OF HOURS                       |               | · · · · ·     |              |
| 18. ACCOUNT CHA  | RGEABLE:              | 19. SUBJECT TO  GNM Income  | :<br>Tax 🗌             | Social       | Security                           | rement [      | .]            | -            |
| 20. REMARKS:     |                       |                             |                        |              |                                    |               |               |              |

DISTRIBUTION:

I. Employee
2. Personnel -OPF
3. Payroll
4. Department Head
5. Budget

## COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS OFFICE OF THE PERSONNEL OFFICER J. M. BUILDING, ROOM 201 SAIPAN, COMMONWEALTH MARIANAS 96950

# **NOTIFICATION OF PERSONNEL ACTION**

| 1. NAME: (CAPS) Last - First - Middle | Mr. Mrs. N            | liss         | SERVICE (  | OMP DATE                | _             | TH DATE     |
|---------------------------------------|-----------------------|--------------|------------|-------------------------|---------------|-------------|
| Borja, Anna                           | M.                    |              | <br>       |                         | 1             | 22   65     |
| 3. SOCIAL SECURITY No.                | 4. GROUP LIFE:        | 5. I         | HEALTH INS | URANCE:                 | ,             |             |
| 586-14-0486                           |                       |              |            | Code                    | No            |             |
| 6. NATURE OF ACTION:                  |                       |              |            | _                       | · - · · - • · | TIVE DATE   |
| Limite                                | d Term Employme       | ent NTE JU   | LY 19, 19  | 85                      |               | 21 85       |
| 8. FROM: POSITION TITLE               |                       | 9. PAY LEVEL |            | 10. SALARY<br>BI-WEEKL  |               | 50 pr       |
| Account Clerk                         |                       |              |            | PER ANN                 | UM: \$28      | 0.00 b/w    |
| 2ND NORTHERN M                        | ARIANAS CONSTIT       | UTIONAL CONV | ENTION, H  | OUSE OF TA              |               |             |
| 12. 70.703770777122                   |                       | _            |            | BI-WEEKL<br>PER ANN     | Υ:            |             |
| 15. NAME & LOCATION OF EMPLOY         | ING OFFICE:           |              |            | 16. DUTY ST             | TATION:       |             |
| 17. ELIGIBLE FOR LEAVE ACCRUA         |                       |              |            |                         | DE D          |             |
| Annual                                | F HOURS PER<br>PERIOD |              | Sick       | O, OF HOURS<br>Y PERIOD |               |             |
| 18. ACCOUNT CHARGEABLE:               | 19. SUBJECT TO        | :<br>Тах 🔲   | Social S   | ecurity [               |               |             |
| 1/11                                  | FICA [                |              |            | CNMI Retir              | rement 🗌      |             |
| 20. REMARKS:                          |                       |              |            |                         |               | <del></del> |

DISTRIBUTION:

1. Employee
2. Personnel -OPF
3. Payroll
4. Department Head
5. Budget

## COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS OFFICE OF THE PERSONNEL OFFICER J. M. BUILDING, ROOM 201 SAIPAN, COMMONWEALTH MARIANAS 96950

# **NOTIFICATION OF PERSONNEL ACTION**

| 1. NAME: (CAPS) Last - First - Middle | Mr. Mrs. N       | Aiss       |      | SERVICE   | COMP DATE                | 2. Bi<br>Month                 | RTH C | PATE          |
|---------------------------------------|------------------|------------|------|-----------|--------------------------|--------------------------------|-------|---------------|
| Rangamar, Anth                        | ony              |            |      | 6X.K.EX.J | karar                    | 9                              | 23    | 66            |
| 3. SOCIAL SECURITY No.                | 4. GROUP LIFE:   |            | 5. H | EALTH IN  |                          | ,                              | 1     |               |
| 586-76-6656                           |                  |            |      |           | Cod                      | • No                           |       |               |
| 6. NATURE OF ACTION:                  |                  |            |      |           | -                        | . EFFE                         | CTIVE | DATE          |
| Limit                                 | ed Term Employm  | ent NTI    | E J  | ULY 19,   | 1985                     | Month<br>6                     | 26    | Year<br>85    |
| 8. FROM: POSITION TITLE               |                  | 9. PAY LE  | /EL  |           | 10. SALARY<br>BI-WEEKL   | . \$2                          | .25 n | r             |
| AMEXXXXMK P                           | age Clerk        |            |      |           | PER ANN                  | .Y: \$2<br>UM: <sup>\$18</sup> | 80.00 | b/w           |
| 11. NAME & LOCATION OF EMPLOY         | ING OFFICE:      |            |      |           | <del> </del>             |                                |       |               |
| 2ND NORTHERN MARIANAS C               | ONSTITUTIONAL CO | ONVENTION  | , но | USE OF T  | 'AGA                     |                                |       | _             |
| 12. TO: POSITION TITLE                |                  | 13. PAY LE | VEL  |           | 14. SALARY               | -                              |       |               |
|                                       |                  |            |      |           | BI-WEEKL<br>PER ANNI     |                                |       |               |
| 15. NAME & LOCATION OF EMPLOY         | ING OFFICE:      |            |      |           | 16. DUTY S               | TATION                         | l:    |               |
| 17. ELIGIBLE FOR LEAVE ACCRUA         |                  |            |      |           |                          |                                |       |               |
| - Annual                              | PERIOD           |            |      | Sick      | O. OF HOURS<br>AY PERIOD |                                |       |               |
| 18. ACCOUNT CHARGEABLE:               | 19. SUBJECT TO   | :          |      |           |                          |                                |       |               |
| 1711                                  | GNM Income       | Tax 🔲      |      | Social S  | security 🔲               |                                |       |               |
|                                       | FICA [           |            |      |           | CNMI Retir               | rement [                       |       |               |
| 20. REMARKS:                          | <u> </u>         |            | -,   |           |                          |                                |       | _ <del></del> |

DISTRIBUTION:

1. Employee 2. Personnel -OPF 3. Payroll 4. Department Head 5. Budget

## COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS OFFICE OF THE PERSONNEL OFFICER J. M. BUILDING, ROOM 201 SAIPAN, COMMONWEALTH MARIANAS 96950

#### NOTIFICATION OF PERSONNEL ACTION

| 1. NAME: (CAPS) Last - First - Middle | Mr. Mrs.         | Miss        | SER         | VICE COMP DATE                   | 2. Bi      | RTH C | PATE              |
|---------------------------------------|------------------|-------------|-------------|----------------------------------|------------|-------|-------------------|
| Camacho, Cec                          | ilia S.          |             |             |                                  | 6          | 23    | 47                |
| 3. SOCIAL SECURITY No.                | 4. GROUP LIFE:   |             | 5. HEALT    | H INSURANCE:                     | <u></u>    |       | <u> </u>          |
| 586-10-5095                           |                  |             |             | Cod                              | ie No      |       |                   |
| 6. NATURE OF ACTION:                  |                  |             |             |                                  | 7. EFFE    | CTIVE | DATE              |
| Limited                               | Term Employmen   | t NTE JU    | LY 19, 1    | 985                              | Month<br>6 | 21    | <b>Year</b><br>85 |
| 8. FROM: POSITION TITLE               |                  | 9. PAY LE   | /EL         | 10. SALARY                       | . \$7      | 50 n  | r                 |
| Secretary - Steno Pool                |                  | Ungra       | ıded        | BI-WEEK<br>PER ANN               | LY: Y'     | 500.0 | 0 b/w             |
| 11. NAME & LOCATION OF EMPLOY         | ING OFFICE:      |             |             |                                  | ,          |       |                   |
| 2ND NORTHERN MARIANAS                 | CONSTITUTIONAL   | CONVENTION  | , HOUSE     | OF TAGA                          |            |       |                   |
| 12. TO: POSITION TITLE                |                  | 13. PAY LEV | VEL         | 14. SALAR<br>BI-WEEKI<br>PER ANN | LY:        |       |                   |
| 15. NAME & LOCATION OF EMPLOY         | ING OFFICE:      | <del></del> | <del></del> | IE. DUTY S                       | TATION     | l:    |                   |
|                                       |                  |             |             |                                  |            |       | _                 |
| 17. ELIGIBLE FOR LEAVE ACCRUA         |                  |             |             | NO OF HOURS                      | 000        |       |                   |
| Annual                                | PERIOD           | <del></del> | Sick        | NO. OF HOURS PAY PERIOD _        |            |       |                   |
| 18. ACCOUNT CHARGEABLE:               | / 19. SUBJECT TO | ):          |             |                                  |            |       | _                 |
| 1711                                  | GNM Incom        | e Tax 🔲     | S           | ocial Security 🔲                 |            |       |                   |
|                                       | FICA [           |             |             | CNMI Reti                        | rement [   | J     |                   |
| 20. REMARKS:                          |                  |             |             |                                  |            |       |                   |
|                                       |                  |             |             |                                  |            |       |                   |

DISTRIBUTION:

1. Employee
2. Personnel -OPF
3. Payroll
4. Department Head
5. Budget

## COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS OFFICE OF THE PERSONNEL OFFICER J. M. BUILDING, ROOM 201 SAIPAN, COMMONWEALTH MARIANAS 96950

# **NOTIFICATION OF PERSONNEL ACTION**

DISTRIBUTION:

1. Employee
2. Personnel -OPF
3. Payroll
4. Department Head
5. Budget

## COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS OFFICE OF THE PERSONNEL OFFICER J. M. BUILDING, ROOM 201 SAIPAN, COMMONWEALTH MARIANAS 96950

#### NOTIFICATION OF PERSONNEL ACTION

|  | lddie Mr. Mrs. M                                      | iss          | SERVICE      | COMP DATE           | 2. BIRTH DA                           | ATE<br>Year |
|--|---|--------------|--------------|---------------------|---------------------------------------|-------------|
| Hofschneider, Louise                     | e C. DLG.   |              |              |                     | 1 1                                   |             |
| 3. SOCIAL SECURITY No.                   | 4. GROUP LIFE:  |              | HEALTH INS   | LIDANCE.            | 12 14                                 | 58          |
|  | 4. GROOF LIFE:  |              | . HEALTH INS | ORANCE:             | •                                     |             |
| 586-10-7023                              |   |              |              | Cod                 | 14 No.                                |             |
| 6. NATURE OF ACTION:                     | <del></del>   |              |              | 7                   | . EFFECTIVE                           | DATE        |
| Limite                                   | ed Term Employment                                    | NTE JU       | LY 19, 1985  |                     | Month Day 6 21                        | Year<br>85  |
| 8. FROM: POSITION TITLE                  |   | 9. PAY LEVE  | EĽ ,         | 10. SALARY          | / 46.00                               |             |
| IXNNAXEXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | retary-Steno Pool                                     |              |              | BI-WEEKI<br>PER ANN |                                       |             |
| 11. NAME & LOCATION OF EMPL              | OYING OFFICE:   | <del></del>  |              | <del>_</del> _      |                                       |             |
| 2ND NORTHERN MARIA                       | NAS CONSTITUTIONAL                                    | CONVENTIO    | ON, HOUSE O  | F TAGA              |                                       |             |
| 12. TO: POSITION TITLE                   |   | 13. PAY LEVI | EL           | 14. SALAR           |                                       | _           |
|  |   |              |              | BI-WEEKI<br>PER ANN | -                                     |             |
| 15. NAME & LOCATION OF EMPL              | OYING OFFICE:   |              |              | 16. DUTY S          |                                       |             |
|  |   |              |              |                     |                                       |             |
|  | _   | ·            |              |                     | · · · · · · · · · · · · · · · · · · · |             |
| T FLIGHT F FOR LEAVE ACCO                | LIAL .  |              |              |                     |                                       |             |
| 17. ELIGIBLE FOR LEAVE ACCR              | UAL:<br>O. OF HOURS PER                               |              | No           | o. of Hours         | PER                                   |             |
| No.                                      |   |              | Sick         | O. OF HOURS         |                                       |             |
| No.                                      | O. OF HOURS PER                                       |              | Sick         |                     |                                       |             |
| Annual PA                                | O. OF HOURS PER AY PERIOD                             | Тах []       | Slck P/      |                     |                                       |             |
| Annual PA                                | O. OF HOURS PER AY PERIOD                             |              | Slck P/      | Y PERIOD _          |                                       |             |
| Annual PA  18. ACCOUNT CHARGEABLE:  1711 | O. OF HOURS PER AY PERIOD  19. SUBJECT TO: GNM Income |              | Slck P/      | AY PERIOD           |                                       |             |
| Annual PA                                | O. OF HOURS PER AY PERIOD  19. SUBJECT TO: GNM Income |              | Slck P/      | AY PERIOD           |                                       |             |
| Annual PA  18. ACCOUNT CHARGEABLE:  1711 | O. OF HOURS PER AY PERIOD  19. SUBJECT TO: GNM Income |              | Slck P/      | AY PERIOD           |                                       |             |
| Annual PA  18. ACCOUNT CHARGEABLE:  1711 | O. OF HOURS PER AY PERIOD  19. SUBJECT TO: GNM Income |              | Slck P/      | AY PERIOD           |                                       |             |
| Annual PA  18. ACCOUNT CHARGEABLE:  1711 | O. OF HOURS PER AY PERIOD  19. SUBJECT TO: GNM Income |              | Slck P/      | AY PERIOD           |                                       |             |
| Annual PA  18. ACCOUNT CHARGEABLE:  1711 | O. OF HOURS PER AY PERIOD  19. SUBJECT TO: GNM Income |              | Slck P/      | AY PERIOD           |                                       |             |

DISTRIBUTION:

1. Employee
2. Personnel -OPF
3. Payroll
4. Department Head
5. Budget

## COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS OFFICE OF THE PERSONNEL OFFICER J. M. BUILDING, ROOM 201 SAIPAN, COMMONWEALTH MARIANAS 96950

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

| 1. NAME::(CAPS) Last — First — Middle   | Mr. Mrs. N        | liss          | SERVICE COMP DATE                | 2. BIRTH DATE<br>Month Day Year |
|---|-------------------|---------------|----------------------------------|---------------------------------|
| Hofschnieder,   | Richard           |               | ( /10 /05                        |                                 |
|   |                   |               | 6/18/85                          | 11 22 59                        |
| 3. SOCIAL SECURITY No.  | 4. GROUP LIFE:    | ) 5. H        | EALTH INSURANCE:                 | •                               |
| 576-06-6284   |                   |               | Cod                              | se No.                          |
| 6. NATURE OF ACTION:  |                   |               |                                  | 7. EFFECTIVE DATE               |
| Limite  | d Term Εmployπ    | ent NTE JUL   | Y 19, 1985                       | Month Day Year 18 85            |
| 8. FROM: POSITION TITLE<br>Committee Assistant/Na<br>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |                   | 9. PAY LEVEL  | 10. SALAR<br>BI-WEEK<br>PER ANN  | LY: \$3.00 pr                   |
| 2ND NORTHERN MARIANAS   | CONSTITUTIONAL    | CONVENTION, H | OUSE OF TAGA  14. SALAR  BI-WEEK | LY:                             |
| 15. NAME & LOCATION OF EMPLOYI  | NG OFFICE:        |               | 16. DUTY S                       | TATION:                         |
| 17. ELIGIBLE FOR LEAVE ACCRUAL  | .:                |               |                                  |                                 |
| Annual  | F HOURS PER ERIOD |               | NO. OF HOURS Sick PAY PERIOD _   |                                 |
| 8. ACCOUNT CHARGEABLE:  | 19. SUBJECT TO    | :             |                                  |                                 |
| 1711  | GNM Income        | Tax 🔲         | Social Security                  |                                 |
| 1/11  | FICA _            |               | CNMI Reti                        | irement 🗌                       |
|   |                   |               |                                  |                                 |
| 20. REMARKS:  | •                 |               |                                  |                                 |

DISTRIBUTION:

Employee
 Personnel -OPF
 Payroll
 Department Head
 Budget

GSC-P-2

## COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS OFFICE OF THE PERSONNEL OFFICER J. M. BUILDING, ROOM 201 SAIPAN, COMMONWEALTH MARIANAS 96950

#### NOTIFICATION OF PERSONNEL ACTION

| 1. NAME: (CAPS) Last — Fire  | t — Middle Mr. Mrs.  | Miss          | SERVICE COM  | MP DATE             | 2. BII<br>Month    | RTH DA                       | TE<br>Year |
|--|--|---------------|--------------|---------------------|--------------------|------------------------------|------------|
| Lifoifo  | oi, Amalia T.  |               |              |                     | 10                 | 1                            | 45         |
| 3. SOCIAL SECURITY No.   | 4. GROUP LIFE:   | 5.            | HEALTH INSUR | RANCE:              |                    |                              |            |
| 586-10-6821  |  |               |              |                     | ·                  |                              |            |
| 6. NATURE OF ACTION:   |  |               |              |                     | • No. ∠<br>. EFFEC | TIVED                        | /          |
|  | ited Term Employment   |               |              | •                   | Month              |                              | Year<br>85 |
| 8. FROM: POSITION TITLE  | <u> </u>   | 9. PAY LEVE   | L 10         | SALARY              |                    | 2 02                         |            |
| Journa1  | Clerk  |               |              | BI-WEEKL<br>PER ANN |                    | .2.02 <sub>1</sub><br>.61.80 |            |
| 11. NAME & LOCATION OF E   | MPLOYING OFFICE:   |               |              |                     |                    |                              |            |
| 2ND NORTHERN M   | ARIANAS CONSTITUTION   | AL CONVENTION | N, HOUSE OF  | TAGA                |                    |                              |            |
| 12. TO: POSITION TITLE   |  | 13. PAY LEVE  | L 14         | SALARY<br>BI-WEEKL  |                    |                              |            |
|  |  |               |              | PER ANNU            | JM:                |                              |            |
| 15. NAME & LOCATION OF E   | MPLOYING OFFICE:   |               | 16           | PER ANNU            |                    |                              |            |
| 15. NAME & LOCATION OF E   |  |               |              | . DUTY ST           | TATION             | :                            |            |
|  |  |               | NO. (        |                     | TATION             |                              |            |
| 17. ELIGIBLE FOR LEAVE A   | ACCRUAL: NO. OF HOURS PER PAY PERIOD                             |               | Sick PAY     | DUTY ST             | TATION             |                              |            |
| 17. ELIGIBLE FOR LEAVE A   | ACCRUAL: NO. OF HOURS PER PAY PERIOD  E: 19. SUBJECT T GNM Incor |               | NO. (        | DUTY STORE THOURS   | PER                |                              |            |
| 17. ELIGIBLE FOR LEAVE A  Annual  B. ACCOUNT CHARGEABLE            | NO. OF HOURS PER PAY PERIOD E: 19. SUBJECT T                     | O:            | Sick PAY     | DUTY ST             | PER                |                              |            |
| 17. ELIGIBLE FOR LEAVE A  Annual  B. ACCOUNT CHARGEABLE            | ACCRUAL: NO. OF HOURS PER PAY PERIOD  E: 19. SUBJECT T GNM Incor | O:            | Sick PAY     | DUTY STORE THOURS   | PER                |                              |            |
| 17. ELIGIBLE FOR LEAVE A  The Annual  18. ACCOUNT CHARGEABLE  1711 | ACCRUAL: NO. OF HOURS PER PAY PERIOD  E: 19. SUBJECT T GNM Incor | O:            | Sick PAY     | DUTY STORE THOURS   | PER                |                              |            |
| 17. ELIGIBLE FOR LEAVE A  The Annual  18. ACCOUNT CHARGEABLE  1711 | ACCRUAL: NO. OF HOURS PER PAY PERIOD  E: 19. SUBJECT T GNM Incor | O:            | Sick PAY     | DUTY STORE THOURS   | PER                |                              |            |
| 17. ELIGIBLE FOR LEAVE A  The Annual  18. ACCOUNT CHARGEABLE  1711 | ACCRUAL: NO. OF HOURS PER PAY PERIOD  E: 19. SUBJECT T GNM Incor | O:            | Sick PAY     | DUTY STORE THOURS   | PER                |                              |            |
| 17. ELIGIBLE FOR LEAVE A  The Annual  18. ACCOUNT CHARGEABLE  1711 | ACCRUAL: NO. OF HOURS PER PAY PERIOD  E: 19. SUBJECT T GNM Incor | O:            | Sick PAY     | DUTY STORE THOURS   | PER                |                              |            |
| 17. ELIGIBLE FOR LEAVE A  The Annual  18. ACCOUNT CHARGEABLE  1711 | ACCRUAL: NO. OF HOURS PER PAY PERIOD  E: 19. SUBJECT T GNM Incor | O:            | Sick PAY     | DUTY STORE THOURS   | PER                |                              |            |

DISTRIBUTION:

Employee
 Personnel -OPF
 Payroll
 Department Head
 Budget