

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

CSC-P-2

NOTIFICATION OF PERSONNEL ACTION

1. NAME: (CAPS) Last - First - Middle Mendiola, Gregorio		Mr. Mrs. Miss	SERVICE COMP DATE	2. BIRTH DATE Month Day Year		
3. SOCIAL SECURITY No.	4. GROUP LIFE:	5. HEALTH INSURANCE: Code No. <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>				
6. NATURE OF ACTION: Limited Term NTE JULY 19, 1985				7. EFFECTIVE DATE Month Day Year 6 18 85		
8. FROM: POSITION TITLE Staff Assistant, Tinian		9. PAY LEVEL:		10. SALARY BI-WEEKLY: \$3.50 pr PER ANNUM: \$280.00 b/w		
11. NAME & LOCATION OF EMPLOYING OFFICE: <del>XXXXXXXX</del> <del>XXXXXX</del> 2ND NORTHERN MARIANAS CONSTITUTIONAL CONVENTION, HOUSE OF TAGA						
12. TO: POSITION TITLE		13. PAY LEVEL		14. SALARY: BI-WEEKLY: PER ANNUM:		
15. NAME & LOCATION OF EMPLOYING OFFICE:				16. DUTY STATION:		
17. ELIGIBLE FOR LEAVE ACCRUAL: <input type="checkbox"/> Annual NO. OF HOURS PER PAY PERIOD _____ <input type="checkbox"/> Sick NO. OF HOURS PER PAY PERIOD _____						
18. ACCOUNT CHARGEABLE: 1711		19. SUBJECT TO: GNM Income Tax <input type="checkbox"/> Social Security <input type="checkbox"/> FICA <input type="checkbox"/> CNMI Retirement <input type="checkbox"/>				
20. REMARKS:						

DISTRIBUTION:

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

SIGNATURE:

*Herman T. Guerrero* 6/26/85  
Herman T. Guerrero DATE  
President, Con-Con

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NOTIFICATION OF PERSONNEL ACTION

1. NAME: (CAPS) Last - First - Middle MAFNAS, Eric T.		Mr. Mrs. Miss	SERVICE COMP DATE 6-18-85	2. BIRTH DATE Month Day Year 8   8   67		
3. SOCIAL SECURITY No. 586-14-1973	4. GROUP LIFE:		5. HEALTH INSURANCE: Code No. <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>			
6. NATURE OF ACTION: Limited Term Employment NTE JULY 19, 1985			7. EFFECTIVE DATE Month Day Year 6   18   85			
8. FROM: POSITION TITLE Page Clerk		9. PAY LEVEL:		10. SALARY \$2.25 pr BI-WEEKLY: \$180.00 b/w PER ANNUM:		
11. NAME & LOCATION OF EMPLOYING OFFICE: 2ND NORTHERN MARIANAS CONSTITUTIONAL CONVENTION, HOUSE OF TAGA						
12. TO: POSITION TITLE			13. PAY LEVEL		14. SALARY: BI-WEEKLY: PER ANNUM:	
15. NAME & LOCATION OF EMPLOYING OFFICE:				16. DUTY STATION:		
17. ELIGIBLE FOR LEAVE ACCRUAL: <input type="checkbox"/> Annual NO. OF HOURS PER PAY PERIOD _____ <input type="checkbox"/> Sick NO. OF HOURS PER PAY PERIOD _____						
18. ACCOUNT CHARGEABLE: 1711		19. SUBJECT TO: GNM Income Tax <input type="checkbox"/> Social Security <input type="checkbox"/> FICA <input type="checkbox"/> CNMI Retirement <input type="checkbox"/>				
20. REMARKS:						

DISTRIBUTION:

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

SIGNATURE: Herman T. Guerrero 6/26/85  
 Herman T. Guerrero DATE  
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CSC-P-2

NOTIFICATION OF PERSONNEL ACTION

1. NAME: (CAPS) Last - First - Middle <p style="text-align: center;">Castro, Merced J.</p>		Mr. Mrs. <u>Miss</u>	SERVICE COMP DATE <p style="text-align: center;">6/18/85</p>	2. BIRTH DATE Month Day Year <p style="text-align: center;">3   2   69</p>
3. SOCIAL SECURITY No. <p style="text-align: center;">586-14-1719</p>	4. GROUP LIFE:	5. HEALTH INSURANCE:  Code No. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>		
6. NATURE OF ACTION: <p style="text-align: center;">Limited Term Employment NTE JULY 19, 1985</p>			7. EFFECTIVE DATE Month Day Year <p style="text-align: center;">6   18   85</p>	
8. FROM: POSITION TITLE <p style="text-align: center;">Page</p>	9. PAY LEVEL:	10. SALARY BI-WEEKLY: \$2.25 pr PER ANNUM: \$180.00 b/w		
11. NAME & LOCATION OF EMPLOYING OFFICE: <p style="text-align: center;">2ND NORTHERN MARIANAS CONSTITUTIONAL CONVENTION, HOUSE OF TAGA</p>				
12. TO: POSITION TITLE	13. PAY LEVEL	14. SALARY: BI-WEEKLY: PER ANNUM:		
15. NAME & LOCATION OF EMPLOYING OFFICE:		16. DUTY STATION:		
17. ELIGIBLE FOR LEAVE ACCRUAL: <input type="checkbox"/> Annual NO. OF HOURS PER PAY PERIOD _____ <input type="checkbox"/> Sick NO. OF HOURS PER PAY PERIOD _____				
18. ACCOUNT CHARGEABLE: <p style="text-align: center;">1711</p>	19. SUBJECT TO: GNM Income Tax <input type="checkbox"/> Social Security <input type="checkbox"/> FICA <input type="checkbox"/> CNMI Retirement <input type="checkbox"/>			
20. REMARKS:				

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

SIGNATURE: Herman T. Guerrero 6/26/85  
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CSC-P-2

NOTIFICATION OF PERSONNEL ACTION

1. NAME: (CAPS) Last - First - Middle  Borja, Anna M.		Mr. Mrs. <u>Miss</u>	SERVICE COMP DATE	2. BIRTH DATE Month Day Year 6 22 65		
3. SOCIAL SECURITY No.  586-14-0486	4. GROUP LIFE:		5. HEALTH INSURANCE:  Code No. <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>			
6. NATURE OF ACTION:  Limited Term Employment NTE JULY 19, 1985			7. EFFECTIVE DATE Month Day Year 6 21 85			
8. FROM: POSITION TITLE  Account Clerk		9. PAY LEVEL		10. SALARY BI-WEEKLY: \$3.50 pr PER ANNUM: \$280.00 b/w		
11. NAME & LOCATION OF EMPLOYING OFFICE:  2ND NORTHERN MARIANAS CONSTITUTIONAL CONVENTION, HOUSE OF TAGA						
12. TO: POSITION TITLE		13. PAY LEVEL		14. SALARY: BI-WEEKLY: PER ANNUM:		
15. NAME & LOCATION OF EMPLOYING OFFICE:				16. DUTY STATION:		
17. ELIGIBLE FOR LEAVE ACCRUAL:  <input type="checkbox"/> Annual NO. OF HOURS PER PAY PERIOD _____ <input type="checkbox"/> Sick NO. OF HOURS PER PAY PERIOD _____						
18. ACCOUNT CHARGEABLE:  1711		19. SUBJECT TO: GNM Income Tax <input type="checkbox"/> Social Security <input type="checkbox"/> FICA <input type="checkbox"/> CNMI Retirement <input type="checkbox"/>				
20. REMARKS:						

DISTRIBUTION:

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

SIGNATURE:

*Herman T. Guerrero* 6/26/85  
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CSC-P-2

NOTIFICATION OF PERSONNEL ACTION

1. NAME: (CAPS) Last - First - Middle Rangamar, Anthony		Mr. Mrs. Miss _____	SERVICE COMP DATE <del>6/18/85</del>	2. BIRTH DATE Month Day Year 9 23 66		
3. SOCIAL SECURITY No. 586-76-6656	4. GROUP LIFE:	5. HEALTH INSURANCE: Code No. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>				
6. NATURE OF ACTION: Limited Term Employment NTE JULY 19, 1985				7. EFFECTIVE DATE Month Day Year 6 26 85		
8. FROM: POSITION TITLE <del>XXXXXXXXXX</del> Page Clerk		9. PAY LEVEL:		10. SALARY BI-WEEKLY: \$2.25 pr PER ANNUM: \$180.00 b/w		
11. NAME & LOCATION OF EMPLOYING OFFICE: 2ND NORTHERN MARIANAS CONSTITUTIONAL CONVENTION, HOUSE OF TAGA						
12. TO: POSITION TITLE		13. PAY LEVEL		14. SALARY: BI-WEEKLY: PER ANNUM:		
15. NAME & LOCATION OF EMPLOYING OFFICE:				16. DUTY STATION:		
17. ELIGIBLE FOR LEAVE ACCRUAL: <input type="checkbox"/> Annual NO. OF HOURS PER PAY PERIOD _____ <input type="checkbox"/> Sick NO. OF HOURS PER PAY PERIOD _____						
18. ACCOUNT CHARGEABLE: 1711		19. SUBJECT TO: GNM Income Tax <input type="checkbox"/> Social Security <input type="checkbox"/> FICA <input type="checkbox"/> CNMI Retirement <input type="checkbox"/>				
20. REMARKS:						

DISTRIBUTION:

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

SIGNATURE:

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NOTIFICATION OF PERSONNEL ACTION**

CSC-P-2

1. NAME: (CAPS) Last - First - Middle  Camacho, Cecilia S.		Mr. <u>    </u> Mrs. <u>    </u> Miss <u>    </u>	SERVICE COMP DATE	2. BIRTH DATE Month Day Year 6   23   47		
3. SOCIAL SECURITY No.  586-10-5095	4. GROUP LIFE:	5. HEALTH INSURANCE:  Code No. <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>		7. EFFECTIVE DATE Month Day Year 6   21   85		
6. NATURE OF ACTION:  Limited Term Employment NTE JULY 19, 1985				7. EFFECTIVE DATE		
8. FROM: POSITION TITLE  Secretary - Steno Pool		9. PAY LEVEL  Ungraded		10. SALARY BI-WEEKLY: \$7.50 pr PER ANNUM: \$600.00 b/w		
11. NAME & LOCATION OF EMPLOYING OFFICE:  2ND NORTHERN MARIANAS CONSTITUTIONAL CONVENTION, HOUSE OF TAGA						
12. TO: POSITION TITLE		13. PAY LEVEL		14. SALARY: BI-WEEKLY: PER ANNUM:		
15. NAME & LOCATION OF EMPLOYING OFFICE:				16. DUTY STATION:		
17. ELIGIBLE FOR LEAVE ACCRUAL:						
<input type="checkbox"/> Annual		NO. OF HOURS PER PAY PERIOD _____		<input type="checkbox"/> Sick		NO. OF HOURS PER PAY PERIOD _____
18. ACCOUNT CHARGEABLE:  1711		19. SUBJECT TO: GNM Income Tax <input type="checkbox"/> Social Security <input type="checkbox"/> FICA <input type="checkbox"/> CNMI Retirement <input type="checkbox"/>				
20. REMARKS:						

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

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NOTIFICATION OF PERSONNEL ACTION

CSC-P-2

1. NAME: (CAPS) Last - First - Middle LIFOIFOI, Josephine T.		Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/>	SERVICE COMP DATE 6-18-85	2. BIRTH DATE Month Day Year 1 3 68		
3. SOCIAL SECURITY No. 586-78-1146	4. GROUP LIFE:		5. HEALTH INSURANCE: Code No. <input style="width: 50px;" type="text"/>			
6. NATURE OF ACTION: Limited Term Employment NTE JULY 19, 1985			7. EFFECTIVE DATE Month Day Year 6 18 85			
8. FROM: POSITION TITLE Page Clerk		9. PAY LEVEL:		10. SALARY BI-WEEKLY: \$2.25 pr PER ANNUM: \$180.00 b/w		
11. NAME & LOCATION OF EMPLOYING OFFICE: 2ND NORTHERN MARIANAS CONSTITUTIONAL CONVENTION, HOUSE OF TAGA						
12. TO: POSITION TITLE		13. PAY LEVEL		14. SALARY: BI-WEEKLY: PER ANNUM:		
15. NAME & LOCATION OF EMPLOYING OFFICE:				16. DUTY STATION:		
17. ELIGIBLE FOR LEAVE ACCRUAL:						
<input type="checkbox"/> Annual		NO. OF HOURS PER PAY PERIOD _____		<input type="checkbox"/> Sick		NO. OF HOURS PER PAY PERIOD _____
18. ACCOUNT CHARGEABLE: 1711		19. SUBJECT TO:				
		GNM Income Tax <input type="checkbox"/>		Social Security <input type="checkbox"/>		
		FICA <input type="checkbox"/>		CNMI Retirement <input type="checkbox"/>		
20. REMARKS:						

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

SIGNATURE: Herman T. Guerrero      6/26/85  
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CSC-P-2

**NOTIFICATION OF PERSONNEL ACTION**

1. NAME: (CAPS) Last - First - Middle Hofschneider, Louise C. DLG.		Mr. <u>    </u> Mrs. Miss	SERVICE COMP DATE	2. BIRTH DATE Month Day Year 12   14   58		
3. SOCIAL SECURITY No. 586-10-7023	4. GROUP LIFE:	5. HEALTH INSURANCE: Code No. <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>				
6. NATURE OF ACTION: Limited Term Employment NTE JULY 19, 1985				7. EFFECTIVE DATE Month Day Year 6   21   85		
8. FROM: POSITION TITLE <del>SECRETARY STENO POOL</del> Secretary-Steno Pool		9. PAY LEVEL:		10. SALARY BI-WEEKLY: \$6.00 pr PER ANNUM: \$480.00 b/w		
11. NAME & LOCATION OF EMPLOYING OFFICE: 2ND NORTHERN MARIANAS CONSTITUTIONAL CONVENTION, HOUSE OF TAGA						
12. TO: POSITION TITLE		13. PAY LEVEL		14. SALARY: BI-WEEKLY: PER ANNUM:		
15. NAME & LOCATION OF EMPLOYING OFFICE:				16. DUTY STATION:		
17. ELIGIBLE FOR LEAVE ACCRUAL: <input type="checkbox"/> Annual NO. OF HOURS PER PAY PERIOD _____ <input type="checkbox"/> Sick NO. OF HOURS PER PAY PERIOD _____						
18. ACCOUNT CHARGEABLE: 1711		19. SUBJECT TO: GNM Income Tax <input type="checkbox"/> Social Security <input type="checkbox"/> FICA <input type="checkbox"/> CNMI Retirement <input type="checkbox"/>				
20. REMARKS:						

DISTRIBUTION:

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

SIGNATURE: \_\_\_\_\_

*Herman T. Guerrero* 6/26/85  
 Herman T. Guerrero  
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NOTIFICATION OF PERSONNEL ACTION

CSC-P-2

1. NAME: (CAPS) Last - First - Middle <u>Mr.</u> Mrs. Miss Hofschnieder, Richard		SERVICE COMP DATE 6/18/85	2. BIRTH DATE Month Day Year 11 22 59	
3. SOCIAL SECURITY No. 576-06-6284	4. GROUP LIFE:	5. HEALTH INSURANCE: Code No. <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>		
6. NATURE OF ACTION: Limited Term Employment NTE JULY 19, 1985		7. EFFECTIVE DATE Month Day Year 6 18 85		
8. FROM: POSITION TITLE Committee Assistant/Natural Resources <del>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</del>		9. PAY LEVEL:	10. SALARY BI-WEEKLY: \$5.00 pr PER ANNUM: \$400.00 b/w	
11. NAME & LOCATION OF EMPLOYING OFFICE: 2ND NORTHERN MARIANAS CONSTITUTIONAL CONVENTION, HOUSE OF TAGA				
12. TO: POSITION TITLE		13. PAY LEVEL	14. SALARY: BI-WEEKLY: PER ANNUM:	
15. NAME & LOCATION OF EMPLOYING OFFICE:			16. DUTY STATION:	
17. ELIGIBLE FOR LEAVE ACCRUAL: <input type="checkbox"/> Annual NO. OF HOURS PER PAY PERIOD _____ <input type="checkbox"/> Sick NO. OF HOURS PER PAY PERIOD _____				
18. ACCOUNT CHARGEABLE: 1711		19. SUBJECT TO: GNM Income Tax <input type="checkbox"/> Social Security <input type="checkbox"/> FICA <input type="checkbox"/> CNMI Retirement <input type="checkbox"/>		
20. REMARKS:				

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- 1. Employee
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- 5. Budget

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GSC-P-2

NOTIFICATION OF PERSONNEL ACTION

1. NAME::(CAPS) Last - First - Middle Lifoifoi, Amalia T.		Mr. Mrs. Miss	SERVICE COMP DATE	2. BIRTH DATE Month Day Year 10 20 45		
3. SOCIAL SECURITY No. 586-10-6821	4. GROUP LIFE:	5. HEALTH INSURANCE: Code No. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>				
6. NATURE OF ACTION: Limited Term Employment				7. EFFECTIVE DATE Month Day Year 6 18 85		
8. FROM: POSITION TITLE Journal Clerk		9. PAY LEVEL:		10. SALARY BI-WEEKLY: \$12.02 pr PER ANNUM: \$961.80 b/w		
11. NAME & LOCATION OF EMPLOYING OFFICE: 2ND NORTHERN MARIANAS CONSTITUTIONAL CONVENTION, HOUSE OF TAGA						
12. TO: POSITION TITLE		13. PAY LEVEL		14. SALARY: BI-WEEKLY: PER ANNUM:		
15. NAME & LOCATION OF EMPLOYING OFFICE:				16. DUTY STATION:		
17. ELIGIBLE FOR LEAVE ACCRUAL: <input type="checkbox"/> Annual NO. OF HOURS PER PAY PERIOD _____ <input type="checkbox"/> Sick NO. OF HOURS PER PAY PERIOD _____						
18. ACCOUNT CHARGEABLE: 1711		19. SUBJECT TO: GNM Income Tax <input type="checkbox"/> Social Security <input type="checkbox"/> FICA <input type="checkbox"/> CNMI Retirement <input type="checkbox"/>				
20. REMARKS:						

DISTRIBUTION:

1. Employee
2. Personnel -OPF
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SIGNATURE: \_\_\_\_\_

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