

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 CASTRO, Merced J.		Mr. Mrs. Miss MS.	SERVICE COMP DATE	2. BIRTH DATE Month Day Year 03 02 69		
3. SOCIAL SECURITY No. 586-14-1719/71406	4. GROUP LIFE: N/A	5. HEALTH INSURANCE: N/A Code No. 				
6. NATURE OF ACTION: Termination of Ltd. Term Appt.				7. EFFECTIVE DATE Month Day Year 07 19 85		
8. FROM: POSITION TITLE Page		9. PAY LEVEL Ungraded		10. SALARY BI-WEEKLY: \$2.25 P/H PER ANNUM:		
11. NAME & LOCATION OF EMPLOYING OFFICE: 2nd Northern Mariana Islands Constitutional Convention						
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 N/A		<input type="checkbox"/> Sick		NO. OF HOURS PER PAY PERIOD N/A
18. ACCOUNT CHARGEABLE: 1711		19. SUBJECT TO: GNM Income Tax <input checked="" type="checkbox"/> Social Security <input checked="" type="checkbox"/> FICA <input type="checkbox"/> CNMI Retirement <input type="checkbox"/>				

20. REMARKS:

COMPLETION OF LTD. TERM APPT.

DISTRIBUTION:
1. Employee
2. Personnel OPF
3. Payroll

SIGNATURE: *Herman T. Guerrero*
HERMAN T. GUERRERO, President
PERSONNEL OFFICER

7/22/85
DATE

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

CSC-P-2

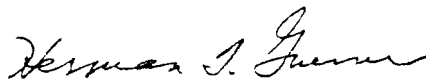
NOTIFICATION OF PERSONNEL ACTION

1. NAME: (CAPS) Last - First - Middle CAMACHO, Cecilia S.		Mr. Mrs. Miss MS.	SERVICE COMP DATE	2. BIRTH DATE Month Day Year 06 23 47		
3. SOCIAL SECURITY No. 586-10-5095/71405	4. GROUP LIFE: N/A	5. HEALTH INSURANCE: N/A Code No. 				
6. NATURE OF ACTION: Termination of Ltd. Term Appt.				7. EFFECTIVE DATE Month Day Year 07 19 85		
8. FROM: POSITION TITLE Secretary - Steno Pool	9. PAY LEVEL Ungraded	10. SALARY BI-WEEKLY: PER ANNUM: \$7.50 P/H				
11. NAME & LOCATION OF EMPLOYING OFFICE: 2nd Northern Mariana Islands Constitutional Convention						
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 N/A		<input type="checkbox"/> Sick		NO. OF HOURS PER PAY PERIOD N/A
18. ACCOUNT CHARGEABLE: 1711	19. SUBJECT TO: GNM Income Tax <input checked="" type="checkbox"/> Social Security <input checked="" type="checkbox"/> FICA <input type="checkbox"/> CNMI Retirement <input type="checkbox"/>					

20. REMARKS:

COMPLETION OF LIMITED TERM APPT.

- DISTRIBUTION:
- 1. Employee
 - 2. Personnel-OPF
 - 3. Payroll


 HERMAN T. GUERRERO, President
 SIGNATURE: _____
 PERSONNEL OFFICER

7/22/85
 DATE

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 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 S.		Mr. Mrs. Miss MR.	SERVICE COMP DATE	2. BIRTH DATE Month Day Year 05 09 47		
3. SOCIAL SECURITY No. 586-10-9418/74743	4. GROUP LIFE: N/A	5. HEALTH INSURANCE: N/A Code No. 				
6. NATURE OF ACTION: Termination of Limited Term Appointment				7. EFFECTIVE DATE Month Day Year 07 19 85		
8. FROM: POSITION TITLE Staff Assistant, Tinian		9. PAY LEVEL Ungraded		10. SALARY BI-WEEKLY: \$3.50 P/H PER ANNUM: \$280.00 B/W		
11. NAME & LOCATION OF EMPLOYING OFFICE: 2nd Northern Mariana Islands Constitutional Convention						
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 N/A		<input type="checkbox"/> Sick		NO. OF HOURS PER PAY PERIOD N/A
18. ACCOUNT CHARGEABLE: 1711		19. SUBJECT TO: GNI Income Tax <input checked="" type="checkbox"/> Social Security <input checked="" type="checkbox"/> FICA <input type="checkbox"/> CNMI Retirement <input type="checkbox"/>				

20. REMARKS:

COMPLETION OF LIMITED TERM APPOINTMENT.

DISTRIBUTION:

- 1. Employee
- 2. Personnel-OPF
- 3. Payroll

SIGNATURE:

Herman T. Guerrero
 HERMAN T. GUERRERO, President

~~PERSONNEL OFFICER~~

7/22/85

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 J. M. BUILDING, ROOM 201
 SAIPAN, COMMONWEALTH MARIANAS 96950

CSC-P-2

NOTIFICATION OF PERSONNEL ACTION

1. NAME: (CAPS) Last - First - Middle RANGAMAR, Anthony		Mr. Mrs. Miss MR.	SERVICE COMP DATE	2. BIRTH DATE Month Day Year 09 23 66		
3. SOCIAL SECURITY No. 586-76-6656/22992	4. GROUP LIFE: N/A	5. HEALTH INSURANCE: N/A Code No. 				
6. NATURE OF ACTION: Termination of Ltd. Term Appt.				7. EFFECTIVE DATE Month Day Year 07 19 85		
8. FROM: POSITION TITLE Page Clerk		9. PAY LEVEL Ungraded		10. SALARY BI-WEEKLY: \$2.25 P/H PER ANNUM: \$180.00 B/W		
11. NAME & LOCATION OF EMPLOYING OFFICE: 2nd Northern Mariana Islands Constitutional Convention						
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 N/A <input type="checkbox"/> Sick NO. OF HOURS PER PAY PERIOD N/A						
18. ACCOUNT CHARGEABLE: 1711		19. SUBJECT TO: GNM Income Tax <input checked="" type="checkbox"/> Social Security <input checked="" type="checkbox"/> FICA <input type="checkbox"/> CNMI Retirement <input type="checkbox"/>				

20. REMARKS:

COMPLETION OF LIMITED TERM APPOINTMENT.

DISTRIBUTION:

- 1. Employee
- 2. Personnel -OPF
- 3. Payroll

SIGNATURE:

Herman T. Guerrero
 HERMAN T. GUERRERO, President

~~PERSONNEL OFFICER~~

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CSC-P-2

NOTIFICATION OF PERSONNEL ACTION

1. NAME: (CAPS) Last - First - Middle		Mr. Mrs. Miss	SERVICE COMP DATE	2. BIRTH DATE		
MAFNAS, Eric T.		MR.		Month	Day	Year
				08	08	67
3. SOCIAL SECURITY No.	4. GROUP LIFE:	5. HEALTH INSURANCE:				
586-14-1973/74887	N/A	N/A				
				Code No. 		
6. NATURE OF ACTION:				7. EFFECTIVE DATE		
Termination of Limited Term Appointment				Month	Day	Year
				07	19	85
8. FROM: POSITION TITLE		9. PAY LEVEL		10. SALARY		
Page Clerk		Ungraded		BI-WEEKLY: \$2.25 P/H		
				PER ANNUM: \$180.00 B/W		
11. NAME & LOCATION OF EMPLOYING OFFICE:						
2nd Northern Mariana Islands Constitutional Convention						
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
		N/A				N/A
18. ACCOUNT CHARGEABLE:		19. SUBJECT TO:				
1711		GNM Income Tax <input checked="" type="checkbox"/> Social Security <input checked="" type="checkbox"/>				
		FICA <input type="checkbox"/> CNMI Retirement <input type="checkbox"/>				
20. REMARKS:						

COMPLETION OF LIMITED TERM APPOINTMENT.

DISTRIBUTION:

- 1. Employee
- 2. Personnel -OPF
- 3. Payroll

SIGNATURE: _____

Herman T. Guerrero
 HERMAN T. GUERRERO, President

PERSONNEL OFFICER

7/22/85

DATE

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 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 BORJA, Ana M.		Mr. Mrs. Miss MS.	SERVICE COMP DATE	2. BIRTH DATE Month Day Year 06 22 65		
3. SOCIAL SECURITY No. 586-14-0486/70720	4. GROUP LIFE: N/A	5. HEALTH INSURANCE: N/A Code No. 				
6. NATURE OF ACTION: Termination of Ltd. Term Appt.				7. EFFECTIVE DATE Month Day Year 07 19 85		
8. FROM: POSITION TITLE Account Clerk		9. PAY LEVEL Ungraded		10. SALARY BI-WEEKLY: PER ANNUM: \$3.50 P/H		
11. NAME & LOCATION OF EMPLOYING OFFICE: 2nd Northern Mariana Islands Constitutional Convention						
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 N/A <input type="checkbox"/> Sick NO. OF HOURS PER PAY PERIOD N/A						
18. ACCOUNT CHARGEABLE: 1711		19. SUBJECT TO: GNM Income Tax <input checked="" type="checkbox"/> Social Security <input checked="" type="checkbox"/> FICA <input type="checkbox"/> CNMI Retirement <input type="checkbox"/>				
20. REMARKS: COMPLETION OF LIMITED TERM APPT.						

DISTRIBUTION:
 1. Employee
 2. Personnel -OPF
 3. Payroll

SIGNATURE: *Herman T. Guerrero*
 HERMAN T. GUERRERO, President
 PERSONNEL OFFICER

DATE: 7/2/85

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 HOFSCHEIDER, Richard U.		Mr. Mrs. Miss MR.	SERVICE COMP DATE	2. BIRTH DATE Month Day Year 11 22 59		
3. SOCIAL SECURITY No. 576-06-6384/73306	4. GROUP LIFE: N/A	5. HEALTH INSURANCE: N/A Code No. 				
6. NATURE OF ACTION: Termination of Ltd. Term Appt.				7. EFFECTIVE DATE Month Day Year 07 19 85		
8. FROM: POSITION TITLE Committee Asssistant/Natural Resources		9. PAY LEVEL Ungraded		10. SALARY BI-WEEKLY: \$5.00 P/H PER ANNUM: \$400.00 B/W		
11. NAME & LOCATION OF EMPLOYING OFFICE: 2nd Northern Mariana Islands Constitutional Convention						
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 N/A <input type="checkbox"/> Sick NO. OF HOURS PER PAY PERIOD N/A						
18. ACCOUNT CHARGEABLE: 1711		19. SUBJECT TO: GNM Income Tax <input checked="" type="checkbox"/> Social Security <input checked="" type="checkbox"/> FICA <input type="checkbox"/> CNMI Retirement <input type="checkbox"/>				
20. REMARKS: COMPLETION OF LIMITED TERM APPOINTMENT.						

DISTRIBUTION:
 1. Employee
 2. Personnel OFF
 3. Payroll

SIGNATURE: *Herman T. Guerrero*
 HERMAN T. GUERRERO, President
 PERSONNEL OFFICER

DATE: 7/22/85

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OFFICE OF THE PERSONNEL OFFICER
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SAIPAN, COMMONWEALTH MARIANAS 96950

CSC-P-2

NOTIFICATION OF PERSONNEL ACTION

1. NAME: (CAPS) Last - First - Middle LIFOIFOI, Amalia T.		Mr. Mrs. Miss MRS.	SERVICE COMP DATE	2. BIRTH DATE Month Day Year 10 20 45		
3. SOCIAL SECURITY No. 586-10-6821/00147	4. GROUP LIFE: N/A	5. HEALTH INSURANCE: N/A Code No. 				
6. NATURE OF ACTION: Termination of Ltd. Term Appt.				7. EFFECTIVE DATE Month Day Year 07 24 85		
8. FROM: POSITION TITLE Journal Clerk		9. PAY LEVEL Ungraded	10. SALARY BI-WEEKLY: \$12.02 P/H PER ANNUM: \$961.80 B/W			
11. NAME & LOCATION OF EMPLOYING OFFICE: 2nd Northern Mariana Islands Constitutional Convention						
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	N/A	<input type="checkbox"/> Sick		NO. OF HOURS PER PAY PERIOD
18. ACCOUNT CHARGEABLE: 1711		19. SUBJECT TO: GNM Income Tax <input checked="" type="checkbox"/> Social Security <input checked="" type="checkbox"/> FICA <input type="checkbox"/> CNMI Retirement <input type="checkbox"/>				
20. REMARKS:						

COMPLETION OF LIMITED TERM APPOINTMENT.

DISTRIBUTION:
1. Employee
2. Personnel OFF
3. Payroll
4. Management Dept

SIGNATURE:

Herman T. Guerrero
HERMAN T. GUERRERO, President

~~PERSONNEL OFFICER~~

7/22/85
DATE

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SAIPAN, COMMONWEALTH MARIANAS 96950

CSC-P-2

NOTIFICATION OF PERSONNEL ACTION

1. NAME: (CAPS) Last - First - Middle LIFOIFOI, Josephine T.		Mr. Mrs. Miss MRS.	SERVICE COMP DATE	2. BIRTH DATE Month Day Year 01 03 68		
3. SOCIAL SECURITY No. 586-78-1146/74313	4. GROUP LIFE: N/A	5. HEALTH INSURANCE: N/A Code No. 				
6. NATURE OF ACTION: Termination of Ltd. Term Appt.				7. EFFECTIVE DATE Month Day Year 07 19 85		
8. FROM: POSITION TITLE Page Clerk		9. PAY LEVEL Ungraded		10. SALARY BI-WEEKLY: \$2.25 P/H PER ANNUM: \$180.00 B/W		
11. NAME & LOCATION OF EMPLOYING OFFICE: 2nd Northern Mariana Islands Constitutional Convention						
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 <u>N/A</u> <input type="checkbox"/> Sick NO. OF HOURS PER PAY PERIOD <u>N/A</u>						
18. ACCOUNT CHARGEABLE: 1711		19. SUBJECT TO: GNM Income Tax <input checked="" type="checkbox"/> Social Security <input checked="" type="checkbox"/> FICA <input type="checkbox"/> CNMI Retirement <input type="checkbox"/>				

20. REMARKS:

COMPLETION OF LIMITED TERM APPOINTMENT.

DISTRIBUTION:

- 1. Employee
- 2. Personnel -OPF
- 3. Payroll
- 4. _____

SIGNATURE:

Herman T. Guerrero
HERMAN T. GUERRERO, President

~~PERSONNEL OFFICER~~

7/22/85
DATE