

Messages & Communications Doc. No. 38GL-25-0401through 0411.

From [committeeonrules@guamlegislature.gov](mailto:committeeonrules@guamlegislature.gov) <[committeeonrules@guamlegislature.gov](mailto:committeeonrules@guamlegislature.gov)>  
 Date Wed 4/9/2025 9:28 AM  
 To [clerks@guamlegislature.gov](mailto:clerks@guamlegislature.gov) <[clerks@guamlegislature.gov](mailto:clerks@guamlegislature.gov)>  
 Cc 'Speaker Frank Blas Jr.' <[speakerblas@guamlegislature.gov](mailto:speakerblas@guamlegislature.gov)>

11 attachments (15 MB)

4925 COMM Doc. No. 38GL-25-0401.pdf; 4925 COMM Doc. No. 38GL-25-0402.pdf; 4925 COMM Doc. No. 38GL-25-0403.pdf; 4925 COMM Doc. No. 38GL-25-0404.pdf; 4925 COMM Doc. No. 38GL-25-0405.pdf; 4925 COMM Doc. No. 38GL-25-0406.pdf; 4925 COMM Doc. No. 38GL-25-0407.pdf; 4925 COMM Doc. No. 38GL-25-0408.pdf; 4925 COMM Doc. No. 38GL-25-0409.pdf; 4925 COMM Doc. No. 38GL-25-0410.pdf; 4925 COMM Doc. No. 38GL-25-0411.pdf;

Håfa Adai Clerk's Office,

Please see attached, **Messages & Communications Doc. No. 38GL-25-0401through 0411** for processing:

✓	38GL-25-0401	Office of Technology - Government of Guam	Prior Years Obligation to pay data Environmental Systems Research Institute (ESRI) in the total amount of 130,000.00* Prior Years Obligation to pay data Environmental Systems Research Institute (ESRI) in the total amount of \$130,000.00*
✓	38GL-25-0402	Department of Public Health and Social Services	Prior Years Obligation to pay Appriss, Inc. in the total amount of 115,000.00* Prior Years Obligation to pay Appriss, Inc. in the total amount of \$115,000.00*
✓	38GL-25-0403	Guam Ethics Commission	FY2025 2nd Quarter Board Attendance Report from January 2025 to March 2025*
✓	38GL-25-0404	Guam Ethics Commission	FY2025 Small Purchases Report from January 2025 to March 2025*
✓	38GL-25-0405	Guam Ethics Commission	FY2025 2nd Quarter Staffing Pattern*
✓	38GL-25-0406	Guam Preservation Trust	FY2025 2nd Quarter Travel Report*
✓	38GL-25-0407	Guam Memorial Hospital Authority	Notification of Temporary Assignment or Detail – Angelio R. Ebeo, Maintenance Supervisor, 03/17/25.
✓	38GL-25-0408	Guam Memorial Hospital Authority	Notification of Temporary Assignment or Detail – John C. Meno, Guard Supervisor, 03/28/25.
✓	38GL-25-0409	Guam Public Library System	FY 2023 Citizen Centric Report*
✓	38GL-25-0410	Guam Police Department	Prior Years Obligation to pay Sergeant Carl J. Cruz in the total amount of 11,948.02* Prior Years Obligation to pay Sergeant Carl J. Cruz in the total amount of \$11,948.02*
✓	38GL-25-0411	Department of Revenue and Taxation	FY 2023 Citizen Centric Report*

Kindly reply to this email.



*Si Yu'os ma'åse',*

**Marie Crisostomo**

Committee on Rules Assistant

**COMMITTEE ON RULES**

Vice Speaker V. Anthony Ada, Chairperson

*I Mina'trentai Ocho Na Lihseslaturan Guåhan*

*38<sup>th</sup> Guam Legislature*

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38th Committee On Rules <committeeonrules@guamlegislature.gov>

## Messages and Communications for 38GL-25-0410\*

2 messages

**Speaker Frank Blas Jr.** <speakerblas@guamlegislature.gov>

Tue, Apr 8, 2025 at 4:29 PM

To: committeeonrules@guamlegislature.gov, Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

*Hafa Adai,*

Please see attached M&C Doc. No. 38GL-25-0410

38GL-25-0410	Guam Police Department	Prior Years Obligation to pay Sergeant Carl J. Cruz in the total amount of 11,948.02*
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*Si Yu'os Ma'ase',*

*Bernice Rivera*

Administrative Assistant



### Office of Speaker Frank F. Blas, Jr.

I Mina'trentai Ocho na Liheslaturan Guahan 38<sup>th</sup> Guam Legislature

Guam Congress Building, 163 Chalan Santo Papa, Hagatña

(671)969-6456

[speakerblas@guamlegislature.gov](mailto:speakerblas@guamlegislature.gov)

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----- Forwarded message -----

From: **Oresha Jo Perez** <[oresha.perez@gpd.guam.gov](mailto:oresha.perez@gpd.guam.gov)>

Date: Tue, Apr 8, 2025 at 11:19 AM

Subject: Prior year Direct Payment Notice GPD Carl J. Cruz

To: Speaker Frank Blas Jr. <[speakerblas@guamlegislature.gov](mailto:speakerblas@guamlegislature.gov)>

Cc: Nellie Asanuma <[nellie.asanuma@gpd.guam.gov](mailto:nellie.asanuma@gpd.guam.gov)>, Mona Cruz <[mona.cruz@gpd.guam.gov](mailto:mona.cruz@gpd.guam.gov)>

*Hafa Adai,*

*Please see attached letter and prior year obligation for Officer Carl J. Cruz. Can I please get a scanned copy with the received stamp from your office to process the direct payment?*

**If you have any questions or concerns please let me know. Have a great day and be safe=)**

*Saina Ma'ase'*

Oresha Jo R. Perez-Quinata

Payroll Clerk III

Guam Police Department

[payroll@gpd.guam.gov](mailto:payroll@gpd.guam.gov)

[oresha.perez@gpd.guam.gov](mailto:oresha.perez@gpd.guam.gov)

Tel: (671) 475-8597


LAW ENFORCEMENT SENSITIVE

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**2 attachments**

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 **PRIOR YR MLWOP CARL J CRUZ.pdf**  
1499K

 **38GL-25-0410.pdf**  
1116K

**committeeonrules@guamlegislature.gov** <committeeonrules@guamlegislature.gov>  
To: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>

Tue, Apr 8, 2025 at 4:35 PM

*Håfa Adai!*

Received and thank you.



*Si Yu'os ma'åse',*

Marie Crisostomo

Committee on Rules Assistant

## COMMITTEE ON RULES

Vice Speaker V. Anthony Ada, Chairperson

*I Mina'trentai Ocho Na Liheslaturan Guåhan*

*38<sup>th</sup> Guam Legislature*

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**From:** Speaker Frank Blas Jr. <speakerblas@guamlegislature.gov>

**Sent:** Tuesday, April 8, 2025 4:29 PM

**To:** [committeeonrules@guamlegislature.gov](mailto:committeeonrules@guamlegislature.gov); Sabrina Salas Matanane <office.senatorbri@guamlegislature.gov>

**Subject:** Messages and Communications for 38GL-25-0410\*

*Hafa Adåi,*

Please see attached M&C Doc. No. 38GL-25-0410

38GL-25-0410	Guam Police Department	Prior Years Obligation to pay Sergeant Carl J. Cruz in the
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Note that the Legislature has taken steps to ensure that any protected personal identifying information has been redacted or excluded in whole or in part in order to protect the privacy of any individual(s) whose information has been included as part of this transmittal.

		total amount of 11,948.02*
--	--	----------------------------

*Si Yu'os Ma'åse'*,

*Bernice Rivera*

Administrative Assistant

**Office of Speaker Frank F. Blas, Jr.**

I Mina'trentai Ocho na Liheslaturan Guåhan 38<sup>th</sup> Guam Legislature

Guam Congress Building, 163 Chalan Santo Papa, Hagatña

(671)969-6456

[speakerblas@guamlegislature.gov](mailto:speakerblas@guamlegislature.gov)

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image001.png  
73K



Speaker Frank Blas Jr. <speakerblas@guamlegislature.gov>

## Prior year Direct Payment Notice GPD Carl J. Cruz

2 messages

**Oresha Jo Perez** <oresha.perez@gpd.guam.gov> Tue, Apr 8, 2025 at 11:19 AM  
To: "Speaker Frank Blas Jr." <speakerblas@guamlegislature.gov>  
Cc: Nellie Asanuma <nellie.asanuma@gpd.guam.gov>, Mona Cruz <mona.cruz@gpd.guam.gov>

*Håfa Adai,*

*Please see attached letter and prior year obligation for Officer Carl J. Cruz . Can I please get a scanned copy with the received stamp from your office to process the direct payment?*

**If you have any questions or concerns please let me know. Have a great day and be safe=)**

*Saina Ma'åse'*

Oresha Jo R. Perez-Quinata  
Payroll Clerk III  
Guam Police Department  
[payroll@gpd.guam.gov](mailto:payroll@gpd.guam.gov)  
[oresha.perez@gpd.guam.gov](mailto:oresha.perez@gpd.guam.gov)  
Tel: (671) 475-8597  
LAW ENFORCEMENT SENSITIVE

Doc Type: 38GL-25-0410  
OFFICE OF THE SPEAKER  
FRANK F. BLAS, JR.  
Apr. 8, 2025  
Time: 11:19 AM  
Received:

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**PRIOR YR MLWOP CARL J CRUZ.pdf**  
1499K

**Speaker Frank Blas Jr.** <speakerblas@guamlegislature.gov> Tue, Apr 8, 2025 at 12:02 PM  
To: Oresha Jo Perez <oresha.perez@gpd.guam.gov>  
Cc: Nellie Asanuma <nellie.asanuma@gpd.guam.gov>, Mona Cruz <mona.cruz@gpd.guam.gov>

*Hafa Adai,*

Acknowledging receipt of your email and its attachment.

*Si Yu'os Ma'åse'*

*Bernice Rivera*

Administrative Assistant



**Office of Speaker Frank F. Blas, Jr.**

I Mina'trentai Ocho na Liheslaturan Guåhan 38<sup>th</sup> Guam Legislature

Guam Congress Building, 163 Chalan Santo Papa, Hagatña

(671)969-6456  
[speakerblas@guamlegislature.gov](mailto:speakerblas@guamlegislature.gov)

4/8/25, 12:51 PM

Guam Legislature Mail - Prior year Direct Payment Notice GPD Cad. I Cruz

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# GUAM POLICE DEPARTMENT

DIPATTAMENTON POLISIAN GUAHAN  
Government of Guam



LOURDES A. LEON GUERRERO  
Governor

JOSHUA F. TENORIO  
Lieutenant Governor

Bldg. 13-16A Mariner Avenue, Tiyan  
Barrigada, Guam 96913-1616  
P.O. Box 23909 Barrigada, Guam 96921-3909  
Telephone: (671) 475-8473 (Switchboard); (671) 475-8508 / 8509 / 8512  
Fax: (671) 475-3222

STEPHEN C. IGNACIO  
Chief of Police

COL. JOSEPH S. CARBULLIDO  
Police Commander

April 1, 2025

The Honorable Frank Blas Jr.  
Speaker, 38<sup>th</sup> Guam Legislature  
Guam Congress Building  
163 Chalan Santo Papa  
Hagåtña, Guam 96910

*Håfa Adai* Speaker Blas:

Pursuant to Section 21, Part II, Chapter XIII of Public Law 35-99, expenditures are authorized for the payment of prior years' obligations, provided that it does not negatively impact current operational needs of the department. P.L. 35-99 also requires notification to the Speaker of the *Liheslaturan Guåhan* written notice, five (5) days prior to payment.

The Guam Police Department (GPD) had requested for compensation of fringe benefits (retirement contributions, medical, dental, and life insurance) for **Sergeant Carl J. Cruz** while on Leave Without Pay Status during his deployment on Military Orders. Total compensation, inclusive of government and employee shares, covering **50 pay periods from October 19, 2002 through August 5, 2006** is **\$11,948.02**.

Should you have any questions or concerns, GPD's point of contact regarding this matter is Ms. Oresha Jo Perez-Quinata, Payroll Clerk III. She can be reached via telephone number (671) 475-8597 or via email at [oresha.perez@gpd.guam.gov](mailto:oresha.perez@gpd.guam.gov). *Dangko'lu na Si Yu'os Ma'ase!*

Sincerely,

  
STEPHEN C. IGNACIO  
Chief of Police

Enclosures:  
SCI:OJPQ



38GL-25-0410  
Messages and Communications

RECEIVED  
COMMITTEE ON RULES  
April 8, 2025  
4:29 p.m.

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**GUAM POLICE DEPARTMENT MLWOP PRIOR YEAR CARL J. CRUZ**

Direct Payment #	Date	Account Number	OBC	Amount	Vendor	Justification
DP25-1200-129	4/1/2025		190	\$26.16	27200111	Prior Year MLWOP Contribution Carl J. Cruz 2002 DCD and D PPE 10/19/2002-12/28/2002
DP25-1200-130	4/1/2025		190	\$555.36	27200110	Prior Year MLWOP Contribution Carl J. Cruz 2002 DC Retirement PPE 10/19/2002-12/28/2002
DP25-1200-131	4/1/2025		190	\$1,166.28	27200107	Prior Year MLWOP Contribution Carl J. Cruz 2002 Unfunded PPE 10/19/2002-12/28/2002
DP25-1200-132	4/1/2025		190	\$47.96	27200111	Prior Year MLWOP Contribution Carl J. Cruz 2003 DCD and D PPE 1/11/2003-5/31/2003
DP25-1200-133	4/1/2025		190	\$509.08	27200110	Prior Year MLWOP Contribution Carl J. Cruz 2003 DC Retirement EMP share PPE 1/11/2003-5/31/2003
DP25-1200-134	4/1/2025		190	\$509.08	27200110	Prior Year MLWOP Contribution Carl J. Cruz 2003 DC Retirement GOV share PPE 1/11/2003-5/31/2003
DP25-1200-135	4/1/2025		190	\$1,619.83	27200107	Prior Year MLWOP Contribution Carl J. Cruz 2003 Unfunded PPE 1/11/2003-5/31/2003
DP25-1200-136	4/1/2025		190	\$136.52	27200111	Prior Year MLWOP Contribution Carl J. Cruz 2005 DCD and D PPE 5/14/2005-12/24/2005
DP25-1200-137	4/1/2025		190	\$396.96	27200110	Prior Year MLWOP Contribution Carl J. Cruz 2005 DC Retirement GOV share PPE 5/14/2005-12/24/2005
DP25-1200-138	4/1/2025		190	\$396.96	27200110	Prior Year MLWOP Contribution Carl J. Cruz 2005 DC Retirement EMP share PPE 5/14/2005-12/24/2005
DP25-1200-139	4/1/2025		190	\$1,327.51	27200107	Prior Year MLWOP Contribution Carl J. Cruz 2005 Unfunded PPE 5/14/2005-12/24/2005
DP25-1200-140	4/1/2025		190	\$146.56	27200111	Prior Year MLWOP Contribution Carl J. Cruz 2006 DCD and D PPE 1/7/2006-8/5/2006
DP25-1200-141	4/1/2025		190	\$952.96	27200110	Prior Year MLWOP Contribution Carl J. Cruz 2006 DC Retirement GOV share PPE 1/7/2006-8/5/2006
DP25-1200-142	4/1/2025		190	\$952.96	27200110	Prior Year MLWOP Contribution Carl J. Cruz 2006 DC Retirement EMP share PPE 1/7/2006-8/5/2006
DP25-1200-143	4/1/2025		190	\$3,203.84	27200107	Prior Year MLWOP Contribution Carl J. Cruz 2006 Unfunded PPE 1/7/2006-8/5/2006
<b>GRAND TOTAL:</b>				<b>\$11,948.02</b>		

GUAM POLICE DEPARTMENT  
 OFFICE OF THE CHIEF OF POLICE  
 RECEIVED BY: *RBN*  
 DATE/TIME: *04/09/25 10:43 a.m.*  
 NOTE:  
*#25-1433*





**GOVERNMENT OF GUAM**  
DEPARTMENT OF ADMINISTRATION  
FINANCIAL MANAGEMENT SYSTEM

**REQUEST FOR  
DIRECT PAYMENT**

DOCUMENT NO.: D 25 1200 129

DATE: 4/1/2025

URGENT - EXPEDITE PAYMENT

KEY & RELEASE - A S A P

<b>PAYEE:</b> GOVERNMENT OF GUAM RETIREMENT 424 ROUTE 8 MAITE, GU 96910	<b>VENDOR NUMBER:</b>  27200111
--	---------------------------------------

**PURPOSE:**  
CARL J. CRUZ - - Military Leave Without Pay for pay period ending 10/19/2002 TO 12/28/2002  
A total of 6 pay periods. DCD and D See attachments.

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
190	[REDACTED]	\$4.36	GOV PPE 10/19/2002
190	[REDACTED]	\$4.36	GOV PPE 11/2/2002
190	[REDACTED]	\$4.36	GOV PPE 11/16/2002
190	[REDACTED]	\$4.36	GOV PPE 11/30/2002
190	[REDACTED]	\$4.36	GOV PPE 12/14/2002
190	[REDACTED]	\$4.36	GOV PPE 12/28/2002
<b>TOTAL:</b>		<b>\$26.16</b>	

**CHECK APPROPRIATE BOX BELOW:**

<input checked="" type="checkbox"/> ACCOUNT NUMBER IS CORRECT	<input checked="" type="checkbox"/> JOB ORDER NUMBER IS CORRECT	<input type="checkbox"/> INSUFFICIENT FUNDS
<input checked="" type="checkbox"/> PRIOR REFERENCE IS CORRECT	<input checked="" type="checkbox"/> VENDOR NUMBER IS CORRECT	
<input checked="" type="checkbox"/> OVERRIDE IS AUTHORIZED	<input checked="" type="checkbox"/> SUFFICIENT FUNDS	

I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

I CERTIFY THAT A VALID LIABILITY EXIST BY REASON OF WITHHOLDING, OVERPAYMENT OR DEPOSIT AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

<u>Oresha Jo R. Perez-Quinata, Payroll Clerk III</u> PREPARED BY:	 Signature	<u>4/1/25</u> Date
<u>Stephen C. Ignacio, Chief of Police</u> APPROVING OFFICIAL:	 Signature	<u>4/1/25</u> Date
<u>Nellie N. Asanuma, Administrative Services Officer</u> CERTIFICATION OF FUNDS AVAILABLE:	 Signature	<u>4.2.25</u> Date



**GOVERNMENT OF GUAM**  
DEPARTMENT OF ADMINISTRATION  
FINANCIAL MANAGEMENT SYSTEM

REQUEST FOR  
DIRECT PAYMENT

DOCUMENT NO.: D 25 1200 130

DATE: 4/1/2005

URGENT - EXPEDITE PAYMENT

KEY & RELEASE - A S A P

<b>PAYEE:</b> GOVERNMENT OF GUAM RETIREMENT 424 ROUTE 8 MAITE, GU 96910	<b>VENDOR NUMBER:</b>  27200110
--	---------------------------------------

**PURPOSE:**  
CARL J. CRUZ - - Military Leave Without Pay for pay period ending 10/1/2002-12/24/2002  
A total of 7 pay periods for DC Retirement @5%. See attachments.

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
190		\$46.28	EMP PPE 10/19/2002
190		\$46.28	EMP PPE 11/2/2002
190		\$46.28	EMP PPE 11/16/2002
190		\$46.28	EMP PPE 11/30/2002
190		\$46.28	EMP PPE 12/14/2002
190		\$46.28	EMP PPE 12/28/2002
190		\$46.28	GOV PPE 10/19/2002
190		\$46.28	GOV PPE 11/2/2002
190		\$46.28	GOV PPE 11/16/2002
190		\$46.28	GOV PPE 11/30/2002
190		\$46.28	GOV PPE 12/14/2002
190		\$46.28	GOV PPE 12/28/2002
<b>TOTAL:</b>		<b>\$555.36</b>	

CHECK APPROPRIATE BOX BELOW:

- ACCOUNT NUMBER IS CORRECT     
  JOB ORDER NUMBER IS CORRECT     
  INSUFFICIENT FUNDS  
 PRIOR REFERENCE IS CORRECT     
  VENDOR NUMBER IS CORRECT  
 OVERRIDE IS AUTHORIZED     
  SUFFICIENT FUNDS

I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

I CERTIFY THAT A VALID LIABILITY EXIST BY REASON OF WITHHOLDING, OVERPAYMENT OR DEPOSIT AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

<u>Oresha Jo R. Perez-Quinata, Payroll Clerk III</u> PREPARED BY:	 Signature	<u>4/1/25</u> Date
<u>Stephen C. Ignacio, Chief of Police</u> APPROVING OFFICIAL:	 Signature	<u>4/1/25</u> Date
<u>Nellie N. Asanuma, Administrative Services Officer</u> CERTIFICATION OF FUNDS AVAILABLE:	 Signature	<u>4.2.25</u> Date



**GOVERNMENT OF GUAM**  
DEPARTMENT OF ADMINISTRATION  
FINANCIAL MANAGEMENT SYSTEM

REQUEST FOR  
DIRECT PAYMENT

DOCUMENT NO.: D 25 1200 131

DATE: 4/1/2025

URGENT - EXPEDITE PAYMENT

KEY & RELEASE - A S A P

<b>PAYEE:</b> GOVERNMENT OF GUAM RETIREMENT 424 ROUTE 8 MAITE, GU 96910	<b>VENDOR NUMBER:</b>  27200107
--	---------------------------------------

**PURPOSE:**  
 CARL J. CRUZ - - Military Leave Without Pay for pay period ending 10/19/2002-12/28/2002  
 A total of 6 pay periods for Unfunded Retirement See attachments.

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
190	[REDACTED]	\$194.38	GOV PPE 10/19/2002
190	[REDACTED]	\$194.38	GOV PPE 11/2/2002
190	[REDACTED]	\$194.38	GOV PPE 11/16/2002
190	[REDACTED]	\$194.38	GOV PPE11/30/2002
190	[REDACTED]	\$194.38	GOV PPE12/14/2002
190	[REDACTED]	\$194.38	GOV PPE 12/28/2002
<b>TOTAL:</b>		<b>\$1,166.28</b>	

**CHECK APPROPRIATE BOX BELOW:**

<input checked="" type="checkbox"/> ACCOUNT NUMBER IS CORRECT	<input checked="" type="checkbox"/> JOB ORDER NUMBER IS CORRECT	<input type="checkbox"/> INSUFFICIENT FUNDS
<input checked="" type="checkbox"/> PRIOR REFERENCE IS CORRECT	<input checked="" type="checkbox"/> VENDOR NUMBER IS CORRECT	
<input checked="" type="checkbox"/> OVERRIDE IS AUTHORIZED	<input checked="" type="checkbox"/> SUFFICIENT FUNDS	

I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

I CERTIFY THAT A VALID LIABILITY EXIST BY REASON OF WITHHOLDING, OVERPAYMENT OR DEPOSIT AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

Oresha Jo R. Perez-Quinata, Payroll Clerk III PREPARED BY:	 Signature	4/1/25 Date
Stephen C. Ignacio, Chief of Police APPROVING OFFICIAL:	 Signature	4/1/25 Date
Nellie N. Asanuma, Administrative Services Officer CERTIFICATION OF FUNDS AVAILABLE.	 Signature	4.2.25 Date



**GOVERNMENT OF GUAM**  
DEPARTMENT OF ADMINISTRATION  
FINANCIAL MANAGEMENT SYSTEM

DOCUMENT NO.: D 25 1200 132

DATE: 4/1/2025

URGENT - EXPEDITE PAYMENT

KEY & RELEASE - A S A P

<b>PAYEE:</b> GOVERNMENT OF GUAM RETIREMENT 424 ROUTE 8 MAITE, GU 96910	<b>VENDOR NUMBER:</b>  27200111
--	---------------------------------------

**PURPOSE:**  
CARL J. CRUZ - - Military Leave Without Pay for pay period ending 1/11/2003-5/31/2003  
A total of 11 pay periods. DCD nd D. See attachments.

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
190		\$4.36	GOV PPE 1/11/2003
190		\$4.36	GOV PPE 1/25/2003
190		\$4.36	GOV PPE 2/8/2003
190		\$4.36	GOV PPE 2/22/2003
190		\$4.36	GOV PPE 3/8/2003
190		\$4.36	GOV PPE 3/22/2003
190		\$4.36	GOV PPE 4/5/2003
190		\$4.36	GOV PPE 4/19/2003
190		\$4.36	GOV PPE 5/3/2003
190		\$4.36	GOV PPE 5/17/2003
190		\$4.36	GOV PPE 5/31/2003
<b>TOTAL:</b>		<b>\$47.96</b>	

CHECK APPROPRIATE BOX BELOW:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> ACCOUNT NUMBER IS CORRECT  | <input checked="" type="checkbox"/> JOB ORDER NUMBER IS CORRECT | <input type="checkbox"/> INSUFFICIENT FUNDS |
| <input checked="" type="checkbox"/> PRIOR REFERENCE IS CORRECT | <input checked="" type="checkbox"/> VENDOR NUMBER IS CORRECT    |   |
| <input checked="" type="checkbox"/> OVERRIDE IS AUTHORIZED     | <input checked="" type="checkbox"/> SUFFICIENT FUNDS            |   |

I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

I CERTIFY THAT A VALID LIABILITY EXIST BY REASON OF WITHHOLDING, OVERPAYMENT OR DEPOSIT AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS

Oresha Jo R. Perez-Quinata, Payroll Clerk III  
PREPARED BY:

Signature

4/1/25  
Date

Stephen C. Ignacio, Chief of Police  
APPROVING OFFICIAL:

Signature

4/4/25  
Date

Nellie N. Asanuma, Administrative Services Officer  
CERTIFICATION OF FUNDS AVAILABLE:

Signature

4-2-25  
Date



**GOVERNMENT OF GUAM**  
DEPARTMENT OF ADMINISTRATION  
FINANCIAL MANAGEMENT SYSTEM

REQUEST FOR  
DIRECT PAYMENT

DOCUMENT NO.: D 25 1200 133

DATE: 4/1/2025

URGENT - EXPEDITE PAYMENT

KEY & RELEASE - A S A P

<b>PAYEE:</b> GOVERNMENT OF GUAM RETIREMENT 424 ROUTE 8 MAITE, GU 96910	<b>VENDOR NUMBER:</b>  27200110
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**PURPOSE:**  
CARL J. CRUZ - - Military Leave Without Pay for pay period ending 10/1/2002-12/24/2002  
A total of 7 pay periods for DC Retirement @5%. Employee Share. See attachments.

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
190		\$46.28	EMP PPE 1/11/2003
190		\$46.28	EMP PPE 1/25/2003
190		\$46.28	EMP PPE 2/8/2003
190		\$46.28	EMP PPE 2/22/2003
190		\$46.28	EMP PPE 3/8/2003
190		\$46.28	EMP PPE 3/22/2003
190		\$46.28	EMP PPE 4/5/2003
190		\$46.28	EMP PPE 4/19/2003
190		\$46.28	EMP PPE 5/3/2003
190		\$46.28	EMP PPE 5/17/2003
190		\$46.28	EMP PPE 5/31/2003
<b>TOTAL:</b>		<b>\$509.08</b>	

CHECK APPROPRIATE BOX BELOW:

- ACCOUNT NUMBER IS CORRECT     
  JOB ORDER NUMBER IS CORRECT     
  INSUFFICIENT FUNDS  
 PRIOR REFERENCE IS CORRECT     
  VENDOR NUMBER IS CORRECT  
 OVERRIDE IS AUTHORIZED     
  SUFFICIENT FUNDS

- I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS  
 I CERTIFY THAT A VALID LIABILITY EXIST BY REASON OF WITHHOLDING, OVERPAYMENT OR DEPOSIT AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS

<u>Oresha Jo R. Perez-Quinata, Payroll Clerk III</u> PREPARED BY:	<u></u> Signature	<u>4/1/25</u> Date
<u>Stephen C. Ignacio, Chief of Police</u> APPROVING OFFICIAL:	<u></u> Signature	<u>4/4/25</u> Date
<u>Nellie N. Asanuma, Administrative Services Officer</u> CERTIFICATION OF FUNDS AVAILABLE	<u></u> Signature	<u>4.2.25</u> Date



**GOVERNMENT OF GUAM**  
DEPARTMENT OF ADMINISTRATION  
FINANCIAL MANAGEMENT SYSTEM

REQUEST FOR  
DIRECT PAYMENT

DOCUMENT NO.: D 25 1200 134

DATE: 4/1/2025

URGENT - EXPEDITE PAYMENT

KEY & RELEASE - A S A P

<b>PAYEE:</b> GOVERNMENT OF GUAM RETIREMENT 424 ROUTE 8 MAITE, GU 96910	<b>VENDOR NUMBER:</b>  27200110
--	---------------------------------------

**PURPOSE:**  
**CARL J. CRUZ - - Military Leave Without Pay for pay period ending 10/1/2002-12/24/2002**  
 A total of 7 pay periods for DC Retirement @5% . GOV share. See attachments.

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
190		\$46.28	GOV PPE 1/11/2003
190		\$46.28	GOV PPE 1/25/2003
190		\$46.28	GOV PPE 2/8/2003
190		\$46.28	GOV PPE 2/22/2003
190		\$46.28	GOV PPE 3/8/2003
190		\$46.28	GOV PPE 3/22/2003
190		\$46.28	GOV PPE 4/5/2003
190		\$46.28	GOV PPE 4/19/2003
190		\$46.28	GOV PPE 5/3/2003
190		\$46.28	GOV PPE 5/17/2003
190		\$46.28	GOV PPE 5/31/2003
<b>TOTAL:</b>		<b>\$509.08</b>	

**CHECK APPROPRIATE BOX BELOW.**

<input checked="" type="checkbox"/> ACCOUNT NUMBER IS CORRECT	<input checked="" type="checkbox"/> JOB ORDER NUMBER IS CORRECT	<input type="checkbox"/> INSUFFICIENT FUNDS
<input checked="" type="checkbox"/> PRIOR REFERENCE IS CORRECT	<input checked="" type="checkbox"/> VENDOR NUMBER IS CORRECT	
<input checked="" type="checkbox"/> OVERRIDE IS AUTHORIZED	<input checked="" type="checkbox"/> SUFFICIENT FUNDS	

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I CERTIFY THAT A VALID LIABILITY EXIST BY REASON OF WITHHOLDING, OVERPAYMENT OR DEPOSIT AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

Oresha Jo R. Perez-Quinata, Payroll Clerk III PREPARED BY:	 Signature	<u>4/1/25</u> Date	
Stephen C. Ignacio, Chief of Police APPROVING OFFICIAL:	 Signature	<u>4/4/25</u> Date	
Nellie N. Asanuma, Administrative Services Officer CERTIFICATION OF FUNDS AVAILABLE.	 Signature	<u>4.2.25</u> Date	



**GOVERNMENT OF GUAM**  
DEPARTMENT OF ADMINISTRATION  
FINANCIAL MANAGEMENT SYSTEM

REQUEST FOR  
DIRECT PAYMENT

DOCUMENT NO.: D 25 1200 135

DATE: 4/1/2025

URGENT - EXPEDITE PAYMENT

KEY & RELEASE - A S A P

<b>PAYEE:</b> GOVERNMENT OF GUAM RETIREMENT 424 ROUTE 8 MAITE, GU 96910	<b>VENDOR NUMBER:</b>  27200107
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**PURPOSE:**  
CARL J. CRUZ - - Military Leave Without Pay for pay period ending 1/11/2003- 5/31/2003  
A total of 11 pay periods for Unfunded Retirement See attachments.

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
190		\$194.38	GOV PPE 1/11/2003
190		\$194.38	GOV PPE 1/25/2003
190		\$194.38	GOV PPE 2/8/2003
190		\$194.38	GOV PPE 2/22/2003
190		\$120.33	GOV PPE 3/8/2003
190		\$120.33	GOV PPE 3/22/2003
190		\$120.33	GOV PPE 4/5/2003
190		\$120.33	GOV PPE 4/19/2003
190		\$120.33	GOV PPE 5/3/2003
190		\$120.33	GOV PPE 5/17/2003
190		\$120.33	GOV PPE 5/31/2003
<b>TOTAL:</b>		<b>\$1,619.83</b>	

CHECK APPROPRIATE BOX BELOW.

- ACCOUNT NUMBER IS CORRECT     
  JOB ORDER NUMBER IS CORRECT     
  INSUFFICIENT FUNDS  
 PRIOR REFERENCE IS CORRECT     
  VENDOR NUMBER IS CORRECT  
 OVERRIDE IS AUTHORIZED     
  SUFFICIENT FUNDS

- I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.  
 I CERTIFY THAT A VALID LIABILITY EXIST BY REASON OF WITHHOLDING, OVERPAYMENT OR DEPOSIT AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

<u>Oresha Jo R. Perez-Quinata, Payroll Clerk III</u> PREPARED BY:	 Signature	<u>4/1/25</u> Date
<u>Stephen C. Ignacio, Chief of Police</u> APPROVING OFFICIAL:	 Signature	<u>4/4/25</u> Date
<u>Nellie N. Asanuma, Administrative Services Officer</u> CERTIFICATION OF FUNDS AVAILABLE:	 Signature	<u>4.2.25</u> Date



**GOVERNMENT OF GUAM**  
DEPARTMENT OF ADMINISTRATION  
FINANCIAL MANAGEMENT SYSTEM

DOCUMENT NO.: D 25 1200 136  
DATE: 4/1/2025

URGENT - EXPEDITE PAYMENT       KEY & RELEASE - A S A P

<b>PAYEE:</b> GOVERNMENT OF GUAM RETIREMENT 424 ROUTE 8 MAITE, GU 96910	<b>VENDOR NUMBER:</b>  27200111
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**PURPOSE:**  
CARL J. CRUZ - - Military Leave Without Pay for pay period ending 5/14/2005-12/24/2005  
A total of 17 pay periods. DCD and D See attachments.

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
190		\$7.24	GOV PPE 5/14/2005
190		\$7.24	GOV PPE 5/28/2005
190		\$7.24	GOV PPE 6/11/2005
190		\$7.24	GOV PPE 6/25/2005
190		\$7.24	GOV PPE 7/9/2005
190		\$7.24	GOV PPE 7/23/2005
190		\$7.24	GOV PPE 8/6/2005
190		\$7.24	GOV PPE 8/20/2005
190		\$7.24	GOV PPE 9/3/2005
190		\$7.24	GOV PPE 9/17/2005
190		\$9.16	GOV PPE 10/1/2005
190		\$9.16	GOV PPE 10/15/2005
190		\$9.16	GOV PPE 10/29/2005
190		\$9.16	GOV PPE 11/12/2005
190		\$9.16	GOV PPE 11/26/2005
190		\$9.16	GOV PPE 12/10/2005
190		\$9.16	GOV PPE 12/24/2005
<b>TOTAL:</b>		<b>\$136.52</b>	

**CHECK APPROPRIATE BOX BELOW:**

<input checked="" type="checkbox"/> ACCOUNT NUMBER IS CORRECT	<input checked="" type="checkbox"/> JOB ORDER NUMBER IS CORRECT	<input type="checkbox"/> INSUFFICIENT FUNDS
<input checked="" type="checkbox"/> PRIOR REFERENCE IS CORRECT	<input checked="" type="checkbox"/> VENDOR NUMBER IS CORRECT	
<input checked="" type="checkbox"/> OVERRIDE IS AUTHORIZED	<input checked="" type="checkbox"/> SUFFICIENT FUNDS	

I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

I CERTIFY THAT A VALID LIABILITY EXIST BY REASON OF WITHHOLDING, OVERPAYMENT OR DEPOSIT AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

<u>Oresha Jo R. Perez-Quinata, Payroll Clerk III</u> PREPARED BY:	 Signature	<u>4/1/25</u> Date
<u>Stephen C. Ignacio, Chief of Police</u> APPROVING OFFICIAL:	 Signature	<u>4/1/25</u> Date
<u>Nellie N. Asanuma, Administrative Services Officer</u> CERTIFICATION OF FUNDS AVAILABLE:	 Signature	<u>4.2.25</u> Date



REQUEST FOR DIRECT PAYMENT



**GOVERNMENT OF GUAM**  
DEPARTMENT OF ADMINISTRATION  
FINANCIAL MANAGEMENT SYSTEM

DOCUMENT NO.: D 25 1200 137

DATE: 4/1/2025

URGENT - EXPEDITE PAYMENT

KEY & RELEASE - A S A P

<b>PAYEE:</b> GOVERNMENT OF GUAM RETIREMENT 424 ROUTE 8 MAITE, GU 96910	<b>VENDOR NUMBER:</b>  27200110
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**PURPOSE:**  
CARL J. CRUZ - - Military Leave Without Pay for pay period ending 5/14/2005-12/24/2005  
A total of 17 pay periods for DC Retirement @ 5%. GOV share See attachments.

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
190		\$4.40	GOV PPE 6/11/2005
190		\$4.40	GOV PPE 6/25/2005
190		\$4.40	GOV PPE 7/9/2005
190		\$4.40	GOV PPE 7/23/2005
190		\$4.40	GOV PPE 8/6/2005
190		\$4.40	GOV PPE 8/20/2005
190		\$4.40	GOV PPE 9/3/2005
190		\$4.40	GOV PPE 9/17/2005
190		\$4.40	GOV PPE 10/1/2005
190		\$59.56	GOV PPE 10/15/2005
190		\$59.56	GOV PPE 10/29/2005
190		\$59.56	GOV PPE 11/12/2005
190		\$59.56	GOV PPE 11/26/2005
190		\$59.56	GOV PPE 12/10/2005
190		\$59.56	GOV PPE 12/24/2005
<b>TOTAL:</b>		<b>\$396.96</b>	

**CHECK APPROPRIATE BOX BELOW:**

<input checked="" type="checkbox"/> ACCOUNT NUMBER IS CORRECT	<input checked="" type="checkbox"/> JOB ORDER NUMBER IS CORRECT	<input type="checkbox"/> INSUFFICIENT FUNDS
<input checked="" type="checkbox"/> PRIOR REFERENCE IS CORRECT	<input checked="" type="checkbox"/> VENDOR NUMBER IS CORRECT	
<input checked="" type="checkbox"/> OVERRIDE IS AUTHORIZED	<input checked="" type="checkbox"/> SUFFICIENT FUNDS	

I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS

I CERTIFY THAT A VALID LIABILITY EXIST BY REASON OF WITHHOLDING, OVERPAYMENT OR DEPOSIT AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

<u>Oresha Jo R. Perez-Quinata, Payroll Clerk III</u> PREPARED BY:	 Signature	<u>4/1/25</u> Date
<u>Stephen C. Ignacio, Chief of Police</u> APPROVING OFFICIAL:	 Signature	<u>4/1/25</u> Date
<u>Nellie N. Asanuma, Administrative Services Officer</u> CERTIFICATION OF FUNDS AVAILABLE:	 Signature	<u>4-3-25</u> Date

REQUEST FOR DIRECT PAYMENT



**GOVERNMENT OF GUAM**  
DEPARTMENT OF ADMINISTRATION  
FINANCIAL MANAGEMENT SYSTEM

DOCUMENT NO.: D 25 1200 138

DATE: 4/1/2025

URGENT - EXPEDITE PAYMENT

KEY & RELEASE - A S A P

<b>PAYEE:</b> GOVERNMENT OF GUAM RETIREMENT 424 ROUTE 8 MAITE, GU 96910	<b>VENDOR NUMBER:</b>  27200110
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**PURPOSE:**  
CARL J. CRUZ - - Military Leave Without Pay for pay period ending 5/14/2005-12/24/2005  
A total of 17 pay periods for DC Retirement @ 5%. EMP share See attachments.

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
190		\$4.40	EMP PPE 6/11/2005
190		\$4.40	EMP PPE 6/25/2005
190		\$4.40	EMP PPE 7/9/2005
190		\$4.40	EMP PPE 7/23/2005
190		\$4.40	EMP PPE 8/6/2005
190		\$4.40	EMP PPE 8/20/2005
190		\$4.40	EMP PPE 9/3/2005
190		\$4.40	EMP PPE 9/17/2005
190		\$4.40	EMP PPE 10/1/2005
190		\$59.56	EMP PPE 10/15/2005
190		\$59.56	EMP PPE 10/29/2005
190		\$59.56	EMP PPE 11/12/2005
190		\$59.56	EMP PPE 11/26/2005
190		\$59.56	EMP PPE 12/10/2005
190		\$59.56	EMP PPE 12/24/2005
<b>TOTAL:</b>		<b>\$396.96</b>	

CHECK APPROPRIATE BOX BELOW.

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> ACCOUNT NUMBER IS CORRECT  | <input checked="" type="checkbox"/> JOB ORDER NUMBER IS CORRECT | <input type="checkbox"/> INSUFFICIENT FUNDS |
| <input checked="" type="checkbox"/> PRIOR REFERENCE IS CORRECT | <input checked="" type="checkbox"/> VENDOR NUMBER IS CORRECT    |   |
| <input checked="" type="checkbox"/> OVERRIDE IS AUTHORIZED     | <input checked="" type="checkbox"/> SUFFICIENT FUNDS            |   |

- I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.
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<u>Oresha Jo R. Perez-Quinata, Payroll Clerk III</u> PREPARED BY:	<u></u> Signature	<u>4/1/25</u> Date
<u>Stephen C. Ignacio, Chief of Police</u> APPROVING OFFICIAL:	<u></u> Signature	<u>4/4/25</u> Date
<u>Nellie N. Asanuma, Administrative Services Officer</u> CERTIFICATION OF FUNDS AVAILABLE:	<u></u> Signature	<u>4-3-25</u> Date



**GOVERNMENT OF GUAM**  
DEPARTMENT OF ADMINISTRATION  
FINANCIAL MANAGEMENT SYSTEM

DOCUMENT NO.: D 25 1200 139

DATE: 4/1/2025

URGENT - EXPEDITE PAYMENT

KEY & RELEASE - A S A P

<b>PAYEE:</b> GOVERNMENT OF GUAM RETIREMENT 424 ROUTE 8 MAITE, GU 96910	<b>VENDOR NUMBER:</b>  27200107
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**PURPOSE:**  
 CARL J. CRUZ - - Military Leave Without Pay for pay period ending 5/14/2005-12/24/2005  
 A total of 17 pay periods for Unfunded Retirement See attachments.

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
190		\$0.00	GOV PPE 5/14/2005
190		\$0.00	GOV PPE 5/28/2005
190		\$13.91	GOV PPE 6/11/2005
190		\$13.91	GOV PPE 6/25/2005
190		\$13.91	GOV PPE 7/9/2005
190		\$13.91	GOV PPE 7/23/2005
190		\$13.91	GOV PPE 8/6/2005
190		\$13.91	GOV PPE 8/20/2005
190		\$13.91	GOV PPE 9/3/2005
190		\$13.91	GOV PPE 9/17/2005
190		\$14.79	GOV PPE 10/1/2005
190		\$200.24	GOV PPE 10/15/2005
190		\$200.24	GOV PPE 10/29/2005
190		\$200.24	GOV PPE 11/12/2005
190		\$200.24	GOV PPE 11/26/2005
190		\$200.24	GOV PPE 12/10/2005
190		\$200.24	GOV PPE 12/24/2005
<b>TOTAL:</b>		<b>\$1,327.51</b>	

CHECK APPROPRIATE BOX BELOW.

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> ACCOUNT NUMBER IS CORRECT  | <input checked="" type="checkbox"/> JOB ORDER NUMBER IS CORRECT | <input type="checkbox"/> INSUFFICIENT FUNDS |
| <input checked="" type="checkbox"/> PRIOR REFERENCE IS CORRECT | <input checked="" type="checkbox"/> VENDOR NUMBER IS CORRECT    |   |
| <input checked="" type="checkbox"/> OVERRIDE IS AUTHORIZED     | <input checked="" type="checkbox"/> SUFFICIENT FUNDS            |   |

I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

I CERTIFY THAT A VALID LIABILITY EXIST BY REASON OF WITHHOLDING, OVERPAYMENT OR DEPOSIT AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

Oresha Jo R. Perez-Quinata, Payroll Clerk III  
PREPARED BY:

[Signature]  
Signature

4/1/25  
Date

Stephen C. Ignacio, Chief of Police  
APPROVING OFFICIAL:

[Signature]  
Signature

4/4/26  
Date

Nellie N. Asanuma, Administrative Services Officer  
CERTIFICATION OF FUNDS AVAILABLE:

[Signature]  
Signature

4.2.2025  
Date



**GOVERNMENT OF GUAM**  
 DEPARTMENT OF ADMINISTRATION  
 FINANCIAL MANAGEMENT SYSTEM

DOCUMENT NO.: D 25 1200 140  
 DATE: 4/1/2025

URGENT - EXPEDITE PAYMENT       KEY & RELEASE - A S A P

<b>PAYEE:</b> GOVERNMENT OF GUAM RETIREMENT 424 ROUTE 8 MAITE, GU 96910	<b>VENDOR NUMBER:</b> 27200111
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**PURPOSE:**  
 CARL J. CRUZ - - Military Leave Without Pay for pay period ending 1/7/2006-8/5/2006  
 A total of 16 pay periods. DCD and D. See attachments.

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
190	[REDACTED]	\$9.16	GOV PPE 1/7/2006
190	[REDACTED]	\$9.16	GOV PPE 1/21/2006
190	[REDACTED]	\$9.16	GOV PPE 2/4/2006
190	[REDACTED]	\$9.16	GOV PPE 2/18/2006
190	[REDACTED]	\$9.16	GOV PPE 3/4/2006
190	[REDACTED]	\$9.16	GOV PPE 3/18/2006
190	[REDACTED]	\$9.16	GOV PPE 4/1/2006
190	[REDACTED]	\$9.16	GOV PPE 4/15/2006
190	[REDACTED]	\$9.16	GOV PPE 4/29/2006
190	[REDACTED]	\$9.16	GOV PPE 5/13/2006
190	[REDACTED]	\$9.16	GOV PPE 5/27/2006
190	[REDACTED]	\$9.16	GOV PPE 6/10/2006
190	[REDACTED]	\$9.16	GOV PPE 6/24/2006
190	[REDACTED]	\$9.16	GOV PPE 7/8/2006
190	[REDACTED]	\$9.16	GOV PPE 7/22/2006
190	[REDACTED]	\$9.16	GOV PPE 8/5/2006
<b>TOTAL:</b>		<b>\$146.56</b>	

**CHECK APPROPRIATE BOX BELOW.**

<input checked="" type="checkbox"/> ACCOUNT NUMBER IS CORRECT	<input checked="" type="checkbox"/> JOB ORDER NUMBER IS CORRECT	<input type="checkbox"/> INSUFFICIENT FUNDS
<input checked="" type="checkbox"/> PRIOR REFERENCE IS CORRECT	<input checked="" type="checkbox"/> VENDOR NUMBER IS CORRECT	
<input checked="" type="checkbox"/> OVERRIDE IS AUTHORIZED	<input checked="" type="checkbox"/> SUFFICIENT FUNDS	

I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

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Oresha Jo R. Perez-Quinata, Payroll Clerk III PREPARED BY:	 Signature	<u>4/1/25</u> Date
Stephen C. Ignacio, Chief of Police APPROVING OFFICIAL:	 Signature	<u>4/4/25</u> Date
Nellie N. Asanuma, Administrative Services Officer CERTIFICATION OF FUNDS AVAILABLE:	 Signature	<u>4.3.2025</u> Date



**GOVERNMENT OF GUAM**  
DEPARTMENT OF ADMINISTRATION  
FINANCIAL MANAGEMENT SYSTEM

DOCUMENT NO.: D 25 1200 141

DATE: 4/1/2025

URGENT - EXPEDITE PAYMENT       KEY & RELEASE - A S A P

<b>PAYEE:</b> GOVERNMENT OF GUAM RETIREMENT 424 ROUTE 8 MAITE, GU 96910	<b>VENDOR NUMBER:</b>  27200110
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**PURPOSE:**  
**CARL J. CRUZ - - Military Leave Without Pay for pay period ending 1/7/2006-8/5/2006**  
**A total of 16 pay periods for DC Retirement @ 5%. GOV share. See attachments.**

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
190		\$59.56	GOV PPE 1/7/2006
190		\$59.56	GOV PPE 1/21/2006
190		\$59.56	GOV PPE 2/4/2006
190		\$59.56	GOV PPE 2/18/2006
190		\$59.56	GOV PPE 3/4/2006
190		\$59.56	GOV PPE 3/18/2006
190		\$59.56	GOV PPE 4/1/2006
190		\$59.56	GOV PPE 4/15/2006
190		\$59.56	GOV PPE 4/29/2006
190		\$59.56	GOV PPE 5/13/2006
190		\$59.56	GOV PPE 5/27/2006
190		\$59.56	GOV PPE 6/10/2006
190		\$59.56	GOV PPE 6/24/2006
190		\$59.56	GOV PPE 7/8/2006
190		\$59.56	GOV PPE 7/22/2006
190		\$59.56	GOV PPE 8/5/2006
<b>TOTAL:</b>		<b>\$952.96</b>	

**CHECK APPROPRIATE BOX BELOW.**

<input checked="" type="checkbox"/> ACCOUNT NUMBER IS CORRECT	<input checked="" type="checkbox"/> JOB ORDER NUMBER IS CORRECT	<input type="checkbox"/> INSUFFICIENT FUNDS
<input checked="" type="checkbox"/> PRIOR REFERENCE IS CORRECT	<input checked="" type="checkbox"/> VENDOR NUMBER IS CORRECT	
<input checked="" type="checkbox"/> OVERRIDE IS AUTHORIZED	<input checked="" type="checkbox"/> SUFFICIENT FUNDS	

I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

I CERTIFY THAT A VALID LIABILITY EXIST BY REASON OF WITHHOLDING, OVERPAYMENT OR DEPOSIT AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

Oresha Jo R. Perez-Quinata, Payroll Clerk III PREPARED BY:	 Signature	4/1/25 Date
Stephen C. Ignacio, Chief of Police APPROVING OFFICIAL:	 Signature	4/1/25 Date
Nellie N. Asanuma, Administrative Services Officer CERTIFICATION OF FUNDS AVAILABLE:	 Signature	4.3.2025 Date



**GOVERNMENT OF GUAM**  
 DEPARTMENT OF ADMINISTRATION  
 FINANCIAL MANAGEMENT SYSTEM

DOCUMENT NO.: D 25 1200 142

DATE: 4/1/2025

URGENT - EXPEDITE PAYMENT

KEY & RELEASE - A S A P

<b>PAYEE:</b> GOVERNMENT OF GUAM RETIREMENT 424 ROUTE 8 MAITE, GU 96910	<b>VENDOR NUMBER:</b>  27200110
--	---------------------------------------

**PURPOSE:**  
 CARL J. CRUZ - - Military Leave Without Pay for pay period ending 1/7/2006-8/5/2006  
 A total of 16 pay periods for DC Retirement @ 5%. EMP share. See attachments.

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
190	[REDACTED]	\$59.56	EMP PPE 1/7/2006
190	[REDACTED]	\$59.56	EMP PPE 1/21/2006
190	[REDACTED]	\$59.56	EMP PPE 2/4/2006
190	[REDACTED]	\$59.56	EMP 2/18/2006
190	[REDACTED]	\$59.56	EMP PPE 3/4/2006
190	[REDACTED]	\$59.56	EMP PPE 3/18/2006
190	[REDACTED]	\$59.56	EMP PPE 4/1/2006
190	[REDACTED]	\$59.56	EMP PPE 4/15/2006
190	[REDACTED]	\$59.56	EMP PPE 4/29/2006
190	[REDACTED]	\$59.56	EMP PPE 5/13/2006
190	[REDACTED]	\$59.56	EMP PPE 5/27/2006
190	[REDACTED]	\$59.56	EMP PPE 6/10/2006
190	[REDACTED]	\$59.56	EMP PPE 6/24/2006
190	[REDACTED]	\$59.56	EMP PPE 7/8/2006
190	[REDACTED]	\$59.56	EMP PPE 7/22/2006
190	[REDACTED]	\$59.56	EMP PPE 8/5/2006
<b>TOTAL:</b>		<b>\$952.96</b>	

CHECK APPROPRIATE BOX BELOW:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> ACCOUNT NUMBER IS CORRECT  | <input checked="" type="checkbox"/> JOB ORDER NUMBER IS CORRECT | <input type="checkbox"/> INSUFFICIENT FUNDS |
| <input checked="" type="checkbox"/> PRIOR REFERENCE IS CORRECT | <input checked="" type="checkbox"/> VENDOR NUMBER IS CORRECT    |   |
| <input checked="" type="checkbox"/> OVERRIDE IS AUTHORIZED     | <input checked="" type="checkbox"/> SUFFICIENT FUNDS            |   |

I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS.

I CERTIFY THAT A VALID LIABILITY EXIST BY REASON OF WITHHOLDING, OVERPAYMENT OR DEPOSIT AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS

Oresha Jo R. Perez-Quinata, Payroll Clerk III  
 PREPARED BY: 4/1/25  
Signature Date

Stephen C. Ignacio, Chief of Police  
 APPROVING OFFICIAL: 4/1/25  
Signature Date

Nellie N. Asanuma, Administrative Services Officer  
 CERTIFICATION OF FUNDS AVAILABLE: 4.3.2025  
Signature Date



**GOVERNMENT OF GUAM**  
DEPARTMENT OF ADMINISTRATION  
FINANCIAL MANAGEMENT SYSTEM

**DIRECT PAYMENT**

DOCUMENT NO.: D 25 1200 143

DATE: 4/1/2025

URGENT - EXPEDITE PAYMENT

KEY & RELEASE - A S A P

<b>PAYEE:</b> GOVERNMENT OF GUAM RETIREMENT 424 ROUTE 8 MAITE, GU 96910	<b>VENDOR NUMBER:</b>  27200107
--	---------------------------------------

**PURPOSE:**  
 CARL J. CRUZ - - Military Leave Without Pay for pay period ending 1/7/2006- 8/5/2006  
 A total of 16 pay periods for Unfunded Retirement See attachments.

TRAN CODE	ACCOUNT NUMBER	AMOUNT	INVOICES
190	[REDACTED]	\$200.24	GOV PPE 1/7/2006
190	[REDACTED]	\$200.24	GOV PPE 1/21/2006
190	[REDACTED]	\$200.24	GOV PPE 2/4/2006
190	[REDACTED]	\$200.24	GOV PPE 2/18/2006
190	[REDACTED]	\$200.24	GOV PPE 3/4/2006
190	[REDACTED]	\$200.24	GOV PPE 3/18/2006
190	[REDACTED]	\$200.24	GOV PPE 4/1/2006
190	[REDACTED]	\$200.24	GOV PPE 4/15/2006
190	[REDACTED]	\$200.24	GOV PPE 4/29/2006
190	[REDACTED]	\$200.24	GOV PPE 5/13/2006
190	[REDACTED]	\$200.24	GOV PPE 5/27/2006
190	[REDACTED]	\$200.24	GOV PPE 6/10/2006
190	[REDACTED]	\$200.24	GOV PPE 6/24/2006
190	[REDACTED]	\$200.24	GOV PPE 7/8/2006
190	[REDACTED]	\$200.24	GOV PPE 7/22/2006
190	[REDACTED]	\$200.24	GOV PPE 8/5/2006
<b>TOTAL:</b>		<b>\$3,203.84</b>	

**CHECK APPROPRIATE BOX BELOW:**

<input checked="" type="checkbox"/> ACCOUNT NUMBER IS CORRECT	<input checked="" type="checkbox"/> JOB ORDER NUMBER IS CORRECT	<input type="checkbox"/> INSUFFICIENT FUNDS
<input checked="" type="checkbox"/> PRIOR REFERENCE IS CORRECT	<input checked="" type="checkbox"/> VENDOR NUMBER IS CORRECT	
<input checked="" type="checkbox"/> OVERRIDE IS AUTHORIZED	<input checked="" type="checkbox"/> SUFFICIENT FUNDS	

I CERTIFY THAT GOODS/SERVICES SPECIFIED HAVE BEEN RECEIVED AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS

I CERTIFY THAT A VALID LIABILITY EXIST BY REASON OF WITHHOLDING, OVERPAYMENT OR DEPOSIT AND THAT PAYMENT IS PROPER AS PER THE ATTACHED DOCUMENTS

Oresha Jo R. Perez-Quinata, Payroll Clerk III PREPARED BY:	 Signature	4/1/25 Date
Stephen C. Ignacio, Chief of Police APPROVING OFFICIAL:	 Signature	4/4/25 Date
Nellie N. Asanuma, Administrative Services Officer CERTIFICATION OF FUNDS AVAILABLE:	 Signature	4-3-2025 Date

Note that the Legislature has taken steps to ensure that any protected personal identifying information has been redacted or excluded in whole or in part in order to protect the privacy of any individual(s) whose information has been included as part of this transmittal.

**GUAM POLICE DEPARTMENT  
MLWOP CONTRIBUTIONS  
CARL J. CRUZ**

#	PPE	RATE	HOURS	GROSS	PAID		PENDING		UNF - PAID	PENDING	
					DC-EMP	DC-GOV	DC-EMP	DC-GOV		UNF	DD
					5.00%	5.00%	5.00%	5.00%			
1	10/19/2002	\$11.57	80	925.60	-	-	46.28	46.28	-	194.38	4.36
2	11/2/2002	\$11.57	80	925.60	-	-	46.28	46.28	-	194.38	4.36
3	11/16/2002	\$11.57	80	925.60	-	-	46.28	46.28	-	194.38	4.36
4	11/30/2002	\$11.57	80	925.60	-	-	46.28	46.28	-	194.38	4.36
5	12/14/2002	\$11.57	80	925.60	-	-	46.28	46.28	-	194.38	4.36
6	12/28/2002	\$11.57	80	925.60	-	-	46.28	46.28	-	194.38	4.36
7	1/11/2003	\$11.57	80	925.60	-	-	46.28	46.28	-	194.38	4.36
8	1/25/2003	\$11.57	80	925.60	-	-	46.28	46.28	-	194.38	4.36
9	2/8/2003	\$11.57	80	925.60	-	-	46.28	46.28	-	194.38	4.36
10	2/22/2003	\$11.57	80	925.60	-	-	46.28	46.28	-	194.38	4.36
11	3/8/2003	\$11.57	86	925.60	-	-	46.28	46.28	-	120.33	4.36
12	3/22/2003	\$11.57	80	925.60	-	-	46.28	46.28	-	120.33	4.36
13	4/5/2003	\$11.57	80	925.60	-	-	46.28	46.28	-	120.33	4.36
14	4/19/2003	\$11.57	80	925.60	-	-	46.28	46.28	-	120.33	4.36
15	5/3/2003	\$11.57	80	925.60	-	-	46.28	46.28	-	120.33	4.36
16	5/17/2003	\$11.57	80	925.60	-	-	46.28	46.28	-	120.33	4.36
17	5/31/2003	\$11.57	80	925.60	-	-	46.28	46.28	-	120.33	4.36
18	5/14/2005	\$13.79	80	1,103.20	55.16	55.16	-	-	174.42	-	7.24
19	5/28/2005	\$13.79	80	1,103.20	55.16	55.16	-	-	174.42	-	7.24
20	6/11/2005	\$14.89	80	1,191.20	55.16	55.16	4.40	4.40	174.42	13.91	7.24
21	6/25/2005	\$14.89	80	1,191.20	55.16	55.16	4.40	4.40	174.42	13.91	7.24
22	7/9/2005	\$14.89	80	1,191.20	55.16	55.16	4.40	4.40	174.42	13.91	7.24
23	7/23/2005	\$14.89	80	1,191.20	55.16	55.16	4.40	4.40	174.42	13.91	7.24
24	8/6/2005	\$14.89	80	1,191.20	55.16	55.16	4.40	4.40	174.42	13.91	7.24
25	8/20/2005	\$14.89	80	1,191.20	55.16	55.16	4.40	4.40	174.42	13.91	7.24
26	9/3/2005	\$14.89	80	1,191.20	55.16	55.16	4.40	4.40	174.42	13.91	7.24
27	9/17/2005	\$14.89	80	1,191.20	55.16	55.16	4.40	4.40	174.42	13.91	7.24



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**GUAM POLICE DEPARTMENT  
MLWOP CONTRIBUTIONS  
CARL J. CRUZ**

#	PPE	RATE	HOURS	GROSS	PAID		PENDING		UNF - PAID	PENDING	
					DC-EMP	DC-GOV	DC-EMP	DC-GOV		UNF	DD
					5.00%	5.00%	5.00%	5.00%			
28	10/1/2005	\$14.89	80	1,191.20	55.16	55.16	4.40	4.40	185.45	14.79	9.16
29	10/15/2005	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
30	10/29/2005	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
31	11/12/2005	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
32	11/26/2005	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
33	12/10/2005	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
34	12/24/2005	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
35	1/7/2006	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
36	1/21/2006	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
37	2/4/2006	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
38	2/18/2006	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
39	3/4/2006	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
40	3/18/2006	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
41	4/1/2006	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
42	4/15/2006	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
43	4/29/2006	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
44	5/13/2006	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
45	5/27/2006	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
46	6/10/2006	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
47	6/24/2006	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
48	7/8/2006	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
49	7/22/2006	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
50	8/5/2006	\$14.89	80	1,191.20	-	-	59.56	59.56	-	200.24	9.16
<b>TOTAL DUE BY ACCT</b>							2,136.68	2,136.68		7,317.45	357.20

**GRAND TOTAL 11,948.01**



Oresha Jo Perez <oresha.perez@gpd.guam.gov>

**FW: Carl J Cruz - MLWOP**

Serena Nicole A. Toves <snatoves@ggrf.com>

Mon, Mar 24, 2025 at 1:19 PM

To: Oresha Jo Perez <oresha.perez@gpd.guam.gov>, "April C. Leon Guerrero" <acleonguerrero@ggrf.com>

Cc: Frankie LG Meno <Frankie.Meno@doa.guam.gov>, nellie.asanuma@gpd.guam.gov, "Pamela Rose B. Zamora" <prbzamora@ggrf.com>

Hafa Adai,

Kindly see attached breakdown. Contributions were only received for PPE 5/14-10/1/05, at a different gross amount from what was specified below.

I factored in that difference into amount due.

Please let me know if you have any questions.

Thank you,

**Serena A. Toves**

Accountant II

Government of Guam Retirement Fund

671-475-8954

**From:** Oresha Jo Perez <oresha.perez@gpd.guam.gov>

**Sent:** Friday, February 14, 2025 11:46 AM

**To:** April C. Leon Guerrero <acleonguerrero@ggrf.com>

**Cc:** Frankie LG Meno <Frankie.Meno@doa.guam.gov>; nellie.asanuma@gpd.guam.gov; Serena Nicole A. Toves <snatoves@ggrf.com>; Pamela Rose B. Zamora <prbzamora@ggrf.com>

[Quoted text hidden]

[Quoted text hidden]

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CAUTION NOT TO BE USED FOR IDENTIFICATION PURPOSES

IMPORTANT RECORD - GUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

### CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <b>CRUZ, CARL JOSEPH</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>ARMY/ARNG</b>		3. SOCIAL SECURITY NO. [REDACTED]	
4. a. GRADE, RATE, OR RANK <b>PV2</b>	4. b. PAY GRADE <b>B2</b>	5. DATE OF BIRTH (YYYYMMDD) [REDACTED]		6. RESERVE OBLIG. TERM. DATE Year <b>2008</b> Month <b>06</b> Day <b>15</b>	
7. a. PLACE OF ENTRY INTO ACTIVE DUTY <b>FT JUAN MUNA, GU</b>		7. b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) [REDACTED]			
8. a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>ITB 58 IN 02 BN CO D TC</b>		8. b. STATION WHERE SEPARATED <b>FORT BENNING, GA 31905</b>			
9. COMMAND TO WHICH TRANSFERRED <b>SEE BLOCK 18.</b>		10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ <b>200,000.00</b>			
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) <b>11B10 00 INFANTRYMAN--0 YRS-0 MOS//NOTHING FOLLOWS</b>		12. RECORD OF SERVICE			
		a. Date entered AD This Period	2000	10	31
		b. Separation Date This Period	2001	03	16
		c. Net Active Service This Period	0000	04	16
		d. Total Prior Active Service	0000	00	00
		e. Total Prior Inactive Service	0000	04	15
		f. Foreign Service	0000	00	00
		g. Sea Service	0000	00	00
		h. Effective Date of Pay Grade	2000	06	16
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>ARMY SERVICE RIBBON//SHARPSHOOTER MARKSMANSHIP QUALIFICATION BADGE WITH GRENADE BAR//MARKSMAN MARKSMANSHIP QUALIFICATION BADGE WITH RIFLE BAR//NOTHING FOLLOWS</b>					
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) <b>INFANTRYMAN (11B), 14 WEEKS, MAR 2001//NOTHING FOLLOWS</b>					
15. a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15. b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
			X	Yes	No
				X	
16. DAYS ACCRUED LEAVE PAID				NONE	
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE//BLOCK 9: THE ADJUTANT GENERAL, GUAM, FORT JUAN MUNA, 622 EAST HARMON INDUSTRIAL PARK ROAD, TAMUNING, GU 96911-4421//NOTHING FOLLOWS					
19. a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) [REDACTED]			19. b. NEAREST RELATIVE (Name and address - include Zip Code) [REDACTED]		
20. MEMBER REQUESTS COPY 8 BE SENT TO <u>GIT</u> DIV OF VET. AFFAIRS		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <b>CRYSTAL L. HUTCHINS, SSG, USA, NCOIC, TRAINEE S</b>			
21. SIGNATURE OF MEMBER BEING SEPARATED [Signature]					

**SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)**

23. TYPE OF SEPARATION <b>RELEASE FROM ACTIVE DUTY</b> <small>For DOD use only.</small>		24. CHARACTER OF SERVICE (Include upgrades) <b>HONORABLE</b>	
28. NARRATIVE REASON FOR SEPARATION <b>COMPLETION OF REQUIRED ACTIVE SERVICE</b>			
29. DATES OF TIME LOST DURING THIS PERIOD <b>NONE</b>		30. MEMBER REQUESTS COPY 4 Initials <b>[Signature]</b>	

DD Form 214-AUTOMATED, NOV 08

GOVERNMENT OF GUAM  
STATE DIRECTOR OF VETERANS AFFAIRS - 6  
RETIREMENT FUND

FEB 09 2024

RECEIVED  
BENEFIT SERVICES DIVISION



Note that the Legislature has taken steps to ensure that any protected personal identifying information has been redacted or excluded in whole or in part in order to protect the privacy of any individual(s) whose information has been included as part of this transmittal.

JAP

CAUTION, NOT TO BE USED FOR IDENTIFICATION PURPOSES

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

### CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) <b>CRUZ, CARL JOSEPH</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>ARMY/ARNG</b>		3. SOCIAL SECURITY NO. [REDACTED]		
4.a GRADE, RATE, OR RANK <b>SPC</b>		4.b PAY GRADE <b>E4</b>		5. DATE OF BIRTH (YYYYMMDD) [REDACTED]		
7.a PLACE OF ENTRY INTO ACTIVE DUTY <b>HAGATNA, GU</b>		7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) [REDACTED]				
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>HHC, DET 4 (FWD) 1-294 INFANTR FC</b>		8.b STATION WHERE SEPARATED <b>SCHOFIELD BARRACKS, HI 96857-6084</b>				
9. COMMAND TO WHICH TRANSFERRED <b>HHC DET4 (FWD) 1-294TH INF FT JUAN MUNA TAMUNING GUAM</b>		10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 250,000.00				
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) <b>11B10 00 INFANTRYMAN--0 YRS-8 MOS//NOTHING FOLLOWS</b>		12. RECORD OF SERVICE				
		a. Date entered AD This Period		Year(s)	Month(s)	Day(s)
		b. Separation Date This Period		2002	10	07
		c. Net Active Service This Period		2003	06	06
		d. Total Prior Active Service		0000	08	00
		e. Total Prior Inactive Service		0000	04	16
		f. Foreign Service		0000	00	00
		g. Sea Service		0000	08	00
h. Effective Date of Pay Grade		0000	00	00		
h. Effective Date of Pay Grade		2002	02	02		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>ARMY ACHIEVEMENT MEDAL//NATIONAL DEFENSE SERVICE MEDAL//ARMED FORCES RESERVE MEDAL WITH M-DEVICE//ARMY SERVICE RIBBON//SHARPSHOOTER MARKSMANSHIP QUALIFICATION BADGE WITH GRENADE BAR //MARKSMAN MARKSMANSHIP QUALIFICATION BADGE WITH RIFLE BAR//NOTHING FOLLOWS</b>						
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) <b>JUNGLE SKILLS COURSE, 1 WEEK, APR 2003//JAPANESE HEADSTART, 1 WEEK, NOV 2002//NOTHING FOLLOWS</b>						
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT		
			X	Yes		
				No		
				X		
16. DAYS ACCRUED LEAVE PAID <b>NONE</b>						
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION						
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
18. REMARKS <b>DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//ITEM 12D ABOVE DOES NOT ACCOUNT FOR ANNUAL AND/OR WEEKEND TRAINING THIS SOLDIER MAY HAVE ACCOMPLISHED PRIOR TO DATE ENTERED IN ITEM 12A//INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION ENDURING FREEDOM LAW 10 USC 12302//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE //SERVICE IN JAPAN FROM 021007-030606.//NOTHING FOLLOWS</b>						
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) [REDACTED]			19.b NEAREST RELATIVE (Name and address - include Zip Code) [REDACTED]			
20. MEMBER REQUESTS COPY 3 BE SENT TO GIL DIA OF VET. AFFAIRS		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <b>SBAN L. KARAMATH, CHIEF, TRANSITION CENTER</b>				
21. SIGNATURE OF MEMBER BEING SEPARATED <i>[Signature]</i>						

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)			
23. TYPE OF SEPARATION <b>RELEASE FROM ACTIVE DUTY</b>		24. CHARACTER OF SERVICE (Include upgrades) <b>HONORABLE</b>	
25. SEPARATION AUTHORITY <b>AR 635-200, CHAP 4</b>		27. REENTRY CODE <b>NA</b>	
26. SEPARATION CODE <b>1BK</b>		28. NARRATIVE REASON FOR SEPARATION <b>COMPLETION OF REQUIRED ACTIVE SERVICE</b>	
29. DATES OF TIME LOST DURING THIS PERIOD <b>NONE</b>		30. MEMBER REQUESTS COPY 4 Initials	
<b>DD Form 214-AUTOMATED, NOV 88</b>		<b>MEMBER - 4</b>	

GOVERNMENT OF GUAM  
RETIREMENT FUNDS

FEB 09 2024



Note that the Legislature has taken steps to ensure that any protected personal identifying information has been redacted or excluded in whole or in part in order to protect the privacy of any individual(s) whose information has been included as part of this transmittal.

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY							
1. NAME (Last, First, Middle) CRUZ, CARL JOSEPH		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARNGUS		3. SOCIAL SECURITY NUMBER [REDACTED]			
4a. GRADE, RATE OR RANK SGT	b. PAY GRADE B05	5. DATE OF BIRTH (YYYYMMDD) [REDACTED]	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 20080615				
7a. PLACE OF ENTRY INTO ACTIVE DUTY BARRIGADA, GUAM		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) [REDACTED]					
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND CO B 1ST BN 294TH INF BN (L) P1			b. STATION WHERE SEPARATED SCHOFIELD BARRACKS, HI 96857				
9. COMMAND TO WHICH TRANSFERRED CO B 1ST BN 294TH INF BN (L) (WYKEB0) BARRIGADA GU 96911			10. SOLI COVERAGE		NONE		
			AMOUNT: \$ 400,000.00				
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 11B20 INFANTRYMAN - 1 YRS 4 MOS//NOTHING FOLLOWS		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)	DAY(S)	
		a. DATE ENTERED AD THIS PERIOD		2005	03	01	
		b. SEPARATION DATE THIS PERIOD		2006	07	23	
		c. NET ACTIVE SERVICE THIS PERIOD		0001	04	23	
		d. TOTAL PRIOR ACTIVE SERVICE		0001	00	16	
		e. TOTAL PRIOR INACTIVE SERVICE		0003	07	29	
		f. FOREIGN SERVICE		0001	00	02	
		g. SEA SERVICE		0000	00	00	
		h. EFFECTIVE DATE OF PAY GRADE		2005	05	26	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) JOINT SERVICE ACHIEVEMENT MEDAL//ARMY ACHIEVEMENT MEDAL//NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//NON COMMISSIONED OFFICER PROFESSIONAL DEVELOPMENT RIBBON//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON//CONT IN BLOCK 18			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE//NOTHING FOLLOWS				
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM			YES	X	NO		
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		X	YES		NO		
16. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			YES	NO		
					X		
18. REMARKS ITEM 12D ABOVE DOES NOT ACCOUNT FOR ANNUAL AND/OR WEEKEND TRAINING THIS SOLDIER MAY HAVE ACCOMPLISHED PRIOR TO DATE ENTERED IN ITEM 12A//INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION ENDURING FREEDOM IAW 10 USC 12302//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//SERVICE IN DJIBOUTI FROM 20050602 TO 20060603//AUTHORIZED SHOULDER SLEEVE INSIGNIA FOR FORMER WARTIME SERVICE//SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA//CONT FROM BLOCK 13: OVERSEAS SERVICE BAR (2ND AWARD)//CONT FROM BLOCK 13: //ARMED FORCES RESERVE MEDAL W/ M DEVICE (2ND AWARD)//NOTHING FOLLOWS							
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.							
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) [REDACTED]			b. NEAREST RELATIVE (Name and address - include ZIP Code) [REDACTED]				
20. MEMBER REQUESTS COPY 6 BE SENT TO		GU	DIRECTOR OF VETERANS AFFAIRS		X	YES	NO
21. SIGNATURE OF MEMBER BEING SEPARATED [Signature]		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) MARIA B VAL, SFC, NCOIC DEMOB TRANS					

DD FORM 214- AUTOMATED, FEB 2000

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MEMBER - 1

GOVERNMENT OF GUAM  
RETIREMENT FUND

FEB 09 2024

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THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

1. NAME (Last, First, Middle) <b>CRUZ, CARL JOSEPH</b>		2. DEPARTMENT, COMPONENT AND BRANCH <b>ARMY/ARNGUS</b>		3. SOCIAL SECURITY NUMBER [REDACTED]	
4a. GRADE, RATE OR RANK <b>SSG</b>	b. PAY GRADE <b>E06</b>	5. DATE OF BIRTH (YYYYMMDD) [REDACTED]	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) <b>00000000</b>		
7a. PLACE OF ENTRY INTO ACTIVE DUTY <b>BARRIGADA, GUAM</b>		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) [REDACTED]			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>A CO, 1-294TH IN (L) BN P1</b>			b. STATION WHERE SEPARATED <b>SCHOFIELD BARRACKS, HI 96857</b>		
9. COMMAND TO WHICH TRANSFERRED <b>SEE BLOCK 18</b>			10. SGLI COVERAGE AMOUNT: \$400,000.00		<input type="checkbox"/> NONE
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) <b>11B30 INFANTRYMAN - 1 YRS 3 MOS//NOTHING FOLLOWS</b>		12. RECORD OF SERVICE			
		a. DATE ENTERED AD THIS PERIOD	YEAR(S)	MONTH(S)	DAY(S)
		b. SEPARATION DATE THIS PERIOD			
		c. NET ACTIVE SERVICE THIS PERIOD			
		d. TOTAL PRIOR ACTIVE SERVICE			
		e. TOTAL PRIOR INACTIVE SERVICE			
		f. FOREIGN SERVICE			
		g. SEA SERVICE			
		h. EFFECTIVE DATE OF PAY GRADE			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) <b>AFGHANISTAN CAMPAIGN MEDAL W/ CAMPAIGN STAR //ARMY COMMENDATION MEDAL//JOINT SERVICE ACHIEVEMENT MEDAL//ARMY ACHIEVEMENT MEDAL// ARMY GOOD CONDUCT MEDAL//NATIONAL DEFENSE SERVICE MEDAL//GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL//GLOBAL WAR ON TERRORISM SERVICE MEDAL//NON//CONT IN BLOCK 18</b>		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) <b>NONE//NOTHING FOLLOWS</b>			
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
16. DAYS ACCRUED LEAVE PAID 0	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
18. REMARKS SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA//SERVICE IN AFGHANISTAN 20080203-20081124// ITEM 12D ABOVE DOES NOT ACCOUNT FOR ANNUAL AND/OR WEEKEND TRAINING THIS SOLDIER MAY HAVE ACCOMPLISHED PRIOR TO DATE ENTERED IN ITEM 12A//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION ENDURING FREEDOM-AFGHANISTAN IAW 10-USC 12302//MEMBER HAS COMPLETED FIRST FULL TERM OP SERVICE//OVERSEAS SERVICE BAR (3RD AWARD)//AUTHORIZED SHOULDER SLEEVE INSIGNIA FOR FORMER WARTIME SERVICE//BLOCK 9: CO A, 1ST BN, 294TH INF (WYKAO) 430 ARMY DR BLDG 300 BARRIGADA, GUAM 96913//CONT FROM BLOCK 13: COMMISSIONED OFFICER PROFESSIONAL DEVELOPMENT RIBBON//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON (2ND AWARD)//ARMED FORCES RESERVE MEDAL W/ M DEVICE (3RD AWARD)//NATO MEDAL//COMBAT INFANTRYMAN BADGE//NOTHING FOLLOWS					
The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (include ZIP Code) [REDACTED]			b. NEAREST RELATIVE (Name and address - include ZIP Code) [REDACTED]		
20. MEMBER REQUESTS COPY 6 BE SENT TO		<input checked="" type="checkbox"/> GII		DIRECTOR OF VETERANS AFFAIRS	
21. SIGNATURE OF MEMBER BEING SEPARATED 		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) <b>MANUEL C TAGAYELA, MOB PLANS AND OPS SUPVR</b>			
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)					
23. TYPE OF SEPARATION <b>RELEASE FROM ACTIVE DUTY</b>		24. CHARACTER OF SERVICE (include upgrades) <b>HONORABLE</b>			
25. SEPARATION AUTHORITY <b>AR 635-200, CHAP 4</b>		26. SEPARATION CODE <b>MRK</b>		27. REENTRY CODE <b>NA</b>	
28. NARRATIVE REASON FOR SEPARATION <b>COMPLETION OF REQUIRED ACTIVE SERVICE</b>					
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) <b>NONE</b>				30. MEMBER REQUESTS COPY 6 (initials) <b>CJC</b>	

DD FORM 214-AUTOMATED, FEB 2000

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FEB 09 2024



Note that the Legislature has taken steps to ensure that any protected personal identifying information has been redacted or excluded in whole or in part in order to protect the privacy of any individual(s) whose information has been included as part of this transmittal.

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES THIS IS AN IMPORTANT RECORD. SAFEGUARD IT. ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

1. NAME (Last, First, Middle) CRUZ, CARL JOSEPH		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARGUS		3. SOCIAL SECURITY NUMBER [REDACTED]	
4a. GRADE, RATE OR RANK SFC	b. PAY GRADE E07	5. DATE OF BIRTH (YYYYMMDD) [REDACTED]	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000		
7a. PLACE OF ENTRY INTO ACTIVE DUTY FT JUAN MUKA, GUAM		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) [REDACTED]			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND A CO, 1-294TH INF (L) BR FC			b. STATION WHERE SEPARATED CAMP SHELBY TC, MS 39407		
9. COMMAND TO WHICH TRANSFERRED CO A 1ST BN 294TH INF 430 ARMY DR BLDG 300 BARRIGADA GUAM 96813			10. SOLI COVERAGE	NONE	
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years) 11B4P INFANTRYMAN - 13 YRS 0 MOS//NOTHING FOLLOWS			12. RECORD OF SERVICE	YEAR(S)	MONTH(S)
			a. DATE ENTERED AD THIS PERIOD	2013	02
			b. SEPARATION DATE THIS PERIOD	2014	03
			c. NET ACTIVE SERVICE THIS PERIOD	0001	00
			d. TOTAL PRIOR ACTIVE SERVICE	0003	08
			e. TOTAL PRIOR INACTIVE SERVICE	0008	11
			f. FOREIGN SERVICE	0000	00
			g. SEA SERVICE	0000	00
			h. INITIAL ENTRY TRAINING	0000	00
			i. EFFECTIVE DATE OF PAY GRADE	2010	10
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) AFGHANISTAN CAMPAIGN MEDAL W/ 2 CAMPAIGN STARS//BRONZE STAR MEDAL//ARMY COMMEMORATION MEDAL (2ND AWARD)//JOINT SERVICE ACHIEVEMENT MEDAL//ARMY ACHIEVEMENT MEDAL (2ND AWARD) //ARMY GOOD CONDUCT MEDAL//ARMY RESERVE COMPONENT ACHIEVEMENT MEDAL (2ND AWARD)// NATIONAL DEFENSE SERVICE//COIT IN BLOCK 18			14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) COMBAT LIFESAVER COURSE, 1 WEEK, 2013// NOTHING FOLLOWS		
15a. COMMISSIONED THROUGH SERVICE ACADEMY			YES	X	NO
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec 2107b)			YES	X	NO
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap 109) (If Yes, years of commitment: NA)			YES	X	NO
16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION				YES NO X
18. REMARKS SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA//SERVICE IN AFGHANISTAN 20130414-20140301//ITEM 12D ABOVE DOES NOT ACCOUNT FOR ANNUAL AND/OR WEEKEND TRAINING THIS SOLDIER MAY HAVE ACCOMPLISHED PRIOR TO DATE ENTERED IN ITEM 12A//INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION ENDURING FREEDOM IAW 10 USC 11302//PMRA DAYS TAKEN-24 DAYS, YRRP DAYS-02, TERMINAL LEAVE-32 DAYS, UNUSED PMRA DAYS TAKEN-00, PATERNITY LEAVE-00. DEPARTMENT OF LABOR//SEE ATTACHED CONTINUATION SHEET <small>The information contained herein is subject to computer matching with the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for and of continued compliance with the requirements of a Federal benefit program.</small>					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) [REDACTED]			b. NEAREST RELATIVE (Name and address - include ZIP Code) [REDACTED]		
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/territory)			GU	OFFICE OF VETERANS AFFAIRS	X YES NO
a. MEMBER REQUESTS COPY 6 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)			X	YES	NO
21. MEMBER SIGNATURE ESIGNED BY: CRUZ CARL JOSEPH BLPH.3249450036	22. DATE (YYYYMMDD) 20140309	23. OFFICIAL AUTHORIZED TO SIGN (Typed name grade less signature) ESIGNED BY: MIXCH CHRISTINA L. 1109150010 CHRISTINA MIXCH, QUALITY CONTROL OFFICER		24. DATE (YYYYMMDD) 20140109	

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)			
25. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY	26. CHARACTER OF SERVICE (Include pay grade) (1) RAU1B		
27. SEPARATION AUTHORITY AR 135-260, 17A4F 4	28. SEPARATION CODE MSV	29. REENTRY CODE 11A	
30. NARRATIVE REASON FOR SEPARATION COMPLETION OF RESERVE 11/11/78 68X1112			
31. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE			32. MEMBER REQUESTS COPY 6 (Include CSO)

DD FORM 214, AUG 2009 PREVIOUS EDITIONS ARE OBSOLETE MEMBER - 4  
 GOVERNMENT OF GUAM RETIREMENT FUND

FEB 09 2024

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