



GUAM DEPARTMENT OF LABOR

Alien Labor Processing & Certification Division

EMPLOYER'S WORKPLACE MONTHLY REPORT

FOR THE MONTH ENDING

Employer Name				
Mailing Address				
Business Location	Telephone & Cell Number	Fax Number	Email address	

REPORT SUMMARY

U.S. WORKERS <small>U.S. Citizen, Permanent Resident Aliens and FAS Citizens</small>	H-2B by Country of Origin <small>Insert total number of workers and country name.</small>		H-2B by Occupation <small>Insert total workers for each Occupation</small>	
Grand Total of U.S. Workers	Country of Origin	Number of Workers	Occupational Title on Labor Cert	Number of Workers
Registered Apprentices (if applicable)				
	Total by Origin		Total by Occupation	

EMPLOYER CERTIFICATION

I, _____, hereby certify that the information contained in this Employer's Workplace Monthly Report is true and correct. I understand that it is a violation of law to knowingly submit false or misleading information on this report or any attachments thereto. I also understand that if this report was filed electronically, the absence of my signature below does not absolve me from being held liable for the accuracy and timely submission of this report.

Name: _____ Signature: _____

Title: _____ Date: _____

Pursuant to 17 GAR § 7110, employers who employ H-2B workers in Guam must complete this report and submit it to the Department of Labor no later than the 7th of each month. The report must show a true and accurate accounting of the employer's workforce activities for the calendar month immediately preceding. Failure to submit the report in a timely manner may result in fines up to \$500.00 for first offenses and up to \$25,000.00 for repeated violations. All applicable Sections must be fully completed. Incomplete reports may be rejected and NOT received.

Effective 1/1/07, employers may submit this report via fax or email, provided that they have first submitted a notarized ALPCD Electronic Filing Authorization. Employers who file electronically are still responsible for verifying that ALPCD received their electronically filed report. Electronic filings will be accepted in Microsoft Word, Excel or PDF file formats only.

You may elect to automate this report, however, reports must be submitted in the prescribed layout and may be rejected should you modify the layout. Reports with missing information or in the wrong format may be rejected and returned for correction.

U.S. WORKFORCE DATA**U.S. WORKERS CURRENTLY EMPLOYED:**

List in alphabetical order, ALL U.S. Citizens or Permanent Resident Aliens employed by your company. All fields must be completed. Should you need additional space, please use an attachment following the format below:

	Name	SS Number	Occupation	Pay Rate
1				
2				
3				
4				
5				

U.S. WORKERS TERMINATED:

List in alphabetical order, ALL U.S. Citizens or Permanent Resident Aliens terminated by your company during the reporting period. All fields must be completed. Should you need additional space, please use an attachment following the format below:

	Name	SS Number	Occupation	Reason for Termination
1				
2				
3				
4				
5				

OTHER FOREIGN WORKER DATA**ALIEN WORKERS ON VISAS OTHER THAN H-2B:**

List in alphabetical order, ALL foreign workers under other visa categories (ie. H-1, L-1) employed by your company during the reporting period. DO NOT LIST YOUR H-2B WORKERS. All fields must be completed. Should you need additional space, please use an attachment following the format below:

	Name	SS Number	Occupation	Visa & Exp	Pay Rate
1					
2					
3					
4					
5					

OTHER FOREIGN WORKERS TERMINATED:

List in alphabetical order, ALL foreign workers under other visa categories terminated by your company during the reporting period. All fields must be completed. Should you need additional space, please use an attachment following the format below:

	Name	SS Number	Occupation	Reason for Termination
1				
2				
3				
4				
5				

H-2B WORKFORCE DATA

H-2B WORKERS CURRENTLY EMPLOYED:

List all H-2B workers currently in Guam, separated by Country of Origin and Occupation. Do not combine. All fields must be completed. Should you need additional space, please use an attachment following the format below:

Country of Origin		Occupation			Pay Rate	
	Name	Arrival Date	GDOL ID #	ID Expires	SS Number	Deductions
1						
2						
3						
4						
5						

Country of Origin		Occupation			Pay Rate	
	Name	Arrival Date	GDOL ID #	ID Expires	SS Number	Deductions
1						
2						
3						
4						
5						

H-2B WORKERS TERMINATED:

List all H-2B workers terminated during the reporting period. All fields must be completed. Should you need additional space, please use an attachment following the format below:

	Name	GDOL ID #	Date of Termination	Date Repatriated	Reason for Termination
1					
2					
3					
4					
5					

H-2B WORKERS OFF ISLAND ON VACATION OR LEAVE:

List all H-2B workers, currently off island on vacation or leave, who will return. All fields must be completed. Should you need additional space, please use an attachment following the format below:

	Name	GDOL ID #	Date of Departure	Est. Return Date	Reason for Leave
1					
2					
3					
4					
5					

H-2B WORKERS TRANSFERRED OR WHO HAVE CHANGED STATUS:

List all H-2B workers, who have approved documents showing they have changed status or transferred to another company during the reporting period. All fields must be completed. Should you need additional space, please use an attachment following the format below and attach Immigration documents for each worker.

	Name	GDOL ID #	Date of Term (if applicable)	Date Status Changed	New Status of Alien (if known)
1					
2					
3					
4					
5					

H-2B WORKERS LIVING OUTSIDE OF EMPLOYER PROVIDED HOUSING:

List all H-2B workers, who reside outside of employer provided housing either on their own or with sponsors. Employer must ensure that adequate exemptions are secured from ALPCD for these workers. All fields must be completed. Should you need additional space, please use an attachment following the format below.

	Name	GDOL ID #	Residence Address	Name of Sponsor (if applicable)
1				
2				
3				
4				
5				

EMPLOYER PROVIDED HOUSING:

List all the temporary housing units in which you house your H-2B workers. All fields must be completed. Should you need additional space, please use an attachment following the format below.

	Address of Housing	Type (Apartment/House/Barracks)	Number of Workers in Unit
1			
2			
3			
4			
5			

PROJECTS WHICH H-2B WORKERS WILL BE WORKING ON:

List all projects to which your H-2B workers will be assigned. Please indicate, in detail, the project name, location of the project and the current percentage of completion at the end of the reporting period.

	Name of Project	Location	Percentage of Completion

IMPORTANT: Including new projects in this section DOES NOT authorize your H-2B workers on the project. Please follow procedures in 17 GAR Chapter 7 § 7120 to report and obtain approvals for projects not listed on your temporary labor certification.

FEDERAL PROJECTS WHICH H-2B WORKERS WILL BE WORKING:

List all **Federal** projects to which your H-2B workers will be assigned. Please indicate, in detail, the project name, location of the project and the current percentage of completion at the end of the reporting period.

	Name of Project & Project Number	Location or Building Number	Percentage of Completion