



GUAM DEPARTMENT OF LABOR
Alien Labor Processing & Certification Division

P.O. Box 9970, Tamuning, Guam 96931

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Absconded H-2B Worker Notice Form

Instructions: Complete all fields below and provide any information that may lead to the workers' whereabouts. Attach a copy of the workers' GDOL ID for our reference (front & back).

Employer:		Contact Person:	
Name of Worker:		DOB:	
Worker Occupation:			
Date Absconded:	Separated from Employment? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, indicate date of termination:	
H-2B ID Number:		Passport Number:	

Brief Summary:

Please describe how you discovered that the worker was missing. Indicate dates, times and persons involved. Please also include whether or not the worker took his personal possessions from the worker housing.

Did the company issue a ticket for airfare prior to the worker was reported absconded?	<input type="checkbox"/> No <input type="checkbox"/> Yes – When was it issued? _____
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** We agree to conduct our own investigation and immediately provide ALPCD with any information that may lead to the worker's whereabouts. I certify that the information above is true & correct.*

Employer/Representative Name & Title	Employer Signature	Date

FOR DEPARTMENT OFFICIAL USE ONLY:

Exit Clearance Submitted:	<input type="checkbox"/> Yes Date Received: _____	EC Tacking No.:	<input type="checkbox"/> No
EC Departure Date:		Reason for Leaving:	
Inspector's Name:		Absconder No.:	