



GUAM DEPARTMENT OF LABOR

Alien Labor Processing & Certification Division

P.O. Box 9970, Tamuning, Guam 96932

Tel: 475-8003 / 8013

Email: alpcd@dol.guam.gov



Absconded H-2B Worker Notice Form

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.

** 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
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