GUAM DEPARTMENT OF LABOR
Alien Labor Processing & Certification Division

REQUEST FOR A GUAM DEPARTMENT OF LABOR DETERMINATION ON ADVERSE AFFECT DUE TO THE GUAM MILITARY REALIGNMENT

Name of Employer:	
Type of Contract or Project Name:	
Employer Request:	**We hereby request for a determination from the Guam Department of Labor to confirm that the contract/agreement, indicated on this submittal, is adversely affected by the military realignment occurring on Guam. We intend to utilize H-2B workers for this activity and will seek exemption from temporary need requirements as allowed in the Section 9502 of the 2021 NDAA.**
INSTRUCTIONS: In your narrative, please explain:	1. What your business activity is (e.g. Construction, workforce housing, transportation) 2. Describe in detail, how your project has been adversely affected by the military realignment. At a minimum, please indicate if: • Your company has been unable to source sufficient workers and why. • Your project has been delayed and how. • Your company has experienced any financial impact from inability to source sufficient workers for the named project, and how much money has been lost as a result. • Your company has experienced any opportunity loss and how much you estimate that loss has cost your company in potential revenues • Any other factors you feel exists which should be considered in evaluating how your project has been adversely affected by the military realignment. 3. If possible, attach any corroborating documents that support your narrative (e.g. Notice of Awards, contracts, business plans, workload forecasts, public reports, affidavits)

JUSTIFICATION NARRATIVE:
(A*n attachment may be included for additional space*):

EMPLOYER CERTIFICATION	
I hereby certify that the information provided in this request, and any attachments thereto, are true and correct to the best of my knowledge.	
Print Name:	
Title:	
Signature:	
Date:	

ALPCD STAFF INITIAL REVIEW

Staff have reviewed the employer's submission:

☐ The employer's submission is **incomplete and is being returned** for correction or additional information.

☐ The employer has submitted a complete and acceptable submission which is ready for processing and consideration.

☐ Staff has reviewed the completed submission and recommend:

☐ That a favorable determination of adverse affect be issued to the employer.

☐ That **no finding of adverse affect be issued** because the employer has not sufficiently justified such a finding.

ALPCD STAFF CERTIFICATION			
Print staff Name:			
Signature:		Date:	
Administrator Approval:	☐APPROVED ☐DENIED		
GDOL TRACKING NUMBER	NDAA-ADAF: _____		

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