



GUAM DEPARTMENT OF LABOR
Alien Labor Processing & Certification Division

APPLICATION FOR EXIT CLEARANCE

IMPORTANT
FORM MUST BE DOUBLE SIDED
Please carefully read instructions on
page 2 of this form.

Employer Name:			
Address:			
Telephone No.:	Fax No:	Cell No.:	

Departing Employee Name:	GDOL ID Number	Date of Birth	Social Security Number
Employee Mailing Address in Home Country			Employee email address (if any)

DEPARTURE INFORMATION		
Scheduled Date of Departure	Airline & Flight Number	Confirmation or eTicket Number
Reason for Leaving	<input type="checkbox"/> Worker is/will be separated from employment. Date of Termination :	<input type="checkbox"/> Personal Leave & will return. Date of expected return:

EMPLOYEE'S AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION: Pursuant to P.L. 31-87, I understand that my employer must obtain clearance from the Guam Memorial Hospital Authority prior to purchasing my repatriation transportation. I hereby authorize my employer or his/her authorized representative to access my medical information at GMHA for the purposes of clearing any unpaid hospital bills.

EMPLOYEE SIGNATURE: _____ PRINT NAME: _____ DATE: _____

EMPLOYER'S CERTIFICATION: I hereby certify that all information on this application is complete, true and correct. I understand that it is illegal to provide false or misleading information on this application, or any attachments thereto, and that my company may be subject to civil and/or criminal penalties for falsification. I certify that all wages due have been paid to the worker or will be paid prior to the date of departure listed on this application. I assure the Department of Labor that a representative from my company will verify the departure of the worker by observing the worker's entry into the secured departure area at the Guam International Airport. We will report within one (1) working day any changes in the worker's departure date or if the worker absconds at the airport or prior to the departure date.

EMPLOYER SIGNATURE: _____ PRINT NAME: _____ DATE: _____

REQUIRED CLEARANCES

Application for Exit Clearance
Page 2 (back side)

FOR DOL USE ONLY		
<p style="text-align: center;">GUAM MEMORIAL HOSPITAL</p> <p>In determining clearance, GMHA will research into the records of the Employee named on page 1 of this form.</p>	<p><input type="checkbox"/> CLEARED</p> <p><input type="checkbox"/> NOT CLEARED</p> <p>Comments: _____</p>	<p>GMHA Authorized Signature: _____</p> <p>Date: _____</p>
<p style="text-align: center;">Optional Worker Authorization For Payroll Deduction:</p>	<p>I acknowledge that I have unpaid hospital bills that are not covered under Worker's Compensation Insurance and I hereby authorize my employer to pay my hospital bill by deducting from any unpaid wages that are owed to me as of the date of this authorization.</p>	<p>Amount to be deducted: _____</p> <p>Signature of Worker: _____</p> <p>Date: _____</p>
FOR DOL USE ONLY		
<p style="text-align: center;">Wage & Hour Issues: Guam DOL</p>	<p><input type="checkbox"/> CLEARED <input type="checkbox"/> NOT CLEARED</p> <p>Comments: _____</p>	<p>By: _____ Date: _____</p>
<p style="text-align: center;">ALPCD REGISTRATION</p>	<p>Worker Exited in System? <input type="checkbox"/> Yes <input type="checkbox"/> No - Why?</p>	
<p style="text-align: center;">APPLICATION DETERMINATION</p>	<p><input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED</p>	<p>DAVID M. DELL'ISOLA Director of Labor</p>

INSTRUCTIONS:

- This completed application must be submitted at least 15 calendar days prior to the departure of your H-2B worker. Applications with incomplete information will not be accepted.
- Per P.L. 31-87, clearance from GMHA must be obtained prior to submission to ALPCD and purchase of repatriation transportation. Please have the worker covered on this form approach the GMHA business office with valid ID, and obtain the clearance OR have the worker complete the EMPLOYEE AUTHORIZATION section so that the employer or authorized representative can approach GMHA to obtain clearance. When obtaining GMHA clearance on behalf of a worker, make sure to have a copy of the worker's valid ID attached to this form. Should you be aware of an unpaid hospital bill for the worker, you may deduct an amount from the worker's wages, provided that the worker agrees to such deduction. To facilitate this, we have included a payroll deduction authorization on the 2nd page of this form.
- The worker must be paid all wages due prior to departure. If there are any unpaid wages aside from the worker's last paycheck, you must address this issue with ALPCD prior to submission of this exit clearance.
- Should the departure date or any information initially submitted on this form change, you must notify ALPCD immediately in writing.
- Please read the EMPLOYER CERTIFICATION carefully before signing. You are certifying that all wages are paid and that your company visually verifies that the worker passes through TSA screening at the airport at the time of departure specified on this form.
- Exit Clearances with inaccurate information or cases where employers do not verify departure may subject your company to fines of up to \$500.00 per violation.