



GUAM DEPARTMENT OF LABOR
 Alien Labor Processing & Certification Division

RETURN FROM VACATION / LEAVE
NOTICE FORM

This form should be completed by the company when the employee returns to work and immediately submitted to ALPCD.

EMPLOYER INFO	
Company Name:	
Address:	
Telephone No.:	

EMPLOYEE DETAILS	
Employee Name:	
Job Title:	
GDOL ID No.	
Date Exit Clearance filed with ALPCD	

DATES OF ABSENCE	
First Date of Absence:	
Date Returned to Work:	
Reason for Absence:	

EMPLOYER:

EMPLOYEE:

Print

Print

Sign

Date

Sign

Date