

Classification & Pay Branch

Meet Your Presenter:

Rose A. N. Cruz is the Assistant Human Resources Manager at the Department of Administration. She received her Master's degree from the University of Guam in Public Administration. In her 23-year career she has worked in the Human Resources Division making her way up from a Personnel Specialist I to her current position. She worked in the Classification and Pay Branch for seventeen years and has participated in two government-wide position classification reviews which resulted in the establishment of higher wages of government of Guam jobs. At this time, she assists the acting Human Resources Manager in the day to day operations of the Human Resources Division covering a myriad of mandated functions from administering the Public Employee-Management Relations Act (PEMRA) to Recruitment and Classification activities.



Meet Your Presenter:

Bernadette Lizama is a Personnel Specialist III within the Classification and Pay Branch, Human Resources Division. She has over 21 years of government service with the Department of Administration which includes nine years of experience as a Personnel Specialist in Classification and Pay and Recruitment. Bernadette has a Master's degree in Public Administration from the University of Guam.



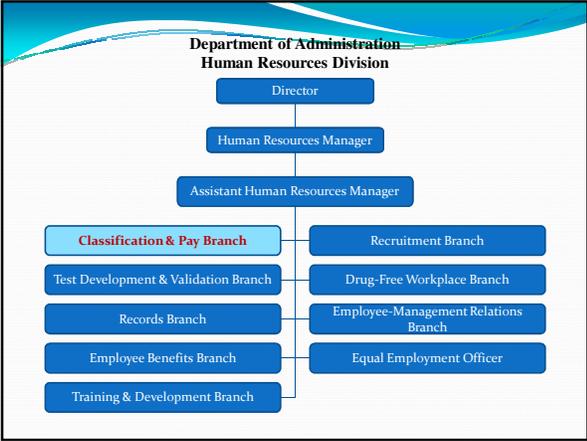
Meet Your Presenter

Employed with the Department of Administration for over 25 years, Herta Dela Cruz decided in 1997 she wanted to expand her knowledge in the field of Human Resources and is currently a Personnel Specialist III with over 16 years of experience in Human Resources. Throughout her years in HR her knowledge has widened in the areas of Recruitment, Benefits, Testing and Development, Training, Employee Management Relations and Classification Branch.

Prior to working in the Human Resources Division, Herta worked for the Department of Administration, Director's Office for 9 years.

Her education includes graduating from George Washington High School in Manglao, and attended couple years of college.





DUTIES OF CLASSIFICATION

CLASSIFICATION and COMPENSATION REVIEWS

- DESK AUDITS
- CREATION OF POSITIONS
- REASSIGNMENT OF PAY GRADES
- AMENDMENT OF JOB SPECIFICATION
- REVIEW OF REQUESTS FOR PERSONNEL ACTIONS (GG-1s).
- DETAILS AND EXTENSION OF DETAIL ASSIGNMENTS
- PAY ADJUSTMENTS
- MISCELLANEOUS PAY-RELATED ACTIONS

CLASSIFICATION REVIEWS

Department of Administration
PERSONNEL RULES & REGULATIONS

Rule 5.011 – Reclassification/Reallocation of Positions
The Director may, upon his own initiative, or upon the written request of a permanent employee or an appointing authority, investigate the duties of any position to determine if it is properly classified...

PURPOSE OF CLASSIFICATION REVIEWS

- Desk audits are done to ensure that positions and not employees/incumbents are properly classified. By this, we mean that the duties and responsibilities assigned to a position is what is being performed by an incumbent (employee) of a position.
- Desk audits are not the avenue for promoting employees. This process will result in “Planned Management Action” which requires competitive action.

POSITION DESCRIPTION QUESTIONNAIRE (PDQ)

- A PDQ identifies the essential functions (i.e., the required duties the position that a qualified person must perform).
- This form is also used to justify the need to recruit, amend, or create positions.
- This form can be amended should the duties and responsibilities of a position change.
- Information from this form is used to determine the kind of position needed for an organization.

**CREATION OF POSITIONS
REASSIGNMENT OF PAY GRADES
AMENDMENT OF JOB SPECIFICATIONS**

- The review is basically the same as the Classification Review.
- Additional documents that must be submitted are proposed creation or amended job specifications.
- Extensive research for the same or similar positions used elsewhere such as in the Federal government, state governments or private entities.

**CREATION OF POSITIONS
REASSIGNMENT OF PAY GRADES
AMENDMENT OF JOB SPECIFICATIONS**

- Title 4 GCA Ch 6 §6303(c) requires both the requesting department/agency and the Department of Administration to post on their respective website the creation of positions for 10 working days. Upon completion of the 10 working days, DOA forwards the recommendation to the Governor for approval.
- 6303.1 requires the DOA to provide notice of postings to each newspaper of general circulation and broadcasting station which airs a regular local news program with Guam.
- Upon the Governor's approval, the petition is then forwarded to the Director, DOA and the Legislative Secretary for recording.
- Note that the new position may not be filled until 30 days after filing with the Legislative Secretary.

**CREATION OF POSITIONS
REASSIGNMENT OF PAY GRADES
AMENDMENT OF JOB SPECIFICATIONS**

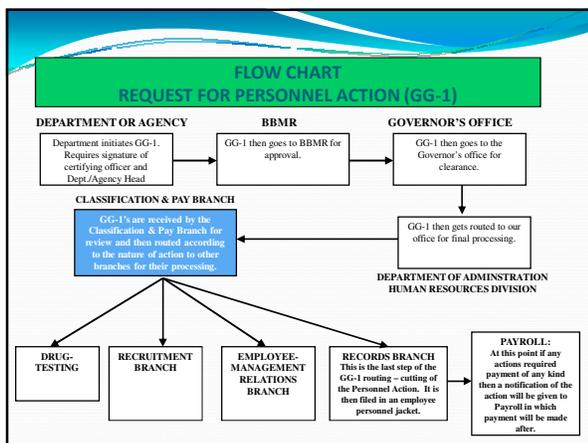
- Amendments of Job Specifications are done when there is a need to update an outdated job spec. Changes can vary from amendment of a position title to changes in the minimum qualification requirements.
- Reassignment of Pay Grades – pay grades are reassigned if the know-how, problem-solving and accountability factors of a position have changed.
- DOA Policy on Amendments of Positions and Reassignment of Pay Grades – DOA will post respective requests on DOA's website for 10 working days.

REQUEST FOR PERSONNEL ACTION (GG-1)

- GG-is commence the processing of a variety of personnel transactions. The different types of personnel actions are:
 - Recruitment of positions
 - Hiring of new employees
 - Detail assignment of employees
 - Promotions
 - Demotions
 - Dismissals
 - Suspensions
 - Separations
 - Transfers
- GG-is are prepared by the requesting department and routed to BBMR for budget clearance and forwarded to the Governor's Office. From there it is forwarded to DOA for processing. Following is the processing route within HR depending on the type of action.
- For all new hires, probationary, re-employment, unclassified, contract, limited term, and temporary appointments a Police & Court clearance must be attached to the GG-1.

PURPOSE OF A REQUEST FOR PERSONNEL ACTION (GG-1)

- GG-is identify the position title, salary, section, division, employee name, dob, ssn/payroll number, nature of action, etc.
- The information identified on a GG-1 are critical in that the needs of an organization are known.
- The Classification Branch reviews the information on a GG-1 pertinent to each request and ensures that it is organizationally sound and in compliance with human resources statutes, policies and procedures.



MISCELLANEOUS PAY-RELATED ACTIONS

- Promised Compensation Reviews
- Pay Adjustments-Non-Hay Pay Plans
- Formulation of Pay Policies Addressing Different Pay Structures.
- Compensation Studies

USEFUL WEBSITES

- Human Resources Division – www.hr.doa.guam.gov
- Government of Guam Documents – www.govguamdocs.com
- Guam Legislature – www.guamlegislature.com
- Compiler of Law (GCA) – <http://www.guamcourts.org/CompilerofLaws/index.html>

DEPARTMENT OF ADMINISTRATION

POSITION DESCRIPTION QUESTIONNAIRE INSTRUCTIONS

WHO SHOULD COMPLETE THE QUESTIONNAIRE?

- (1) The employee occupying the position (jobholder) completes the first six (I-VI) sections of the questionnaire.
- (2) The employee completes Section VII if he/she chooses to do so. If the employee decides not to complete Section VII, mark the box provided. The direct supervisor will then complete Section VII for the employee.
- (3) The direct supervisor completes Section VIII. It is to add or clarify any of the information provided by the employee/jobholder or to provide different information.
- (4) The direct supervisor completes the questionnaire for vacant positions.
- (5) Section IX is completed by the Human Resources Office.

I. JOB IDENTIFICATION:

- Position Title: Show the official (payroll) title only.
- Official Position No.: Show the official number provided in the staffing pattern for the job. Although the employee/jobholder may change from time to time, the position number does not change. It is a position management tool.
- Job Location: Show the exact location of the position within the organization.
- Direct Supervisor: Show the official position title and name of supervisor or manager to whom the jobholder must report.

II. JOB DESCRIPTION:

ESSENTIAL FUNCTIONS: These are the required job duties of the position that a qualified person must perform. Under the Americans with Disability Act, the duties are performed either with or without a “reasonable accommodation.” Without one of the essential functions, the need for the job is changed.

The description of functions performed must be short, clear and correct. It should tell what is done and its purpose or why. It should not tell how it is done. The duties are specific. Do not use unclear, general statements. Do not use additional papers.

Organize and list the job functions in one of the formats selected below. Mark the format selected. The format selected is only for the purpose of organizing the description of the job. It will not determine the job’s classification and pay.

- (1) Daily work assignments – proper for job functions that are repetitive and have specific work operations and procedures. List the functions beginning with the first daily work assignment and ending with the last work assignment.
- (2) Percentage of time – proper for jobs that have varied functions and responsibilities. List the functions by percentage of time spent, beginning with the highest percentage. The total % should equal 100%.
- (3) Order of importance – proper for job functions that provide levels of importance. List the functions beginning with the most important function and ending with the least important. All functions are performed, however.

NONESSENTIAL FUNCTIONS: Nonessential functions are tasks that are minor, or not required to the completion of the essential functions. In addition, nonessential functions are those that could be performed by other workers. The phrase, “performs related duties as assigned” is normally listed here.

III. MINIMUM QUALIFICATION REQUIREMENTS:

These are the minimum requirements needed to qualify for the job. They are necessary for satisfactory performance of the job’s essential functions. It is not to show the employee’s (jobholder’s) qualifications. They are used further in the job analysis necessary for the creation of position classification standards.

Experience – Show the type and length (months or years) of experience needed by a qualified applicant to perform the essential functions of the job.

Education – Show the formal schooling or training required for a qualified applicant to perform the essential functions of the job.

III. CONTACTS: Departments, agencies and individuals you deal with during the course of your daily activities.

A. Within your department / agency. Mark (X or √) one box:			
<input type="checkbox"/> None	<input type="checkbox"/> Up to 15% of total working hours	<input type="checkbox"/> 15 – 50% of total working hours	<input type="checkbox"/> Over 50%
B. Outside your department / agency. Mark (X or √)			
<input type="checkbox"/> None	<input type="checkbox"/> Up to 15% of total working hours	<input type="checkbox"/> 15 – 50% of total working hours	<input type="checkbox"/> Over 50%

IV. SUPERVISION RECEIVED: How closely is the employee's/jobholder's work reviewed by the direct supervisor?
Mark (X or √) one correct response.

<input type="checkbox"/>	Detailed and specific instructions / procedures received or followed for each assignment.
<input type="checkbox"/>	General Supervision – Routine duties are performed with minimal supervision. Standard practices or procedures allow employee to function alone at routine work. Supervisor makes occasional check of work while in progress. Work is reviewed upon completion.
<input type="checkbox"/>	Direction – Receives guidance about general objectives in most of the tasks and projects assigned; determines methods, work sequence, scheduling and how to achieve objectives of assignments; operates within policy guidelines. (Generally applicable to skilled professionals, supervisors and managers.)
<input type="checkbox"/>	General Direction – Receives very general guidance about overall objectives; work is usually quite independent of others; operates within division or department policy guidelines, using independent judgment in achieving assigned objectives. (Generally applicable to managers / administrators in large and complex organizations and to department / agency heads and their first assistants.)

V. SUPERVISION EXERCISED: The employee/jobholder supervises other employees. List the number of employees supervised, their position titles, and a brief description of their responsibilities.

Number Supervised	Position Title	Description of Responsibilities

VI. EQUIPMENT: List the equipment (pickup truck, welder, crane, etc.), office machines (word processor, calculator, copying machine, etc.), or any other machines, tools or devices that are used on a regular and continuing basis. Show what percentage of the regular workday is spent using each.

TOOLS / EQUIPMENT	PERCENT (%) OF TIME FOR EACH

VII. JOB REQUIREMENTS

[] Mark (√ or X) here if jobholder is unable to complete this section. The direct supervisor will then complete this section for the jobholder.

A. MINIMUM QUALIFICATION REQUIREMENTS: List the minimum experience and training a qualified applicant must have before employment.

<p>1. WORK EXPERIENCE: List the general, specialized and/or supervisory / management work experience needed and how much (in months and/or years). If none, mark (√ or X) "No work experience required."</p>	
<p>[] No work experience is required.</p>	
<p>General:</p>	
Specialized:	
Supervisor / Management:	
<p>If no work experience is required, list the knowledge, abilities and skills a qualified applicant needs before employment to perform the essential job functions.</p>	
<p>2. FORMAL EDUCATION OR TRAINING: Mark (√ or X) the most applicable education level required.</p>	
<p>a. [] Below High School – Show Number of Years</p>	
<p>b. [] High School Graduation / GED</p>	
<p>c. [] Vocational / Technical School</p>	
<p>Show specific training that is required by this position.</p>	
<p>d. [] Some College</p>	
<p>Show number of [] Semester Hours _____ or [] Quarter Hours _____.</p>	
<p>Show specific courses required by the essential functions of this job.</p>	
<p>e. College Degree (Show major area of study required.)</p>	
<p>[] Associate's : _____</p>	
<p>[] Bachelor's: _____</p>	
<p>[] Master's: _____</p>	
<p>[] Beyond Masters: _____</p>	

3. CRITICAL SKILLS / EXPERTISE: List specialized skills or specialization needed to perform essential functions.
4. LICENSE, REGISTRATION OR CERTIFICATION: List possession of required license, professional registration/certification needed to perform essential functions.

B. MENTAL / VISUAL, PHYSICAL, AND ENVIRONMENTAL JOB REQUIREMENTS:

1. Mark (√ or X) the most appropriate physical requirement(s) for the job.	
<input type="checkbox"/> Sitting	The job requires the employee to sit in a comfortable position most of the time. The employee can move about.
<input type="checkbox"/> Sitting	Employee is required to sit for extended periods or time without being able to leave the work area.
<input type="checkbox"/> Sitting/Standing/Walking	The employee is required to sit, stand, walk most of the time.
<input type="checkbox"/> Climbing	Employee is required to climb ladders or scaffolding or to climb and work in overhead areas.
<input type="checkbox"/> Lifting	Employee is required to raise or lower objects from one level to another regularly.
<input type="checkbox"/> Pulling and/or Pushing	The job requires exerting force up to _____ pounds on a regular basis to move the object to or away from the employee.
<input type="checkbox"/> Carrying	The employee is required, on a regular basis, to carry objects in his or her arms or on the shoulder(s).
<input type="checkbox"/> Reaching	The employee is regularly required to use the hands and arms to reach for objects.
<input type="checkbox"/> Stooping and Crouching	The employee is regularly required to bend forward by bending at the waist or by bending legs and spine.
<input type="checkbox"/> Crawling	Employee is required to work in a confined space and/or to crawl and move about on his or her hands and knees.
<input type="checkbox"/> Speaking	The job requires expressing ideas by the spoken word.
<input type="checkbox"/> Listening	The job requires the perception of speech or the nature of sounds in the air.
<input type="checkbox"/> Other	Describe the requirement. _____ _____ _____
2. Mark (√ or X) the most appropriate mental / visual requirement for the job.	
<input type="checkbox"/>	General Intelligence (typical requirement for machine operators, office staff, etc.)
<input type="checkbox"/>	Motor Coordination Skills (typical for automotive mechanic, painter, etc.)
<input type="checkbox"/>	Coordination of Eyes, Hands, and Feet (typical for tractor trailer driver, fire fighter, line electrician, etc.)
<input type="checkbox"/>	Verbal Intelligence (typical for counselors, customer service representatives, etc.)
<input type="checkbox"/>	Numerical Intelligence (typical for an accounting clerk, cargo checker, etc.)

[] Other:

3. The job's most appropriate work environment and the weather exposure.

Show what percent of a typical workday is spent.
(Select one response only)

- ____ % Indoors in a comfortable temperature-controlled environment (for instance, in an office).
- ____ % Indoors in a non-temperature-controlled environment (such as an open garage, storerooms and warehouses, etc.)
- ____ % Outdoors exposed to changing weather conditions (for instance, rain, sun, wind, etc.)
- ____ % Outdoors but in an enclosed vehicle protected from extreme weather conditions.

4. Other physical working conditions

[] Mark (X or √) if none of the following is applicable.

Show what percent of a typical workday this position is exposed to:

- ____ % Air contamination (i.e., dust, fumes, smoke, toxic conditions, disagreeable odors).
- ____ % Vibration (i.e., operating jackhammer, impact wrench).
- ____ % Noise (Exposure at a level enough to cause hearing loss or fatigue).
- ____ % An improperly illuminated or awkward and confining work space.
- ____ % Working above ground level where the chance of falling exists (i.e., on ladders, rooftops, bucket trucks, scaffolding).
- ____ % Lifting or carrying items or objects. Describe item/object and weight:

- ____ % Heat. Describe source and degree of high temperature.

- ____ % Cold. Describe source and degree of cold temperature:

- ____ % Other hazards. Describe:

5. Describe the working conditions that are irregular or unusual for the job and show frequency of exposure.

[] Mark (X or √) if not applicable.

CONDITION	FREQUENCY OF EXPOSURE

C. Work Schedule/Hours – Mark (✓ or X) the most appropriate work schedule/hours for the job.

<input type="checkbox"/> Regular – Standard Eight (8) hours daily, Monday – Friday
<input type="checkbox"/> Irregular – Shift work – A 24-hour work operation.
<input type="checkbox"/> Regular / Irregular – Overtime hours with overtime pay entitlement State Purpose and Total Hours required per pay period: _____ _____
<input type="checkbox"/> Regular / Irregular – Overtime hours without overtime pay entitlement State Purpose and Total Hours required per pay period: _____ _____

The information given on this position is complete and correct.

Signature of Employee

Date

VIII. SUPERVISOR'S REVIEW

IMPORTANT: This Block To Be Filled Out Only By The Direct Supervisor

a.	(1) Has the employee correctly stated his or her official payroll position title? [] Yes [] No								
	(2) If not, what is the correct title? _____								
b.	(1) Are the employee's statements about the duties of his/her position and the supplementary information complete and accurate? [] Yes [] No								
	(2) If not, what additions, deletions or corrections should be made? (Refer to block and page) _____ _____ _____								
c.	What positions under your supervision perform the same essential functions Give name and title: <table><thead><tr><th>Name</th><th>Title</th></tr></thead><tbody><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></tbody></table>	Name	Title	_____	_____	_____	_____	_____	_____
Name	Title								
_____	_____								
_____	_____								
_____	_____								
d.	Does this position require (mark one) [] Immediate supervision on a regular basis, [] Immediate supervision only for new/complex tasks, or [] Little immediate supervision.								
e.	Does the employee participate in (mark those appropriate) the [] Formulation, [] Interpretation, and/or [] Application of Agency/Department policy. Give examples: _____ _____ _____								
f.	The employee (mark one) [] Performs routine, well-defined tasks, [] Performs moderately complex tasks requiring moderate knowledge of Agency's/Department's work; or [] Performs complex tasks requiring extensive knowledge of Agency's/Department's work.								

I certify to the accuracy of the description of duties, responsibilities and organizational relationships provided herein; further, that the position is necessary to carry out government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes on the use of public funds. The false or misleading statement may constitute violations of such statutes or their implementing regulations.

Signature of Immediate Supervisor

Date

Signature of Department/Agency Head

Date

IX. Human Resources Office Review:

Date: _____

Reviewed by: _____
Position Title

Name

Classification Correct: [] Yes [] No

If not, corrective action taken: (Attach copy of review made)

Approved by: _____
Human Resources Manager

Date

ROUTING PROCEDURES FOR GG-1s BASED ON THE NATURE OF ACTION

LEGEND BY ALPHA ORDER	NATURE OF ACTION	BRANCH ORDER OF PROCESSING	REQUIRED DOCUMENTS
AMEND	Amendment (Any Action)	Classification – Respective Branches – Records	Documents may be required.
APPT-2% EP	2% Employment Program – Initial employment	Classification – Recruitment – Testing (if tested position) – DT – Records	Police & Court clearances w/in 30 day period of hiring date
APPT-ACTING	Acting appointments (FTE/PTE)	Classification – DT (indicate “Illegal Employment” phrase if applicable) – Records	Letter of Appointment Police & Court clearances w/in 30 day period of hiring date
APPT-CONTRACT (FTE/PTE)	Contractual appointments (FTE/PTE)	Classification – Recruitment – DT (indicate “Illegal Employment” phrase if applicable) – Records	Contract w/all signatures affixed (ORIGINAL) Police & Court clearances w/in 30 day period of hiring date. Clearances not req if renewal or new contract w/in a couple of months due to signature requirement.
APPT-ELECTED	Elected official appointments	Classification-DT – Records	Police & Court clearances w/in 30 day period of hiring date. DT-upon request by Elected Official.
APPT-EXEMPTED (FTE/PTE)	Exempted appointments (FTE/PTE)	Classification – DT (indicate “Illegal Employment” phrase if applicable) – Records	Police & Court clearances w/in 30 day period of hiring date
APPT-LIMITED TERM (FTE/ PTE)	Limited Term appointments (365 days – FTE/PTE)	Classification – Recruitment-Testing (for tested positions) – DT (indicate “Illegal Employment” phrase if applicable) – Records	Updated job application with all required documents: Police & court clearances w/in 30 day period of hiring date: updated Suitability Form.
APPT-PROBATION (FTE/PTE/KPP)	Probational appointments (FTE/PTE/KPP)	(Clean Copy) Classification – Recruitment – Testing (if tested position) – DT (indicate “Illegal Employment” phrase if applicable) – Records	Police & Court clearances w/in 30 day period of hiring date:
APPT-TEMPORARY (FTE/ PTE)	Temporary appointments (120	Classification – Recruitment-Testing (for	Updated job application with

ROUTING PROCEDURES FOR GG-1s BASED ON THE NATURE OF ACTION

LEGEND BY ALPHA ORDER	NATURE OF ACTION	BRANCH ORDER OF PROCESSING	REQUIRED DOCUMENTS
	days – FTE/PTE)	tested positions) – DT (indicate “Illegal Employment” phrase if applicable) – Records	all required documents: Police & court clearances w/in 30 day period of hiring date
APPT-UNCLASSIFIED	Unclassified appointments (FTE/ PTE)	Classification – Recruitment (if there is a job spec) – DT (indicate “Illegal Employment” phrase if applicable) – Records	Updated job application. DT – CWEP/WIA/SCEP Drug Test not required.
CANX	Cancellation (Any Action)	Classification – Respective Branches – Records	Documents may be required.
CHANGE-NAME	Name change	Classification – Records	Legal documents
CHANGE-POS NO	Position Number changes (not amendments for correction)	Classification – Records	N/A
CHANGE-POS TITLE	Position title changes	Classification – Recruitment – Testing (if tested position) – DT (TDP Only) – Records	N/A
CHANGE-WORK SCHEDULE	Change in Work Schedule (FTE-PTE or PTE-FTE)	Classification – Benefits – Records	N/A
CONTRACT-EXPIRE	Expiration of Contract	Classification – Records	N/A
CONTRACT-EXTEND	Extension of Contract	Classification – Recruitment – Records	Contract (ORIGINAL)
CONTRACT-RENEWAL	Renewal of Contract	Classification – Recruitment – Records	Contract (ORIGINAL)
DEMOTION-ADVERSE-INVOLUNTARY	Demotion due to adverse action	Classification – EMR – Records	Copy of 1 st page of Final Adverse Action.
DEMOTION-VOLUNTARY	Demotion requested by an employee, not for cause	Classification – Recruitment – Testing (if a tested position) – DT (TDP Only) – Records	Updated job application
DETAIL-APPT	Detail appointment	Classification – Records	Detail Memo, BBMR F-16 Form
DETAIL-EXTEND	Extension of detail appointments	Classification – Records	Detail Extension Memo, BBMR F-16 Form, Applicant Profile
DISMISSAL	Dismissal due to adverse action	Classification – EMR – Records	
DOC SANCHEZ	DOC Sanchez award	Classification – Records	Certification letter or Degree
MERIT BONUS	Merit Bonus	Classification – Records	Verify via PMIS performance rating.
PAY ADJUSTMENT (FTE/PTE)	Pay adjustment (doesn't include amendments)	Classification – Records	Documents may be required.
PROMISED COMP	Promised Compensation (Detail	Classification – Records	HRD Memorandum

ROUTING PROCEDURES FOR GG-1s BASED ON THE NATURE OF ACTION

LEGEND BY ALPHA ORDER	NATURE OF ACTION	BRANCH ORDER OF PROCESSING	REQUIRED DOCUMENTS
	Appointment)		
PROMOTION-MERIT	Promotions due to the merit process	(Written Copy) Recruitment – Testing (if tested position) – DEPT (Clean Copy) Classification – Recruitment – DT (TDP only) – Records	Written copy of Recruitment GG-1 w/Certification information.
PROMOTION-KPP	Known Promotional Potentials	Classification – Recruitment – Testing (if tested position) – Records	Updated job application and justification indicating that mgmt's criteria has been met.
REASSIGN P/G	Reassignment of Pay Grade	Classification – Records	DOA approval Memo
RECLASS-CHANGE OF POS TITLE	Title change / No pay grade change	Classification – Testing (if tested position) – DT (TDP only) – Records	Desk Audit Memo
RECLASS-DEMO	Demotions due to reclassification	Classification – Testing (if tested position) – DT (TDP only) – Records	Desk Audit Memo
RECLASS-PROMO	Promotion as a result of a reclassification	Classification – Testing (if tested position) – DT (TDP only) – Records	Desk Audit Memo
RECRUITMENT	Recruitment GG-1s	Classification – Recruitment/Testing (if tested position) – <i>Department (Written Copy once selection is made)</i>	Updated PDs
RECRUITMENT-KPP	Recruitment GG-1s under the Known Promotion Potential	Classification – Recruitment	KPP job factors/PDQ Memo of Approval will be done by HR.
REAPPOINTMENT	Reappointment of a former permanent classified employee via competitive process to the same or comparable position but to a different department or agency	Classification– Recruitment – Testing (if tested position) – DT (indicate “Illegal Employment” phrase if applicable) – Records	Police & Court clearances w/in 30 day period of hiring date:
REEMPLOYMENT	Reemployment of a former permanent classified employee without competition to the same or comparable position in the same department or agency	Classification – Recruitment – Testing (if tested position) – DT (indicate “Illegal Employment” phrase if applicable) – Records	Police & Court clearances w/in 30 day period of hiring date:
REINSTATEMENT	Reinstatement of a former permanent classified employee to his former position as a result of CSC ruling or military service	Classification– Recruitment – Testing (if tested position) – DT (indicate “Illegal Employment” phrase if applicable) – Records	CSC Ruling; Police & Court clearances w/in 30 day period of hiring date
RESIGN	Resignation (all types of appointments)	Classification – Records	Resignation letter or employee signature on back

ROUTING PROCEDURES FOR GG-1s BASED ON THE NATURE OF ACTION

LEGEND BY ALPHA ORDER	NATURE OF ACTION	BRANCH ORDER OF PROCESSING	REQUIRED DOCUMENTS
			of GG-1
RETIREMENT-AGE	Age retirement	Classification – Records	Retirement Eligibility Form
RETIREMENT-DISABILITY	Disability retirement	Classification – Records	Retirement Eligibility Form
RETIREMENT-SERVICE	Service retirement	Classification – Records	Retirement Eligibility Form
SEPARATION – AUTONOMOUS AGENCY	Separation to an Autonomous Agency	Classification – Records	Resignation letter or employee signature on back of GG-1
SEPARATION-DEATH	Separation due to death	Classification – Records	Certification of Death
SUSPENSION	Suspensions	Classification – EMR – Records	Copy of 1 st Page of Final Adverse Action.
TERM-CONTRACT	Termination of Contract	Classification – Records	Contract in Personnel Jacket
TERM-DETAIL	Termination of Detail Appointment	Classification – Records	N/A
TERM-LIMITED TERM	Termination of Limited Term Appointment	Classification – Records	N/A
TERM-TEMP APPT	Termination of Temporary Appointments	Classification – Records	N/A
TRANSFER-CHANGE POS TITLE	Transfer and Change of Position Title	Classification – Recruitment – Testing (if tested position) – DT (TDP only) – Records	Police & Court clearances w/in 30 day period of hiring:
TRANSFER-LATERAL	Lateral transfer (no change in pay grade)	Classification – Recruitment – Testing (if tested position) – **DT (indicate “Illegal Employment” phrase if applicable) – Records	Police & Court clearances w/in 30 day period of hiring:
TRANSFER-PROMO	Promotional transfer	Classification – Recruitment – Testing (if tested position) – **DT (indicate “Illegal Employment” phrase if applicable) – Records	Police & Court clearances w/in 30 day period of hiring:
TRANSFER-VOL DEMO	Voluntary transfer and demotion	Classification – Recruitment – Testing (if tested position) – **DT (indicate “Illegal Employment” phrase if applicable) – Records	Police & Court clearances w/in 30 day period of hiring:

**DT MOU WITH AUTONOMOUS AGENCIES

Guam International Airport Authority	Retirement Fund
Guam Housing Corporation	Supreme Court
Guam Water Works Authority	Office of the Public Auditor (No MOU, but still requires DT)

Department of Administration Human Resources Division



Recruitment and Testing Orientation

Presented by:

Francis Flisco
Michael Schniep
Anthony Cepeda



Francis N. Flisco

Francis currently serves as the supervisor of the Test Development & Research Branch and the Regulatory and Compliance Branch. He has worked in the government of Guam for over 22 years, all of which with the Department of Administration. His experience is mostly in employment test administration, test development and recruitment. He attended the University of Guam and earned his Bachelor's Degree in Political Science in 1990 and Master's in Public Administration in 1999. He currently holds a Professional in Human Resources (PHR) certification from the Society of Human Resources Management (SHRM).





Michael W. Schniep

Truth, Courage, Faith and Integrity. These are the traits that Michael Schniep proudly embraces and practices in all aspects of his life. He is the newest supervisor in the Division of Human Resources – "Recruitment" family. He has held positions in the private sectors as a Drug-Alcohol Testing Program Manager, Human Resources Analyst and Human Resources Manager to name a few and bring in his wealth of knowledge and experience to the public sector. Michael grew up in California and attended Syracuse University pursuing a degree in Bio-Chemistry and held the position of Vice-President for the Gamma Omicron chapter of Delta Tau Delta Fraternity. As a lifelong member of Delta Tau Delta, he upholds his fraternity's mission through a series of values and principles by which as "Deltas", to be "Committed to Lives of Excellence." Michael is currently working on obtaining his Master's Degree in Human Resources from the University of Maryland and is preparing to earn his credential as a Professional in Human Resources under the Society for Human Resource Management (SHRM), an authorized HR Certification Institute.



Anthony B. Cepeda

Mission first, good customer service and providing assistance to other branches within the Human Resources Division. These are the values of Anthony Cepeda which he practices on a daily basis. He has been employed with the Government of Guam for a little over 19 years starting as a Clerk III with promotions starting from a Personnel Assistant I, Personnel Assistant II, Personnel Specialist I, II and currently holding the position as Personnel Specialist III. Anthony Cepeda attended grade school at Carlos Taitano Elementary School in Sinajana and later attended Saint Francis School in Yona where he graduated and received top honors. He attended Father Duenaas Memorial School, Tai, Guam and graduated in 1977. He enlisted in the United States Air Force in August of 1978 and attended Basic Training at Lackland Air Force Base in Texas. He was later assigned to Keesler Air Force Base in Biloxi, Mississippi where he completed his Technical School to become an Administrative Specialist which was later changed to Information Manager. He served 14 years in the Air Force and served tours in places such as Ramstein Germany, Shaw Air Force Base in Sumter, South Carolina, Nellis Air Force Base, Nevada, was assigned to the Military Entrance Processing Station (MEPS) in Naval Station, Guam, a special assignment working with different military members from several branches of the service conducting the Armed Services Vocational Aptitude Battery (ASVAB) for applicants who are entering the military for the first time. He has attended courses such as the U.S. Air Force Supervisor's course and the Non-Commissioned Officer (NCO) Professional Military Education Course to name a few. Anthony Cepeda has become an asset to the Department of Administration, Human Resources Division while first being assigned to the Records Branch, he was later cross trained to other sections within the division such as the Classification and Pay Branch, Recruitment Branch and finally the Benefits Branch. He is a hard worker and has a "can do" attitude and is always willing to assist others as the need arises. Anthony supports community 5K run/walks in his spare time and always looks forward to keeping fit.



Recruitment Agenda

1. Recruitment Cycle
2. Job Evaluation
3. Eligibility & Certification List
4. Temporary / Limited Term & Competitive Limited Appointments
5. Recruitment Above Step Requirements
6. Selective Factor

Organic Act of Guam

- Section 1422c(a). "The legislature shall establish a merit system and as far as practicable, appointments and promotions shall be made in accordance with such merit system...."

What is the Merit System?



Is a system of hiring and promoting people to civil service positions on the basis of merit as determined by competitive examinations.

The word "merit" itself means: deserving (to deserve or to earn).

Merit Systems Principles

- Recruit from all segments of society...on the basis of ability, knowledge, and skills, under fair and open competition.
- Fair and equitable treatment in all personnel management matters...and with proper regard for individual privacy and constitutional rights.
- Equal pay for work of equal value...
- High standards of integrity, conduct, and concern for the public interest.
- Efficient and effective use of the federal (local) work force.
- Retention of employees who perform well...separation of those who cannot or will not meet required standards.
- Improved performance through effective education and training.
- Protection of employees from arbitrary action, personal favoritism, or political coercion.
- Protection of employees against reprisal for lawful disclosures of information.

What is DOA's Authority on Personnel Law?

4 GCA § 4101. Personnel Policy.

- *Employment in the service of the government of Guam shall be based upon merit, and selection of employees shall be free of personal or political consideration.*
- *No person shall be discriminated against in an application for employment or promotion or dismissed from employment on account of race, color, age, religion, sex, national origin or physical or mental impairment.*
- *All personnel actions, including appointments, shall be based, insofar as practicable, on competitive practical tests and evaluations. Continuity of employment shall be dependent upon good behavior, satisfactory performance of work and availability of funds.*

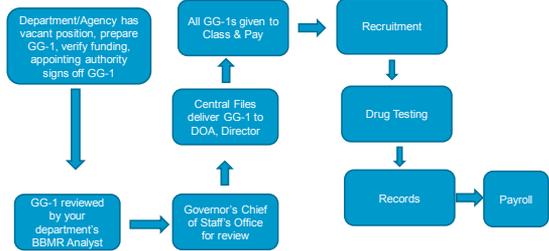
Personnel Rules & Regulations

Chapter 4: DOA's Rules & Regulations

- Chapter 4 of the Personnel Rules and Regulations, you will find a guide for implementing and adhering to the merit system principles.
- The Personnel Rules and Regulations is a viable source for guidance in understanding all aspects of Human Resources including recruitment.
- Rules and Regulations can be viewed on our website at www.hr.doa.guam.gov

Vacancy

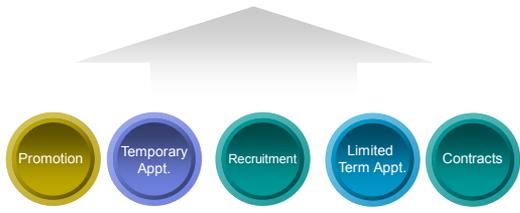
- If your department has a vacancy, you must prepare Request of Personnel Action (GG-1), verify funding and route accordingly.



Request of Personnel Action (GG-1)

- All Request of Personnel Action (GG-1) goes to the Classification Branch

Classification & Pay Branch

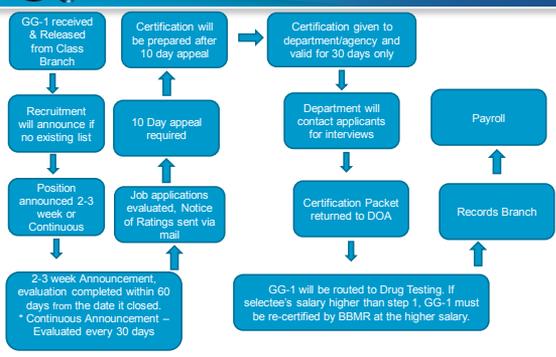


Recruitment Cycle

1. Posting of job announcements
2. Accept Job applications
3. Rate job applications and administer employment test if required
4. Establish List of eligibles (Long List)
5. Mail Notice of Ratings
6. 10 day Administrative Review "aka" Rating Appeal
7. Certify top five/ten eligibles for each vacancy for selection

• **No posting of job announcement without a GG-1.**

Recruitment Flow Chart



FILLING POSITIONS

- Position must be funded. Original, initial, and promotional appointments shall be competitive.
- Applicants must undergo and pass a mandatory drug test (if applicable); must also submit recent police and court clearances.
- 2-3 week job announcements must be announced at a minimum of 10 business days.
- Job announcements contains: position title, Salary range, Minimum qualifications, Testing requirements, Announcement date and closing date, drug testing requirements, etc...
- Type of Announcements:
 - Open (Open to interested applicants)
 - Government-Wide (Permanent government of Guam employees)
 - Departmental (Permanent government of Guam employees from that specific department /agency)
 - BFOQ – Bona Fide Occupational Qualification
 - Competitive Limited Term Appointment

Eligibility List (Long List)

- Identifies the position and shows the type of test administered and its weight.
- Shows the names and ratings of applicants from highest to lowest.
- Summarizes the number of applications received for the position, the number of applicants rated qualified, and the number of applicants not rated qualified.
- Active for one year from the date of establishment. Authorized amendments may be made throughout the life of the eligibility list.
- After an Eligibility list is established, Notice of Ratings are mailed and the applicant has 10 business days to appeal a rating before a department can be given a Certification list.

Certification List (Short List)

- Top 5 eligibles certified. The number of GG-1's determine the number of eligibles to be certified.
- Certification List is valid for 30 days. Department/agency requiring additional time, a formal memo is required. Otherwise, GG-1 will be returned and recruitment is cancelled.
- Interviewing department contacts candidates and schedules interview.
- After interview, department makes selection and returns Certification Packet. DOA- Recruitment shall review Certification packet for correctness and then the department can notify candidates of selection or non-selection.

Interviews

- Interview board consist of 3 – 5 members, whose pay-grades are higher than the position being interviewed. Please have backups and an EEO Representative
- The Immediate Supervisor should be part of the interview.
- Interview questions related to the duties of the position.
- Take notes of each applicant during the interview process.
- Panel tally scores & recommend highest rated applicant.

Supplemental Packets

- Supplemental certification may be used only upon the failure to appear for interview, refusal of appointment by eligibles or the rejection of eligibles by the appointing authority for cause.
- Non-Selections must be properly justified. If there is no justification, the Supplemental packet will only replace the DNA's and Declinations.
- Supplemental packets only good for 30 days.

GG-1 Clearance

- After the Certification list is properly completed and returned, the Recruitment GG-1's are processed accordingly for candidates selected:
 - Police and Court clearances required (if applicable).
 - Drug testing scheduled (if applicable)
 - Effective date determined.
 - Employee comes in for processing.

■ All newly recruited employees must serve a probationary period of at least six months which may be extended not to exceed 12 months.

An employee may be dismissed at anytime during the probationary period due to misconduct. For performance purposes, employees should serve at least three months to determine suitability for continued employment.

Employees have no right of appeal and no right to be given reasons or charges in writing.

Types of Temporary Employment



Temporary or Limited Term or Competitive LTA???

- Temporary and Limited Term appointments are non-competitive appointments.
- If a Eligibility exists and is not insufficient, it will be Temporary appointment. Otherwise, Recruitment will authorize a Limited Term appointment.
- The department may appoint someone provided Recruitment has verified the candidate meets all the minimum qualification requirements for the position, to include an assembled testing.
- Competitive Limited Term Appointments (CLTA), must be announced via the Merit process. Duration of employment is dependent upon the terms of the grant.
- Temporary, Limited and Competitive Limited Term appointments are all employment at will. However, for CLTA's the incumbent must be given a 60 day notice if the termination is not funding related.

Exceptions to Competitive Limited Term Appointments

- Used to allow for temporary appointments for the duration of a program or project or for the duration of the program or project's funding (may exceed one year).
- Competitive appointment. Person appointed is selected from a recruitment list.
- Incumbent may be hired between Step 1 thru 10.

Contracts

Consultant	Employment
<ul style="list-style-type: none"> ■ Must have authority to contract. ■ Not to be used as a substitute for the merit system. ■ Not to be used for positions normally performed by government employees. ■ There is no employer-employee relationship. ■ Payment is direct via purchase order 	<ol style="list-style-type: none"> 1. Off-island Recruitment pursuant to 4 GCA 6501 & 6504. 2. Professional Services pursuant to 4 GCA 4103. <ul style="list-style-type: none"> ■ Done primarily for professional and difficult to recruit positions. ■ Must follow merit system, announce position continuously and post announcement in local and off-island media. ■ Both type of contracts require clearance of the local labor market. ■ Must comply with legal provisions governing contracts.

Recruitment Above Step

May petition the Director of Administration to recruit above-step not to exceed Step 10 because of documented recruitment difficulty or exceptional qualifications. All petitions must be made before candidate is hired.

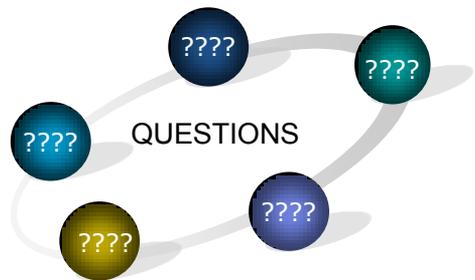
- Requesting Department/Agency's Responsibility
 - Memo from requesting agency justification for Above Step
 - Above Step petition must post an agency's website for a minimum of 10 business days
 - Provide DOA with media press release information to include confirmation of fax or media print.

- **Transparency: Public Law 28-112, Recruitment Above Step, Section 5, Transparency and Disclosure, Section 10 (6303.1).**

Selective Factors

<i>Definition</i>	<i>Requirements to Implement</i>
<p>Knowledge, skill, ability or BFOQ that are in addition to the minimum requirements in a qualification standard, but are determined to be essential to perform the duties and responsibilities of a particular position immediately upon hire.</p> <p>BFOQ – Bonafide Occupational Qualification Examples: Male Only or Chuukese Speaker/Interpreter.</p> <p>■ ■ ■ Applicants must possess at least six months experience measuring requested SF. Applicants who do not meet the selective factor are ineligible for further consideration.</p>	<ol style="list-style-type: none"> 1. Prepare recruit GG-1. 2. Request in writing to DOA to approve the proposed selective factor statement. 3. Upon approval and receipt of GG-1, position will be announced with approved selective factor. <p><i>When Inappropriate:</i> Not for entry-level positions; not when it unnecessarily restricts the applicant pool; and not when it appears to be used to circumvent the Rule of 5.</p>

Recruitment





Recruitment Contact Numbers

Website:

www.hr.doa.guam.gov

	Contact #	Email
Anthony Cepeda, PS III	475-1141	anthony.cepeda@doa.guam.gov
Delia Hattig, PA II	475-1128	delia.hattig@doa.guam.gov
Cecilia Reyes, PS III	475-1116	cecilia.reyes@doa.guam.gov
Michael Schniep, PS IV	475-1128	michael.schniep@doa.guam.gov

11. WORK EXPERIENCE

... must be accurate and complete. Please be as detailed as possible to obtain full credit for your work experience. Applications lacking sufficient information are rejected. Under A, please indicate whether it is your PRESENT OR LAST EMPLOYER IF NOT CURRENTLY EMPLOYED. List your entire work history, including time, volunteer and detail appointments. List jobs in order by starting with your present job, or last job if you are unemployed. List each promotion as a separate entry. Duties should include most difficult or most important responsibilities, and/or most significant accomplishments in the position held, to include percentage of time spent on each. If additional space is needed, continue on item #12, or a separate sheet(s) and attach to application.

A. NAME OF EMPLOYER/MAILING ADDRESS
 (Check one:) Present or Last Employer
 [Redacted Address]

Telephone No.: [Redacted]

Immediate Supervisor: [Redacted]

From: Mo 01 Day _____ Year 2
To: Mo _____ Day _____ Year _____
HRS. WORKED PER WEEK: 25-4

Position Title: [Redacted] **Salary:** [Redacted] **Reason for Leaving:** still employed

Type of Business (i.e. construction) [Redacted] **This Position Is:** Supervisory Non-Supervisory / Permanent Temporary

Specific Duties Performed and Percentage of Time Spent:

Prepare store for opening & secure for closing	1
Arrange clothing displays, assist customers	8
Run errands ei, bank runs, pay utility bills	2

B. NAME OF FORMER EMPLOYER/MAILING ADDRESS
 [Redacted Address]

Telephone No.: [Redacted]

Immediate Supervisor: [Redacted]

From: Mo 03 Day _____ Year 95
To: Mo 11 Day 30 Year 98
HRS. WORKED PER WEEK: 40

Position Title: [Redacted] **Salary:** [Redacted] **Reason for Leaving:** [Redacted]

Type of Business: [Redacted] **This Position Is:** Supervisory Non-Supervisory / Permanent Temporary

Specific Duties Performed and Percentage of Time Spent:

Conduct interviews face to face or collateral contact.	%
Receive & review applications w/ required documents for completeness & accuracy.	
Determine eligibility for appropriate programs by analyzing & evaluating case information in accordance w/ agency policies & procedures	
(cont'd below)	

C. NAME OF FORMER EMPLOYER/MAILING ADDRESS
 [Redacted Address]

Telephone No.: [Redacted]

Immediate Supervisor: [Redacted]

From: Mo 10 Day 01 Year 199
To: Mo 09 Day 27 Year 199
HRS. WORKED PER WEEK: 40

Position Title: [Redacted] **Salary:** [Redacted] **Reason for Leaving:** [Redacted]

Type of Business: [Redacted] **This Position Is:** Supervisory Non-Supervisory / Permanent Temporary

Specific Duties Performed and Percentage of Time Spent:

Enter case information in CRT for on-line processing of benefits as per case action ei: approve or disapprove of new, reopen or renewal applications; hold, suspend or terminate ongoing cases. Recompute & adjust benefits as per change reports, renewals, computer matches (SWICA), IRD, RC, KEHA and self or supervisor investigative findings (cont'd)	%
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11. WORK EXPERIENCE (con't)

D. NAME OF FORMER EMPLOYER/ MAILING ADDRESS: [Redacted] **Telephone No.:** [Redacted] **From:** Mo 10 Day 01 Year 1
Immediate Supervisor: [Redacted] **To:** Mo 09 Day 30 Year 1
HRS. WORKED PER WEEK: 40

Position Title: [Redacted] **Salary:** [Redacted] **Reason for Leaving:** [Redacted]

Type of Business: [Redacted] **This Position Is:** Supervisory Non-Supervisory / Permanent Temporary

Specific Duties Performed and Percentage of Time Spent:

Conduct home/field visits based on referrals/information to prevent fraud or misuse of program benefits. Analyze referrals for error cases. Review & prepare over-pmt forms & notices, forward to QC, IRO, SEU. Inform client of over-pmt amt, recoupment process and adjustment of benefits for eligibility. Review, prepare & provide restoration of benefits to underissued cases & forward required forms & notices. (cont'd)

E. NAME OF FORMER EMPLOYER/ MAILING ADDRESS: [Redacted] **Telephone No.:** [Redacted] **From:** Mo 06 Day 25 Year 19
Immediate Supervisor: [Redacted] **To:** Mo 09 Day 30 Year 19
HRS. WORKED PER WEEK: 40

Position Title: [Redacted] **Salary:** [Redacted] **Reason for Leaving:** [Redacted]

Type of Business: [Redacted] **This Position Is:** Supervisory Non-Supervisory / Permanent Temporary

Specific Duties Performed and Percentage of Time Spent:

Assist clients w/ understanding agency actions, resolve concerns, grievances & initiating Fair Hearings to appeal adverse actions. Prepare forms & participate in F.H. as required. Identify & prepare appropriate referrals to other agencies ei: DOL, CHTURA, SEU, Mental Health, utilities, DOE etc on action taken by DPHSS and request verifications as needed.

F. NAME OF FORMER EMPLOYER/ MAILING ADDRESS: [Redacted] **Telephone No.:** [Redacted] **From:** Mo _____ Day _____ Year _____
Immediate Supervisor: [Redacted] **To:** Mo _____ Day _____ Year _____
HRS. WORKED PER WEEK: _____

Position Title: [Redacted] **Salary:** [Redacted] **Reason for Leaving:** [Redacted]

Type of Business: [Redacted] **This Position Is:** Supervisory Non-Supervisory / Permanent Temporary

Specific Duties Performed and Percentage of Time Spent:

[Redacted]

11. WORK EXPERIENCE (con't)

D. NAME OF FORMER EMPLOYER/ MAILING ADDRESS: [Redacted]		Telephone No.: [Redacted]	From: Mo <u>12</u> Day <u>23</u> Year <u>2008</u>
		Immediate Supervisor: [Redacted]	To: Mo <u>3</u> Day <u>15</u> Year <u>2009</u>
			HRS. WORKED PER WEEK: <u>40</u>
Position Title: [Redacted]	Salary: [Redacted]	Reason for Leaving: [Redacted]	
Type of Business: [Redacted]	This Position Is: <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
Specific Duties Performed and Percentage of Time Spent:			%
Please see attached - performed duties of an ESI but accepted lower position & pay to continue employment			
E. NAME OF FORMER EMPLOYER/ MAILING ADDRESS: [Redacted]		Telephone No.: [Redacted]	From: Mo <u>3</u> Day <u>16</u> Year <u>2009</u>
		Immediate Supervisor: [Redacted]	To: Mo _____ Day _____ Year _____
			HRS. WORKED PER WEEK: <u>40</u>
Position Title: <u>ESI</u>	Salary: [Redacted]	Reason for Leaving: [Redacted]	
Type of Business: <u>Govt Guam</u>	This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
Specific Duties Performed and Percentage of Time Spent:			%
Please see attached - converted from Agupa/Agupa O computer system to PH Pro. Tasked w/ cleaning-up TANF Family Cap cases. Refer system problems to Administrator to assist w/ cleaning up bugs.			
F. NAME OF FORMER EMPLOYER/ MAILING ADDRESS:		Telephone No.:	From: Mo _____ Day _____ Year _____
		Immediate Supervisor:	To: Mo _____ Day _____ Year _____
			HRS. WORKED PER WEEK: _____
Position Title:	Salary:	Reason for Leaving:	
Type of Business:	This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
Specific Duties Performed and Percentage of Time Spent:			%

11. WORK EXPERIENCE

This portion must be accurate and complete. Please be as detailed as possible to obtain full credit for your work experience. Applications lacking sufficient information may be rejected. Under A, please indicate whether it is your PRESENT OR LAST EMPLOYER IF NOT CURRENTLY EMPLOYED. List your entire work history, including part-time, volunteer and detail appointments. List jobs in order by starting with your present job, or last job if you are unemployed. List each promotion as a separate job. Duties should include most difficult or most important responsibilities, and/or most significant accomplishments in the position held, to include percentage of time spent. If additional space is needed, continue on item #12, or a separate sheet(s) and attach to application.

A. NAME OF EMPLOYER/MAILING ADDRESS (Check one:) <input checked="" type="checkbox"/> Present or <input type="checkbox"/> Last Employer [Redacted]	Telephone No.: [Redacted]	From: Mo <u>07</u> Day <u>08</u> Year <u>2008</u>	To: Mo <u>12</u> Day <u>22</u> Year <u>2008</u>
Immediate Supervisor: [Redacted]		HRS. WORKED PER WEEK: <u>40</u>	

Position Title: ELIGIBILITY SPECIALIST II	Salary: 10.28 HRLY	Reason for Leaving: [Redacted]
Type of Business (i.e. construction) SOCIAL SERVICES	This Position Is: <input type="checkbox"/> Supervisory <input type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	

Specific Duties Performed and Percentage of Time Spent:	%
PLEASE SEE ATTACHED	

B. NAME OF FORMER EMPLOYER/MAILING ADDRESS [Redacted]	Telephone No.: [Redacted]	From: Mo <u>02</u> Day _____ Year <u>1998</u>	To: Mo <u>11</u> Day <u>30</u> Year <u>1999</u>
Immediate Supervisor: [Redacted]		HRS. WORKED PER WEEK: <u>40</u>	

Position Title: ELIGIBILITY SPECIALIST II	Salary:	Reason for Leaving: [Redacted]
Type of Business: SOCIAL SERVICES	This Position Is: <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> Non-Supervisory / <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary	

Specific Duties Performed and Percentage of Time Spent:	%

C. NAME OF FORMER EMPLOYER/MAILING ADDRESS [Redacted]	Telephone No.: [Redacted]	From: Mo <u>06</u> Day _____ Year <u>1986</u>	To: Mo <u>09</u> Day _____ Year <u>1994</u>
Immediate Supervisor: [Redacted]		HRS. WORKED PER WEEK: <u>40</u>	

Position Title: [Redacted]	Salary:	Reason for Leaving:
Type of Business: [Redacted]	This Position Is: <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> Non-Supervisory / <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Temporary	

Specific Duties Performed and Percentage of Time Spent:	%

11. WORK EXPERIENCE (con't)			
D. NAME OF FORMER EMPLOYER/ MAILING ADDRESS: [REDACTED]		Telephone No.: [REDACTED]	From: Mo <u>10</u> Day <u>01</u> Year <u>2005</u> To: Mo <u>03</u> Day <u>30</u> Year <u>2006</u> HRS. WORKED PER WEEK: <u>35</u>
		Immediate Supervisor: [REDACTED]	
Position Title: Assistant Curator/Researcher		Salary: 745 euros/month	Reason for Leaving: [REDACTED]
Type of Business: Education/Research		This Position Is: <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary	
Specific Duties Performed and Percentage of Time Spent:			%
Bibliographical research			30
Guided Tours for foreigners			70
E. NAME OF FORMER EMPLOYER/ MAILING ADDRESS: [REDACTED]		Telephone No.: [REDACTED]	From: Mo <u>04</u> Day <u>01</u> Year <u>2000</u> To: Mo <u>03</u> Day <u>31</u> Year <u>2003</u> HRS. WORKED PER WEEK: <u>35</u>
		Immediate Supervisor: [REDACTED]	
Position Title: Researcher Grantee		Salary: [REDACTED]	Reason for Leaving: [REDACTED]
Type of Business: Education/Research		This Position Is: <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary	
Specific Duties Performed and Percentage of Time Spent:			%
Bibliographical and Archival Research			30
Exhibition Assemblage Assistant			30
Translator			10
Exhibition Guide for Foreigners			30
F. NAME OF FORMER EMPLOYER/ MAILING ADDRESS: Anthropology Museum of the University of Coimbra, Rua do Arco da Traição, 3000-995 Coimbra, Portugal		Telephone No.: [REDACTED]	From: Mo <u>10</u> Day <u>01</u> Year <u>1999</u> To: Mo <u>12</u> Day <u>31</u> Year <u>1999</u> HRS. WORKED PER WEEK: <u>35</u>
		Immediate Supervisor: [REDACTED]	
Position Title: [REDACTED]		Salary: [REDACTED]	Reason for Leaving: [REDACTED]
Type of Business: [REDACTED]		This Position Is: <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary	
Specific Duties Performed and Percentage of Time Spent:			%
Tour Guide/Interpreter			95
Room responsible duties			5

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A. NAME OF EMPLOYER/MAILING ADDRESS (Check one:) <input checked="" type="checkbox"/> Present or <input type="checkbox"/> Last Employer		Telephone No.:	From: Mo <u>01</u> Day <u>01</u> Year <u>2011</u>
		Immediate Supervisor: Maria Paula Meneses	To: Mo _____ Day _____ Year _____
Position Title: _____		Salary: _____	HRS. WORKED PER WEEK: <u>35</u>
Type of Business (i.e. construction) Academic research		This Position Is: <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary	
Specific Duties Performed and Percentage of Time Spent:			
Writing papers and communications			%
Conducting/Transcribing interviews			20
Bibliographical and archival research			50
Feeding the project's website			20
Other tasks related with the project outputs			5
		Telephone No.:	From: Mo <u>01</u> Day <u>15</u> Year <u>2007</u>
		Immediate Supervisor: _____	To: Mo <u>01</u> Day <u>30</u> Year <u>2007</u>
Position Title: Angola specialist for a mission to Luanda of the European Commission		Salary: 4,500 euros/15 days	HRS. WORKED PER WEEK: <u>45</u>
Reason for Leaving: Mission of 15 days only			
Type of Business: Consultancy		This Position Is: <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary	
Specific Duties Performed and Percentage of Time Spent:			
Preparing and conducting meetings with cultural agents in Angola			%
			100
		Telephone No.:	From: Mo <u>06</u> Day <u>01</u> Year <u>2006</u>
		Immediate Supervisor: _____	To: Mo <u>07</u> Day <u>30</u> Year <u>2007</u>
Position Title: Assistant		Salary: 450 euros/month	HRS. WORKED PER WEEK: <u>35</u>
Reason for Leaving: Low prospects and salary.			
Type of Business: Education/Research		This Position Is: <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/> Non-Supervisory / <input type="checkbox"/> Permanent <input checked="" type="checkbox"/> Temporary	
Specific Duties Performed and Percentage of Time Spent:			
Website maintenance			%
Content translations			10
International congress of archaeology team			20
Restoration apprenticeship			60
			10

DOA HUMAN RESOURCES DIVISION

Employee-Management Relations (EMR) Branch

Meet Your Presenters:

Kathryn M.C. Diaz graduated from the University of Guam on May 1984 with a Bachelor in Business Administration and Minor in Psychology. She has worked at various private sector jobs for about 14 years before joining the government of Guam. She is the Employee-Management Relations Officer with the Department of Administration Human Resources Division. She has worked for the government for the past 21 years in the EMR Branch and provides guidance to the line/non autonomous agencies and departments in the Executive Branch. She is responsible for the administration of rules pertaining to Employee Grievances, Adverse Actions, Performance Rating Appeal Procedures, Leave Sharing, PEMRA Rules and Regulations.



Meet Your Presenters:

Lora R. Mojica Lora has worked in the Government of Guam for over 18 years. She started out her government service from the Guam Memorial Hospital Authority for 10 years as a Patient Service Representative/Administrative Assistant where she coordinated the processing of patients (Pre-op Outpatient, ER and Admission In-house); perform interviews with Medicare recipients admitted to the Skilled Nursing Unit or their family members. In 2005 she joined the Department of Administration, Human Resources Division, Classification and Pay Branch as a Personnel Specialist I, where she was tasked to conduct audits, detail appointments, promised compensations, jacket reconstructions, classification reviews such as creation of positions, amendments and reassignment of pay grades. During her tenure with the branch she was promoted to a Personnel Specialist II and subsequently a Personnel Specialist III. She is currently assigned to the Employee Management-Relations Branch where she is tasked to provide technical guidance to employees from the line/non-autonomous agencies and departments in the Executive Branch.



Meet Your Presenters:

Catherine P. Borja Cathy is a Personnel Specialist III with the Department of Administration Human Resources Division with over 22 years of government service. At the start of her employment career, Cathy was initially employed as a Personnel Specialist II with the Training and Development Division where she provided instructional services to government employees such as New Employee Orientation, Best Customer Service, Basic and Advance Supervisory Workshops, to name a few. Cathy was eventually promoted to a Personnel Specialist III and was later assigned to the Test Development and Research Branch where she coordinated and administered test development activities for all line agencies. Cathy is currently assigned to the Employee Management Relation Branch where she provides technical guidance of the Branch's programs to employees of the line/autonomous agencies and departments of the Executive Branch.



EMR Agenda

- *Public Employee-Management Relations Act
- *Adverse Action & Employee Grievance Procedures
- *Employee Performance
- *Leave Administration

Public Employee-Management Relations Act (PEMRA)

- *Public Law 9-240:
Title 4 Guam Code Annotated (GCA) Chap 10
Title 2 Guam Administrative Rules & Regulations (GARR) Chap 5
- *any public employee shall have the right to form, join, assist and participate in the management of employee organizations of their own choice

*to promote orderly and constructive relationships between Government and its public employees

*by providing an opportunity for effective participation by employees in the formulation and implementation of policies and procedures affecting conditions of their employment

*subject to paramount requirements of law for conducting efficient and uninterrupted operations of Government

*to act as an organization representative or to refrain from any such activity, without interference, restraint, coercion or discrimination and without fear of penalty or reprisal

*provided that, employees shall not participate in the management of an organization or act as an organization representative, where such activity would result in a conflict of interest or otherwise be incompatible with law or with employee's official duties

*Employee Organization means any lawful association, labor organization, federation, council or brotherhood or any trade, craft or industrial union, made up in whole or in part of employees of the government of Guam and having as a primary purpose the improvement of working conditions among government employees

**Guam Federation of Teachers (GFT)

EXCLUSIONS

*Any government department or any office or entity in the Executive Branch, which is primarily performing:

**investigative, intelligence or security functions

**if the Governor of Guam determines that the provisions of this Chapter cannot be applied, in whole or in part, in a manner consistent with security requirements and considerations

*No unit shall be established which includes:

**government managerial officers

**supervisors or personnel workers in other than clerical positions, and non-supervisory employees

**a unit which includes both professional employees and nonprofessional employees unless a majority of such professional employees vote for inclusion in such unit

Adverse Action & Employee Grievance Procedures
(DOA PR&R Chap 11 & Chap 12)

Discipline, Grievance & Appeals

A. Forms of Disciplinary Action

- 1) Informal Discipline
- 2) Formal Discipline

B. Authorized Causes of Adverse Action

C. Adverse Action Procedures

D. Leave Pending Investigation

E. Employment Status During Imprisonment

F. Employee Grievance Procedures
1) Informal Process
2) Formal Procedures

Employee Performance
(DOA PR&R Chap 10)

A. Purpose

B. Identifying Critical Job Tasks & Setting Performance Standards

C. Mid-term Evaluation
*12 months (6 months) – Steps 1 through 6
*18 months (9 months) – Steps 7 through 9
*24 months (12 months) – Step 10 and Beyond

D. Final Evaluation

Health & Safety (DOA PR&R Chap 9)

A. Policy - ensures that applicants and employees meet the health & physical requirements for the efficient performance of their duties.

B. Kinds of Employment Medical Examinations
*Pre-Entry – physically fit to work
*Periodic – physically fit to work
*Special Medical Examination (Physical/Psychological)
-determine fitness to work
-provide reasonable accommodation due to current medical condition & schedule for follow up
-recommend medical retirement or medical

C. Administration of Employment Medical Examinations

*Medical examinations shall be administered by a licensed physician or other licensed professional on forms prescribed by the Director.

D. Temporary Medical Exemptions

*Employee completes the medical examination prior to appointment, otherwise completed at the earliest possible date and in no instance, later than 30 days.

E. Reasonable Accommodation

*Every effort shall be made by the appointing authority to provide reasonable accommodations to assure continued employment.

Leave Administration (DOA PR&R Chap 8)

A. Work-Injury Leave (Rule 8.300 & E.O. 97-31)

- *60 calendar days – administrative leave
- *thereafter employee uses their sick/annual leave
- *work with the department's identified officials (Safety Officer/Immediate Supervisor/Dept Head)
- *Rule 8.303(c)

An employee who is absent from work due to a work-injury and has completed a minimum of fifty percent (50%) of the performance rating period will be evaluated on his performance for that period. The employee will be entitled to a salary increment upon receiving a satisfactory rating.

B. Family Medical Leave Act (Rule 8.800)

Leave of absence, for a maximum of 12 weeks of unpaid leave during any 12-month period.

Purpose

- *Birth of a child
- *Placement/adoption of a child
- *Care of spouse, son, daughter or parent with a serious health condition
- *A serious health condition of the employee

Eligibility

- *Employee worked for the government of Guam for at least 12 months and 1,250 hours worked.

Medical Certification

*A medical certification may be required by the appointing authority to show dates of anticipated absence due to medical reasons or for childbirth.

*For your information – President Bush signed the first expansion of the FMLA in 15 years into law on January 28, 2008, which added two amendments to the existing law. The new FMLA rules for military families and their employers provide two new types of FMLA leave, Qualifying Exigency Leave and Servicemember Family Leave, which entitles continuation of group health benefits, allows intermittent leave and requires job restoration. Once we have received the updated information, DOA will issue a circular.

•Qualifying Exigency Leave grants up to 12 workweeks during a 12-month period arising out of the fact that the spouse, or a son, daughter, or parent of the employee is on active duty (or has been notified of an impending call or order to active duty) in the Armed Forces in support of a contingency operation.

•Servicemember Family Leave, an eligible employee who is the spouse, son, daughter, parent or next of kin of a covered servicemember shall be entitled to a total of 26 workweeks of leave during a 12-month period to care for a servicemember. A member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness and may serve as the basis for the military family leave.

C. Military Leave (Rule 8.413 and Uniformed Services Employment and Re-employment Rights Act –USERRA)

- *15 work days per fiscal year – administrative leave (no charge to leave)
- *annual leave, compensatory time off leave or leave without pay
- *PL21-1:10 (Defined Benefits) codified Title 4 GCA §8137.2
- *PL27-106 (Defined Contributions) codified Title 4 GCA §8209.2
- *PL24-258 (Carryover) codified Title 4 GCA §4119
- *PL31-279 Amend Title 4 GCA §4119 to allow use of compensatory time accrued for military leave.

D. Maternity & Paternity Leave (PL 26-108)

- *Leave shall not exceed 20 days – administrative leave
- *sick leave or leave without pay – at the option of the employee
- *leave sharing
- *total leave, whether maternity/paternity, sick or unpaid leave shall not exceed 6 months without approval of the employee’s supervisor
- *Codified Title 4 GCA §4107 – Maternity Leave and §4107.1 – Paternity Leave

E. Parental Involvement –E.O.98-20 dated July 23, 1998

An employee of the government of Guam, who is a parent, guardian, or in loco parentis, and who is not otherwise prohibited from such contact with his/her child by order of a court, may use FOUR (4) hours every two pay periods of administrative leave.

*teacher or other school official concerning the employee’s child’s performance or behavior or to volunteer parental-involvement time at their child’s school.

*Examples: Parent-teacher conference, school activities and programs, sports events

F. Leave Sharing Procedures (Appendix G)
PL29-19 Effective on October 1, 2007, DOA
Organizational Circular No. 08-006 dated November
28, 2007 with amended Leave Sharing forms,
codified Title 4 GCA 4109.2

*Sick/Annual Leave Donation Request for Medical
Emergency Reasons
*minimum ten (10) consecutive work days
*doctor's certification
*final approval by employee's appointing authority

*Annual Leave for Donation Request for Personal
Reasons
*minimum five (5) consecutive work days
*notarized affidavit or other proof of certification
*approval by recipient's appointing authority
*final approval by employee's appointing authority

G. Accumulation of Annual Leave and Use of
Excess Annual Leave

*DOA Organizational Circular No. 07-036
dated August 8, 2007

*PL27-106: Reinstated to employees with 15
years or more service to accrue 8 hours for
each full bi-weekly pay period.

*PL28-68: Employees entitled to annual leave
hereunder may accumulate up to 320 hours. Any
annual leave earned by eligible employees in
excess of 320 hours shall be credited to such
employee's accumulated sick leave provide, that
no more than 100 hours shall be credited to sick
leave at the end of each fiscal year.

If they separate from government through
resignation or retirement only 320 hours will be
paid out.

EMR Branch Handouts

1. Family and Medical Leave Act Forms:

*WH-380E: Employee's Serious Health Condition

*WH-380F: Family Member's Serious Health Condition

2. Title 4 Guam Code Annotated Chapter 8 Retirement of Public Employees – Military Purpose

*§8137.2 Employees on Active Duty, DB Members

*§8209.2 Employees on Active Duty, DC Members

3. Title 4 Guam Code Annotated Chapter 4

*§4107 Maternity Leave

*§4107.1 Paternity Leave

4. Governor's Parental Involvement

5. DOA Organizational Circular with amended Leave Sharing Forms

6. DOA Organizational Circular No. 07-036 dated 07-036 Subject: Accumulation of Annual Leave & Use of Excess Annual Leave

7. Brief of Adverse Action – Chapter 11

Certification of Health Care Provider for
Employee's Serious Health Condition
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 2/28/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: _____

Employee's job title: _____ Regular work schedule: _____

Employee's essential job functions: _____

Check if job description is attached: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to your own serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 20 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form. 29 C.F.R. § 825.305(b).

Your name: _____
First Middle Last

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: Your patient has requested leave under the FMLA. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: () Fax: ()

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?

No Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

Will the patient need to have treatment visits at least twice per year due to the condition? No Yes.

Was medication, other than over-the-counter medication, prescribed? No Yes.

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

No Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? No Yes. If so, expected delivery date: _____

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: No Yes.

If so, identify the job functions the employee is unable to perform:

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? No Yes.

If so, estimate the beginning and ending dates for the period of incapacity: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? No Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
 No Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? No Yes.

Is it medically necessary for the employee to be absent from work during the flare-ups?
 No Yes. If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency : _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

Certification of Health Care Provider for
Family Member's Serious Health Condition
(Family and Medical Leave Act)

U.S. Department of Labor
Wage and Hour Division



OMB Control Number: 1235-0003
Expires: 2/28/2015

SECTION I: For Completion by the EMPLOYER

INSTRUCTIONS to the EMPLOYER: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member. Please complete Section I before giving this form to your employee. Your response is voluntary. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308. Employers must generally maintain records and documents relating to medical certifications, recertifications, or medical histories of employees' family members, created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies.

Employer name and contact: _____

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II before giving this form to your family member or his/her medical provider. The FMLA permits an employer to require that you submit a timely, complete, and sufficient medical certification to support a request for FMLA leave to care for a covered family member with a serious health condition. If requested by your employer, your response is required to obtain or retain the benefit of FMLA protections. 29 U.S.C. §§ 2613, 2614(c)(3). Failure to provide a complete and sufficient medical certification may result in a denial of your FMLA request. 29 C.F.R. § 825.313. Your employer must give you at least 15 calendar days to return this form to your employer. 29 C.F.R. § 825.305.

Your name: _____
 First Middle Last

Name of family member for whom you will provide care: _____
 First Middle Last

Relationship of family member to you: _____

If family member is your son or daughter, date of birth: _____

Describe care you will provide to your family member and estimate leave needed to provide care:

Employee Signature _____ Date _____

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: The employee listed above has requested leave under the FMLA to care for your patient. Answer, fully and completely, all applicable parts below. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Limit your responses to the condition for which the patient needs leave. Page 3 provides space for additional information, should you need it. Please be sure to sign the form on the last page.

Provider's name and business address: _____

Type of practice / Medical specialty: _____

Telephone: (_____) _____ Fax:(_____) _____

PART A: MEDICAL FACTS

1. Approximate date condition commenced: _____

Probable duration of condition: _____

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
 No Yes. If so, dates of admission: _____

Date(s) you treated the patient for condition: _____

Was medication, other than over-the-counter medication, prescribed? No Yes.

Will the patient need to have treatment visits at least twice per year due to the condition? No Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?
 No Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? No Yes. If so, expected delivery date: _____

3. Describe other relevant medical facts, if any, related to the condition for which the patient needs care (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment):

PART B: AMOUNT OF CARE NEEDED: When answering these questions, keep in mind that your patient's need for care by the employee seeking leave may include assistance with basic medical, hygienic, nutritional, safety or transportation needs, or the provision of physical or psychological care:

4. Will the patient be incapacitated for a single continuous period of time, including any time for treatment and recovery? No Yes.

Estimate the beginning and ending dates for the period of incapacity: _____

During this time, will the patient need care? No Yes.

Explain the care needed by the patient and why such care is medically necessary:

5. Will the patient require follow-up treatments, including any time for recovery? No Yes.

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Explain the care needed by the patient, and why such care is medically necessary: _____

6. Will the patient require care on an intermittent or reduced schedule basis, including any time for recovery? No Yes.

Estimate the hours the patient needs care on an intermittent basis, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

Explain the care needed by the patient, and why such care is medically necessary:

7. Will the condition cause episodic flare-ups periodically preventing the patient from participating in normal daily activities? ___ No ___ Yes.

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: ___ times per ___ week(s) ___ month(s)

Duration: ___ hours or ___ day(s) per episode

Does the patient need care during these flare-ups? ___ No ___ Yes.

Explain the care needed by the patient, and why such care is medically necessary: _____

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER

Signature of Health Care Provider

Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 20 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Ave., NW, Washington, DC 20210.

DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.

**TITLE 4 GUAM CODE ANNOTATED
PUBLIC OFFICERS & EMPLOYEES
CH 8 RETIREMENT OF PUBLIC EMPLOYEES**

§ 8137.2. Employees on Active Duty.

The government shall pay the employer's and employee's shares for Retirement Fund contributions, group health insurance premiums, and group life insurance premiums for all officers and other employees of the government of Guam who are on leave without pay and on active duty with the Guam National Guard or the reserve components of any of the Armed Services of the United States. All agencies and departments of the government of Guam shall fund, from their respective annual budgets, the contributions for retirement, health insurance, and life insurance authorized by this section. The provisions of this section shall be retroactive to August 2, 1990.

SOURCE: Added by P.L. 21-1:10.

§ 8209.2. Employees on Active Duty.

The government shall pay the employer's and member's Government of Guam Defined Contribution Retirement System contributions, group health insurance premiums, and group life insurance premiums for all officers and other employees of the government of Guam who are on leave without pay and on active duty with the Guam National Guard or the reserve components of any of the Armed Services of the United States. All agencies and departments of the government of Guam shall fund, from their respective annual budgets, the contributions for retirement, health insurance, and life insurance authorized by this Section. The provisions of this Section shall be effective October 1, 2004.

SOURCE: Added by P.L. 27-106:VI:39.

**TITLE 4 GUAM CODE ANNOTATED
PUBLIC OFFICERS & EMPLOYEES
CH 4 PERSONNEL POLICY & THE CIVIL SERVICE COMMISSION**

§ 4107. Maternity Leave.

Maternity leave shall be granted to a female employee occupying a permanent position who is absent from work as a result of childbirth or adoption of a child(ren) five (5) years old or younger. Such maternity leave shall not exceed twenty (20) days, encompassing the date of childbirth or adoption. Any additional leave taken for such childbirth or adoption purpose may be charged against accumulated sick leave, or may be unpaid leave, at the option of the employee. Total leave, whether maternity, sick or unpaid leave, shall not exceed six (6) months without approval of the employee's supervisor.

SOURCE: § 4106 GCA, as reenacted by P.L.16-23; Repealed and reenacted by P.L.21-67:1. Amended by P.L.26-108:3.

§ 4107.1. Paternity Leave.

Paternity leave shall be granted to a male employee occupying a permanent position upon the birth or adoption of his child(ren). Such paternity leave shall not exceed twenty (20) days, encompassing the date of childbirth or adoption of a child(ren) five (5) years old or younger. Any additional leave taken for such purpose may be charged against accumulated sick leave, or may be unpaid leave, at the option of the employee. Total leave, whether paternity, sick or unpaid leave shall not exceed six (6) months without approval of the employee's supervisor.

SOURCE: Added by P.L. 21-67:2. Renumbered by Compiler from § 4117.1 in order to place the section in a more proper place, paired with "maternity leave" which was reenacted by the same public law as enacted this section. The Compiler believes the original numbering was a typographical error. Amended by P.L. 26-108:2.

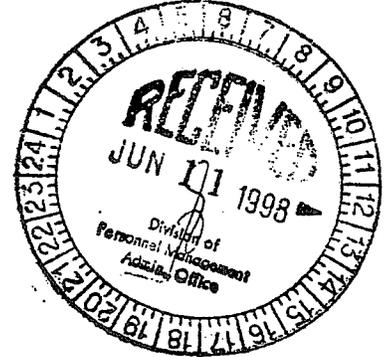


OFFICE OF THE GOVERNOR
GUAM

JUN 10 1998

MEMORANDUM

TO: All Agency Heads
FROM: Governor Carl T. C. Gutierrez 
SUBJECT: Governor's Parental Involvement Initiative



This past week, during the State of Our Island Address, I announced the signing of a significant document that is aimed at increasing our community's involvement in our children's education. Executive Order 98-16, the Governor's Parental Involvement Initiative recognizes that families today have many economic and social pressures which tend to curtail the amount of time parents can devote to their children. It also notes that children adjust and perform better in school where there is parental involvement in the children's school program.

The Goals 2000 program, as well as individual schools and school systems throughout the island have been instrumental in reaching out to parents. In addition, the federal Family and Medical Leave Act requires up to 12 weeks of unpaid leave for certain family and medical reasons. Along those lines, and in an effort to extend support to families and children, I have established a program that will enable an employee of the Government of Guam, who is a parent and who is not otherwise prohibited from contact with his or her child by a court order, to use up to Four (4) hours every Two (2) pay periods of Administrative Leave to meet with a teacher or school official concerning the employee's child. Volunteering at an employee's child's school is also considered eligible. The details of this program are contained in the attached Executive Order. For questions on the enforcement, please contact the Personnel Division of the Department of Administration.

This program is intended to benefit children and families, and shall not be abused. I ask all agency heads to inform their employees of the availability of this program. I also look to you to exercise good judgement in the application of this new program, as we encourage increased involvement by everyone in their children's education.

cc: Director, Department of Administration
Attachment

10A DIR. OFF.

1 JUN 93 2:27



TERRITORY OF GUAM
OFFICE OF THE GOVERNOR
AGAÑA, GUAM 96910
U. S. A.

EXECUTIVE ORDER NO. 98-16

RELATIVE TO CREATING A GOVERNOR'S PARENTAL INVOLVEMENT INITIATIVE.

WHEREAS, for some time it has been established that families need support in our society and there are many economic and social pressures on family units; and

WHEREAS, it has also been established that children adjust and perform better in school when there is parental involvement in the children's school program; and

WHEREAS, Goal's 2000 program, as well as individual schools and school systems throughout Guam have been instrumental in reaching out to parents to involve them in their children's education; and

WHEREAS, the federal government passed the Family and Medical Leave Act requiring up to 12 weeks of unpaid leave for certain family and medical reasons; and

WHEREAS, in an effort to extend support to families and support for children in the educational setting, it is desirable to enable parents to easily visit with school officials and teachers on educational and disciplinary matters; and

WHEREAS, the Personnel Rules and Regulations of the Department of Administration provides for allowance of Administrative Leave for attendance at Official Meetings/Conferences on or off-island; and

WHEREAS, Administrative Leave will allow parents to readily confer with teachers and other school officials concerning their children; and

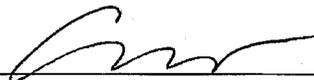
NOW, THEREFORE, I, CARL T. C. GUTIERREZ, I Maga'lahaen Guåhan, Governor of Guam, by virtue of the authority vested in me by the Organic Act do order:

1. A program to increase and support the involvement of parents in their children's education is established, to be known as the "Governor's Parental Involvement Initiative". This program shall consist of the following:
 - a) An employee of the government of Guam, who is a parent and who is not otherwise prohibited from such contact with his or her child by order of a court, may use up to Four (4) hours every Two (2) pay periods of Administrative Leave to meet with a teacher or other school official concerning the employee's child's

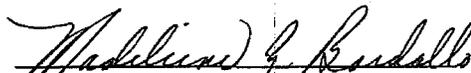


- performance or behavior or to volunteer parental-involvement time at their child's school;
- b) The program shall apply throughout all departments, agencies, and instrumentalities of the government, autonomous and non-autonomous;
 - c) A meeting with a teacher or other school official concerning a child's performance or behavior or to volunteer parental-involvement time at their child's school shall be considered as attendance at an official meeting/conference under Rule No. 8.402 of the Personnel Rules and Regulations of the Department of Administration for purposes of eligibility for Administrative Leave;
 - c) Administrative Leave under this program is pre-approved, but is dependent upon approval of the employee's supervisor for the good of the department, agency, or instrumentality;
 - d) The Four (4) hours every Two (2) pay periods of Administrative Leave may be utilized at the arrangement of the employee with the employee's supervisor, and may be split into smaller separate segments over the Two (2) pay period time frame.

SIGNED AND PROMULGATED at Hagåtña, Guam this 4th day of June, 1998.


CARL T. C. GUTIERREZ
I Maga'láhen Guáhan
Governor of Guam

COUNTERSIGNED:


MADELEINE Z. BORDALLO
Segunda na Maga'láhen Guáhan
Lieutenant Governor of Guam

**EXECUTIVE ORDER 98-16
GOVERNOR'S PARENTAL INVOLVEMENT INITIATIVE
ADMINISTRATIVE EXCUSE SLIP**

Name of Parent(s):	Date:
Name of Student(s):	Grade(s):
Name of School:	
Arrival time at School:	
Departure time from School:	Total Hours:
<p>This is to certify that the above named parent(s) (guardian, in-loco-parentis) of the student(s) identified has visited the school for a conference with his/her child's/children's teacher or school official, to attend a function involving his/her child/children, or as a volunteer to assist in the child's/children's school activities:</p> <p style="text-align: center;">Signature of Teacher or School Official</p>	
<p>NOTE: This Administrative Excuse Slip must be attached to the Leave Form for approval by the supervisor.</p>	

**EXECUTIVE ORDER 98-16
GOVERNOR'S PARENTAL INVOLVEMENT INITIATIVE
ADMINISTRATIVE EXCUSE SLIP**

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<p>NOTE: This Administrative Excuse Slip must be attached to the Leave Form for approval by the supervisor.</p>	



TERRITORY OF GUAM
OFFICE OF THE GOVERNOR
AGAÑA, GUAM 96910
U. S. A.

EXECUTIVE ORDER NO. 98-20

**RELATIVE TO AMENDING EXECUTIVE ORDER NO.
98-16, WHICH CREATED A GOVERNOR'S PARENTAL
INVOLVEMENT INITIATIVE.**

WHEREAS, for some time it has been established that families need support in our society and there are many economic and social pressures on family units; and

WHEREAS, it has also been established that children adjust and perform better in school when there is parental involvement in the children's school program; and

WHEREAS, Goal's 2000 program, as well as individual schools and school systems throughout Guam have been instrumental in reaching out to parents, guardians or in loco parentis to involve them in their children's education; and

WHEREAS, in an effort to extend support to families and support for children in the educational setting, it is desirable to enable parents, guardians, or in loco parentis to easily visit with school officials and teachers on educational and disciplinary matters; and

WHEREAS, Administrative leave will allow parents, guardians, or in loco parentis to readily confer with teachers and other school officials concerning their children; and

NOW, THEREFORE, I, CARL T. C. GUTIERREZ, I Maga'láhen Guåhan, Governor of Guam, by virtue of the authority vested in me by the Organic Act do order:

1. A program to increase and support the involvement of parents in their children's education is established, to be known as the "Governor's Parental Involvement Initiative". This program shall consist of the following:
 - a) An employee of the government of Guam, who is a parent, guardian, or in loco parentis, and who is not otherwise prohibited from such contact with his or her child by order of a court, may use up to a maximum of Four (4) hours every Two (2) pay periods of Administrative Leave to meet with a teacher or other school official concerning the employee's child's performance or behavior or to volunteer parental-involvement time at their child's school;

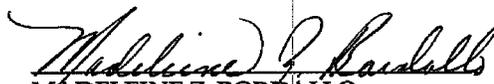


- b) The program shall apply throughout all departments, agencies, and instrumentalities of the government, autonomous and non-autonomous;
- c) A meeting with a teacher or other school official concerning a child's performance or behavior or to volunteer parental-involvement time at their child's school, including attendance at a graduation, school play, school fair, and so forth, shall be considered as attendance at an official meeting/conference under Rule No. 8.402 of the Personnel Rules and Regulations of the Department of Administration for purposes of eligibility for Administrative Leave;
- d) The authorized Four (4) hours administrative leave every Two (2) pay periods for the Governor's Parental Involvement Initiative may be utilized at the arrangement of the employee with the employee's supervisor, and may be split into smaller separate segments over the Two (2) pay period time frame, but shall not be carried over to the next Two (2) pay periods or thereafter;
- e) The Governor's Parental Involvement Initiative pre-approves the Four (4) hours administrative leave but in no way removes the supervisory responsibility for the accountability of subordinate employees' whereabouts during a workday. Employees must request for the administrative leave from their supervisors, in advance, as with any other planned leave. Supervisors shall be prudent and reasonable in their decisions;
- f) The Attachment to this Executive Order shall be used and made a part of all requests for administrative leave in order to ensure accountability of public employees in regard to this initiative.

SIGNED AND PROMULGATED at Hagåtña, Guam this 23rd day of July, 1998.


CARL T. C. GUTIERREZ
I Maga'lahaen Guåhan
Governor of Guam

COUNTERSIGNED:


MADELEINE Z. BORDALLO
Segunda na Maga'lahaen Guåhan
Lieutenant Governor of Guam

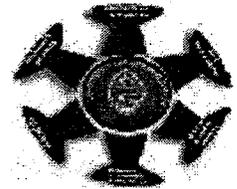


Felix P. Camacho
Governor
Michael W. Cruz, M.D.
Lieutenant Governor

GOVERNMENT OF GUAM
(GUBETNAMENTON GUÅHAN)

DEPARTMENT OF ADMINISTRATION
(DIPATTAMENTON ATMENESTRASION)

DIRECTOR'S OFFICE
(Ufisinan Direktot)
Post Office Box 884 * Hagåtña, Guam 96932
TEL: (671) 475-1101/1250 * FAX: (671) 477-6788



Lourdes M. Perez
Director
Joseph C. Manibusan
Deputy Director

NOV 28 2007

Department of Administration Organizational Circular No. 08-006

To: All Department and Agency Heads
From: Director, Department of Administration
Subject: Amended Provisions
RE: Leave Sharing Procedures

Buenas yan Hafa Adai! This circular has reference to the amendments made to §4109.2 (b) Voluntary Transfer of Sick Leave or Annual Leave pursuant to Section 96, Chapter VI Miscellaneous Provisions of Public Law 29-19 effective October 1, 2007. Please be advised of the following changes as numbered:

- 1) If a government of Guam employee desires to transfer a number of hours of earned sick leave or annual leave to another employee in any department or agency of the government, the **recipient** must first exhaust all accrued annual and sick leave, and compensatory time for the purposes of a medical emergency or for personal reasons. However, in applying donated sick leave, please be aware of the provisions of §4108(c) 1 & 2, which identifies when sick leave with pay is allowed. As a result, the voluntary transfer of sick leave for other than its intended purposes is prohibited.

4108(c) 1 provides:

The employee is compelled to be absent from duty on account of physical or mental illness; injury; mental health examination, counseling or treatment; pregnancy; childbirth; medical, dental or optical examination or treatment; or because of quarantine due to his own or another's illness.

4108(c) 2 provides:

The employee is compelled to be absent from duty to provide health care for a member of the employee's immediate family as a result of serious illness or injury and the employee has exhausted all annual leave and compensatory time available. Serious illness or injury means an urgent condition that is certified by the attending physician as requiring hospitalization, institutionalization, or extended home care in which the person needs the constant administration of special medical care or support.

- 2) Leave transferred from *donors* whose *hourly rates of pay* or *salaries* are *lower* than the *recipient* shall be paid at the *hourly rate* or *salary* of the *donor*.

Leave transferred from *donors* whose *hourly rates of pay* or *salaries* are *higher* than the *recipient*, shall be paid at the *hourly rate* or *salary* of the *recipient*.

The extent of the above provision will be applied based in the following manner and where applicable:

Recipient's hourly rate is \$21.18. The Donor's hourly rate is \$16.55. The number of donated leave hours is 50. The 50 hours of leave donated will be paid out at the donor's hourly rate of \$16.55 pursuant to the amended provisions of §4109.2 (b).

Recipient's hourly rate is \$16.55. The Donor's hourly rate is \$21.18. The number of donated leave hours is 50. The 50 hours of leave donated will be paid out at the recipient's hourly rate of \$16.55 pursuant to the amended provisions of §4109.2 (b).

- 3) Participation in the leave-sharing program *shall not exceed* ninety (90) working days. (Previous provision provided "*shall not exceeding...*")

Based on the changes made to §4109.2(b), please use the attached amended leave sharing request forms.

Effective immediately, to ensure compliance of the Leave Sharing Program requirements, pursuant to PL 29-19, all approved and disapproved leave-sharing requests effective October 1, 2007 and thereafter for medical emergency reasons shall be forwarded to the Human Resources Division for compliance review purposes.

Should you have any questions, please contact our Employee Management Relations Branch of the Human Resources Division at 475-1249 or 475-1288. Si Yu'os Ma'ase.


LOURDES M. PEREZ

Attachments

Government of Guam
Department of Administration

**INSTRUCTIONS FOR COMPLETING FORM
Sick/Annual Leave Donation Request for Medical Emergency Reasons**

1. Enter the employee names, the Recipient first and then the Donor.
2. Enter the Social Security Numbers for both employees.
3. Enter the Class Title (position titles) of the employees and the associated Pay Grade/Step for each.
4. Enter each employee's Hourly Rate and Salary.
5. Enter each employee's Agency/Department and Division.
6. Enter the dates (From - To) for which the Donated Leave Period is to be used.

NOTE: These dates must not be for a prior period of time as the request must be approved before leave can be taken. Also, enter the Total Hours to be used during this period of time (identify hours of leave [sick and/or annual leave] donated).

7. Explain the appropriate medical emergency reason (employee or employee's immediate family member) for which this leave will be used. The Recipient employee must sign and date the form.
8. To receive leave, the requesting employee (Recipient) must obtain certification from his/her agency/department Chief Payroll Officer/Authorized Designee on his/her leave account and total donated leave sharing approved and paid to date in accordance with the Leave Sharing Program.
9. To donating employee (Donor) must certify this request by signing, dating and indicating total leave (sick and/or annual leave) hours donating on the form. In addition, the Donor employee must obtain certification from his/her Chief Payroll Officer/Authorized Designee indicating the Donor has accrued the amount of leave to be donated in the Donor's leave account.

INSTRUCTION FOR RECIPIENT ON THE REQUIRED DOCUMENTATION

- A. The Recipient shall attach a copy of the medical certification by a licensed practicing physician. (Employee or employee's immediate family member [certification must identify immediate family member's medical condition, relationship to employee and timeframe or time period]).
 - B. Attach a copy of the approved Request for Leave (Form FCN 2-0-1). Note: Absence must be for a minimum of ten (10) consecutive workdays for medical emergency reasons. To donate leave hours, the Donor employee must obtain certification from his/her Chief Payroll Officer/Authorized Designee indicating the Donor has accrued the amount of leave hours to be donated.
10. Recipient's Appointing Authority's printed name, position title and signature.

GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
SICK/ANNUAL LEAVE DONATION REQUEST FOR MEDICAL EMERGENCY REASONS

	LEAVE RECIPIENT	LEAVE DONOR
1. EMPLOYEE NAME		
2. SOCIAL SECURITY NO.		
3. CLASS TITLE & PAYGRADE		
4. HOURLY RATE/SALARY		
5. AGENCY/DIVISION		

6. Donated Leave Period: FROM-TO: _____ Total Hours: _____ SL/AL

7. Explanation of Illness/Injury: _____

I hereby certify that I have secured permission from my agency to use donated sick and/or annual leave pursuant to the leave sharing procedures. This request is due to the above referenced illness/injury and will be used during the dates listed above in order to continue my compensation. I understand that my own accrued leave will be exhausted first before receiving the donated leave.

Certification of Leave: _____ Date: _____
Recipient's Signature

8. CERTIFICATION FROM LEAVE RECIPIENT'S CHIEF PAYROLL OFFICER

A. I certify that the employee requesting for donated leave has accrued the following hours to his/her leave account.

- ANNUAL LEAVE Balance: _____ PPE: _____
- SICK LEAVE Balance: _____ PPE: _____
- COMPENSATORY TIME Balance: _____ PPE: _____
- Other: _____ Balance: _____ PPE: _____

Chief Payroll Officer/Authorized Designee: _____ Date: _____

9. CERTIFICATION OF LEAVE DONOR

A. I hereby certify that I am voluntarily donating leave hours on item 6 above and request that my Chief Payroll Officer transfer the above listed hours of my sick and/or annual leave to the Leave Recipient listed above.

Leave Donor's Signature: _____ Date: _____

B. I hereby certify that the Donor has accrued the amount of leave to be donated.

- ANNUAL LEAVE Balance: _____ PPE: _____
- SICK LEAVE Balance: _____ PPE: _____

Chief Payroll Officer/Authorized Designee: _____ Date: _____

10. APPROVED DISAPPROVED

Recipient's Appointing Authority: _____ Date: _____
(Please Print Name, Title & Signature)

DOA HRD EMR (Initial/Date): _____

Government of Guam
Department of Administration

**INSTRUCTIONS FOR COMPLETING FORM
Annual Leave Donation Request for Personal Reasons**

1. Enter the employee names, the Recipient first and then the Donor.
2. Enter the Social Security Numbers for both employees.
3. Enter the Class Title (position titles) of the employees and the associated Pay Grade/Step for each.
4. Enter each employee's Hourly Rate and Salary.
5. Enter each employee's Agency/Department and Division.
6. Enter the dates (From – To) for which the donated leave hours are to be used.

NOTE: These dates must not be for a prior period of time as the request must be approved before leave can be taken. Also, enter the Total Hours to be used during this period of time (hours of leave donated).

7. Explain the appropriate personal reason (reasons authorized by leave sharing procedures) for which this leave will be used. The Recipient employee must sign and date the form.
8. To receive leave, the requesting employee (Recipient) must obtain certification from his/her agency/department Chief Payroll Officer/Authorized Designee, total donated leave sharing approved and paid to date and the approval of the Appointing Authority indicating the request meets all guidelines and is approved for acceptance of the donated leave hours.
9. The donating employee (Donor) must certify this request by signing and dating the form.

To donate annual leave hours, the Donor employee must obtain certification from his/her Chief Payroll Officer/Authorized Designee indicating the Donor has accrued the amount of annual leave hours to be donated.

10. Final approval for donated leave requests for personal reasons (other than medical emergency reasons) is the Director of Administration. Upon approval/disapproval of the request, the original and copy will be forwarded to the respective Recipient and Donor's Chief Payroll Officer/Authorized Designee, and the respective Appointing Authorities/Timekeepers of both employees.
11. The Recipient shall attach some form of proof, e.g. notarized affidavit or other certification to prove validity of request for a minimum period of five (5) consecutive workdays.
12. Attach a copy of the approved Request for Leave (Form FCN 2-0-1 – Government of Guam Leave Form).

NOTE: Absence must be for a minimum of five (5) consecutive workdays for personal reasons.

GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
ANNUAL LEAVE DONATION REQUEST FOR PERSONAL REASONS

	LEAVE RECIPIENT	LEAVE DONOR
1. EMPLOYEE NAME		
2. SOCIAL SECURITY NO.		
3. CLASS TITLE & PAYGRADE		
4. HOURLY RATE/SALARY		
5. AGENCY/DIVISION		

6. Donated Leave Period: FROM-TO: _____ Total Hours: _____ AL

7. Authorized Personal Reason(s): _____

I hereby certify that I have secured permission from my agency to use donated annual leave pursuant to the leave sharing procedures. This request is due to the above referenced personal reason(s) and will be used during the dates listed above in order to continue my compensation because my own accrued leave will be exhausted first before receiving the donated leave.

Certification of Leave: _____ Date: _____

Recipient's Signature

8. CERTIFICATION FROM LEAVE RECIPIENT'S CHIEF PAYROLL OFFICER

A. I certify that the employee requesting for donated leave has accrued the following hours to his/her leave account.

- ANNUAL LEAVE Balance: _____ PPE: _____
- COMPENSATORY TIME Balance: _____ PPE: _____
- SICK LEAVE Balance: _____ PPE: _____
- Other: _____ Balance: _____ PPE: _____

Chief Payroll Officer/Authorized Designee: _____ Date: _____

B. I hereby certify for the Recipient Agency listed above that this request meets the guidelines for donating annual leave pursuant to the leave sharing procedures. I authorize my agency to add the total hours donated above to the Recipient Employee listed.

Recipient's Appointing Authority: _____ Date: _____
(Please Print Name, Title & Signature)

9. CERTIFICATION OF LEAVE DONOR

A. I hereby certify that I am voluntarily donating leave hours on item 6 above and request that my Chief Payroll Officer transfer the above listed hours of my annual leave to the Leave Recipient listed above.

Leave Donor's Signature: _____ Date: _____

B. I hereby certify that the Donor has accrued the amount of leave to be donated.

- ANNUAL LEAVE Balance: _____ PPE: _____

Chief Payroll Officer/Authorized Designee: _____ Date: _____

10. APPROVED DISAPPROVED

Director of Administration: _____ Date: _____
(Please Print Name, Title & Signature)



AFFIDAVIT

THIS IS TO CERTIFY THAT, FOR THE PURPOSE OF RECEIVING DONATED LEAVE FOR A PERSONAL REASON, I AM INVOLVED IN ONE OF THE APPROVED REASONS FOR DONATED LEAVE LISTED BELOW: (Check One)

- 1. Adopting a child or placing a child up for adoption.
- 2. Undergoing divorce or separation proceedings.
- 3. Death of a family member:
 Name of Deceased: _____
 Relationship to Employee: _____ Date of Death: _____
- 4. Undergo Cosmetic and/or voluntary surgery.
- 5. Temporary care of child or children until permanent child care arrangements can be made. (Child's Name & Age)
- 6. Take care of legal commitments.
- 7. Return to school, take additional training and other educational programs.
- 8. Temporary care of an elderly or physically/mentally disabled member of the family.
 Name of Family Member: _____
 Relationship to Employee: _____ Date of Birth: _____
- 9. OTHER: (Specify) _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENT IS TRUE AND CORRECT AND THAT NO COMPENSATION, FAVORS, OR ITEMS OF VALUE WERE GIVEN IN EXCHANGE FOR THE USE OF DONATED LEAVE.

	EMPLOYEE'S SIGNATURE	DATE
GUAM)) CITY OF AGANA)	ss	

On this _____ day of _____, before me, a Notary Public in and for Guam, personally appeared _____, and he/she acknowledged to me that he/she executed the foregoing instrument, as his/her voluntary act and deed for the purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

NOTARY PUBLIC
My Commission Expires:

< S E A L >



Felix P. Camacho
Governor
Michael W. Cruz, M.D.
Lieutenant Governor

DEPARTMENT OF ADMINISTRATION
(DIPATTAMENTON ATMENESTRASION)
DIRECTOR'S OFFICE
(Ufisinan Direktot)
Post Office Box 884 * Hagatna, Guam 96932
TEL: (671) 475-1101/1250 * FAX: (671) 477-6788



Lourdes M. Perez
Director
Joseph C. Manibusan
Deputy Director

AUG 8 2007

DEPARTMENT OF ADMINISTRATION ORGANIZATIONAL CIRCULAR NO.: 07-036

To: All Non-Autonomous Agency and Department Heads
From: Director, Department of Administration
Subject: Accumulation of Annual Leave and Use of Excess Annual Leave

Buenas yan Hafa Adai! This circular is to provide guidance to Human Resources and Payroll Personnel in the application of annual leave. In 2004 and 2005, Public Laws 27-106 and 28-68 were enacted affecting the accrual of annual leave. Please note the following changes:

Public Law 28-68, Chapter IV Miscellaneous Provisions, Section 112, §4109(a) Title 4 GCA is hereby amended by amending Item (2) and adding a new Item (3), to read:

- (1) One-half day (4 hours) for each full bi-weekly pay period in the case of employees with less than five (5) years of service;
- (2) Three-fourths day (6 hours) for each full bi-weekly pay period in the case of employees with five (5) years of service but less than fifteen (15) years of service;
- (3) One (1) day (8 hours) for each full bi-weekly pay period in the case of employees with fifteen (15) years or more service.

Public Law 27-106, Chapter VI Miscellaneous Provisions, Section 19, §4109(c) of Title 4 GCA is hereby amended to read:

(c) Employees entitled to annual leave hereunder may accumulate up to three hundred twenty (320) hours. Any annual leave earned by eligible employees in excess of three hundred twenty (320) hours shall be credited to such employee's accumulated sick leave, provided, that *no more than* one hundred (100) hours shall be credited to sick leave at the end of each fiscal year. The determination of accumulation of annual leave, and crediting of excess hours to sick leave, shall be done at the end of each fiscal year.

Notwithstanding the provision of this Section, employees who have accumulated annual leave in excess of three hundred twenty (320) hours as of February 28, 2003, may carry over their excess and shall use the excess amount leave, prior to retirement or termination from service. At

DEPARTMENT OF ADMINISTRATION ORGANIZATIONAL CIRCULAR NO.: 07-036

Accumulation of Annual Leave and Use of Excess Annual Leave

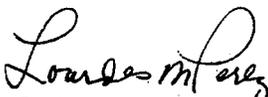
Page Two

the time of retirement or termination of service, that portion permitted to be credited to sick leave shall be credited and the remainder of the excess leave, if any, shall be lost. Nothing herein shall allow lump sum compensation or retirement credit for annual leave in excess of three hundred twenty (320) hours.

Human Resources & Payroll Personnel are advised that the remainder of any excess annual leave beyond 420 hours (100 hours credited to sick leave) shall be carried over at the end of a fiscal year and shall not be lost, unless an employee retires or resigns prior to using any excess annual leave. The provision of §4109(c) will apply.

We highly recommend that managers/supervisors develop annual leave plans for employees with excess annual leave to ensure employees' leave are not forfeited. These plans will assist management in preventing the accumulation of annual leave in excess of 320 hours and the possible loss of any excess annual leave upon separation or retirement from government of Guam service. Please be guided accordingly.

Should you have any questions, please contact our Human Resources Division at 475-1249 or 475-1288. Si Yu'os Ma'ase.


LOURDES M. PEREZ

Chapter 11

Adverse Action Procedures

Statement of Policy

This chapter sets forth the guidelines and procedures by which the appointing authority may suspend, demote or dismiss a permanent classified employee for cause.

A department head may remove an employee for such misconduct and non-performance, which affects the efficiency of the service. An adverse action is a last resort, especially when supervisors/management had followed progressive discipline, if applicable.

Use of Progressive Discipline

Supervisor and managers share the responsibility for strict adherence to employee's job protection rights and considerations including:

- *First indication that an on-the-job or personal problem is affecting the employee's job performance - **informal counseling**.

- *Start **documenting** - identifying the problem, providing specific training and reasonable opportunity for the employee to correct inadequate performance or level of his/her job performance, such as tardiness or lack of attention to work requirements.

- ***Communication and Documentation are very important.**

Final Notice: 60 days after management knew, or should have known the facts or events which form the alleged basis for the adverse action.

Definition: Misconduct is any action of an employee which is of a personal nature not related to the employee's ability to perform the job, but which constitutes a violation of regulations governing expected employee conduct on the job.

***Authorized Causes of Adverse Action**

- A. Fraud in securing appointment
- B. Refusal or failure to perform prescribed duties and responsibilities.
- C. Insubordination.
- D. Intoxication while on duty or the unauthorized possession, use or sale of alcohol on duty on while on government premises.
- E. Unlawful use, possession, or sale of illicit drugs.
- F. Unauthorized absence.
- G. Conviction of a crime.
- H. Discourteous treatment to the public or other employees.
- I. Political activity prohibited by law.
- J. Misuse or theft of government property.
- K. Refusal to take and subscribe to any oath or affirmation which is required by law in connection with employment.
- L. Acts prohibited by Section 9102, 4 GCA relating to strikes against the government.
- M. Acts of prohibited discrimination to include sexual harassment.
- N. Failure to comply with the Drug-Free Workplace Program.
- O. Other misconduct not specifically listed.

An Adverse Action results in a **SUSPENSION, DEMOTION, OR DISMISSAL.**

A supervisor/manager can recommend for an adverse action, but only the Appointing Authority can sign the Adverse Action Form, which is issued to the permanent classified employee.

Adverse Action Procedure Flow Chart provided.

SEXUAL HARRASSMENT

Awareness and Sensitivity at the Workplace

2013 Governor's Symposium on Work Force
Development

Meet Your Presenter

Robert D. Taitano

Personnel Specialist IV

■ Robert has been with the Department of Administration (DOA) for approximately 20 years in several capacities. He was with the Recruitment Branch for most of his DOA career eventually supervising the branch from 1999 to 2004. He is currently the Training Branch supervisor and also serves as the acting Equal Employment Opportunity Specialist. For a little over three years, Robert served as a Personnel Specialist IV at the Guam Power Authority handling Recruitment and Benefits for the utility agency. He holds a Bachelor's of Business Administration degree with an emphasis in Management from the University of Guam.



GOAL

- **To increase awareness among employees concerning the problems of sexual harassment in the workplace.**
- **To maintain a work environment free of unsolicited, unwelcome sexual overtones and conducts.**

General Points

- Sexual harassment is a form of sex discrimination in violation of Title VII of the Civil Rights Act.
- The Supreme Court has made it clear that its a form of unlawful sex discrimination in violation of the Civil Rights Act.

DEPARTMENT OF ADMINISTRATION PERSONNEL RULES & REGULATIONS

- CHAPTER 1, RULE 1.200A
EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of the government of Guam that there shall be no discrimination in employment against any person on the basis of race, color, sex (sex discrimination), religion, national origin, age, marital status, disability, or political affiliation, except for bona fide occupational qualifications or legal requirements.

DEPARTMENT OF ADMINISTRATION PERSONNEL RULES & REGULATIONS

- APPENDIX F -
EQUAL EMPLOYMENT
OPPORTUNITY

ADVERSE ACTION

■ DEPARTMENT OF ADMINISTRATION
PERSONNEL RULES & REGULATIONS

CHAPTER 11, RULE 11.303 AUTHORIZED
CAUSES FOR ADVERSE ACTION

m. “Acts of prohibited
discrimination to include
sexual harassment.

*EQUAL EMPLOYMENT OPPORTUNITY
COMMISSION'S
DEFINITION OF SEXUAL
HARRASSMENT*

UNWELCOME sexual advances,
requests for sexual favors, and
other verbal or physical conduct
of a sexual nature constitutes
unlawful sexual harassment when:

**1. Submission to such
conduct is made either
explicitly or implicitly a
term or condition of an
individual's
employment;**

or

2. Submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual, *or*

3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

**EXAMPLES
SEXUAL HARASSMENT**

- Can consists of the presence or display of sexually suggestive items in the workplace; any treatment of a person as a sex object rather than as a worker or even subtle undertones and innuendoes.

**EXAMPLES
SEXUAL HARASSMENT**

- Must be a term or condition of employment.
- Must be the basis of an employment decision.

**Two Forms of
Sexual Harassment**

- Hostile Work Environment
 - Tangible Job Action
(Quid pro quo)

HOSTILE WORK ENVIRONMENT

- Sexual advances, requests for sexual favor or other verbal, physical or visual conduct of a sexual nature.
- UNWELCOME

HOSTILE WORK ENVIRONMENT

■ Sufficiently severe or pervasive to alter the conditions of employment such as interfering with work performance, creating an intimidating, hostile or offensive work environment.

HOSTILE WORK ENVIRONMENT

■ Usually committed by management and employees.

HOSTILE WORK ENVIRONMENT

□ Sexual comments or conduct that have the effect of unreasonably interfering with an individual's work performance or creating a hostile or offensive working environment.

HOSTILE WORK ENVIRONMENT

- This type of harassment is often more subtle than tangible employment action, and more difficult to determine where the line falls between what is lawful and unlawful conduct.

HOSTILE WORK ENVIRONMENT

- Sexual flirtation or innuendo, even vulgar language that is trivial or merely annoying, would probably not establish a hostile environment.

TANGIBLE JOB ACTION

WHERE SUBMISSION TO UNWELCOME SEXUAL CONDUCT IS:

- A term or condition of receiving a job benefit.
- Used as a basis for employment decision.

TANGIBLE JOB ACTION

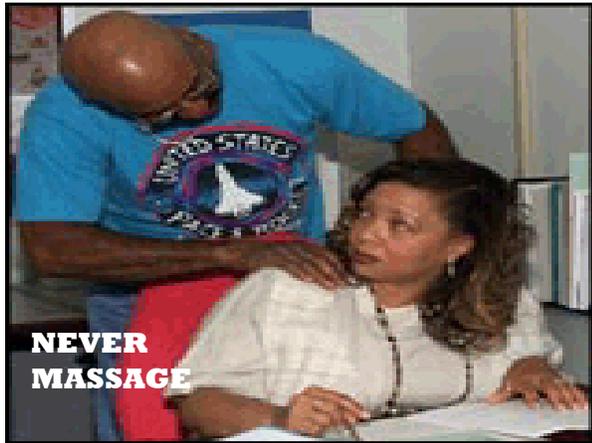
- Committed by someone in management.

➤ Example:

Have a sexual relationship with me and I will see to it that you get a promotion.











EXAMPLES OF HARASSING BEHAVIORS

VERBAL

UNWELCOME WORDS DIRECTED AT ANOTHER TO INCLUDE:

- Suggestive remarks, conversation and sounds of a sexual nature or conversation with sexual overtones ranging from subtle hints to outright propositions.
- Jokes/stories with sexual overtones.

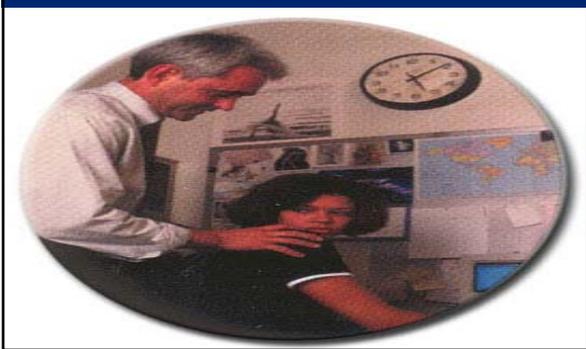
- Comments on appearances; person's body, make up, hair or dress that have nothing to do with the job.
- Invitations for lunch, dinner, drinks, dates and sexual relations.
- Threats, hints and blatant proposals.

PHYSICAL

❑ **UNWELCOME** contact with another person; by bumping, touching, stroking, grabbing, kissing, hugging, patting, pinching, suggestive gestures, cornering and standing too close.

Like: **“elevator eyes”**

Never, Never, Never Touch.





NEVER NEVER NEVER!

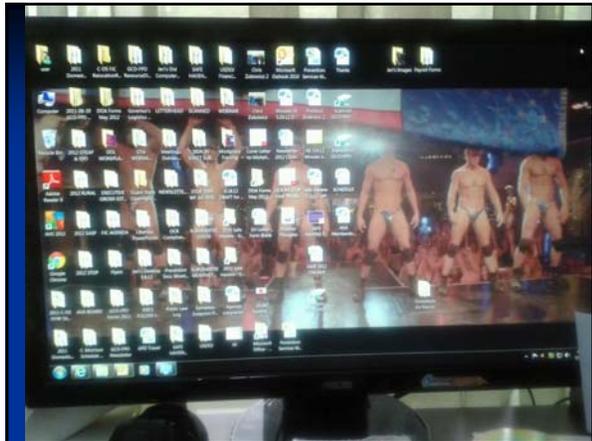


President Bush gives German Chancellor Angela Merkel impromptu massage at G8 Summit

VISUAL - PICTORIAL

□ UNWELCOME exposure to sexually explicit pictures, photos, drawings, cartoons, notes, magazines, posters, calendars, objects, screen savers, videos, graffiti, and staring.







WRITTEN

- Unwelcome personal letters or email.
- Love Poems – Love Letters
- Obscene Poems – Obscene Letters

TWO ELEMENTS REQUIRED TO ESTABLISHED SEXUAL HARASSMENT:

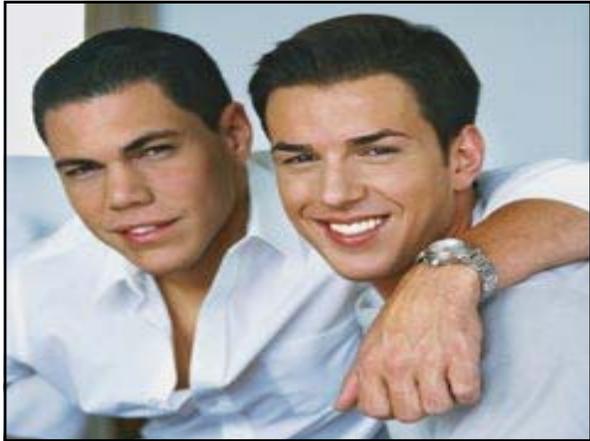
1. The alleged conduct must be of **SEXUAL NATURE:**
 - ❑ The conduct, however, need not involve sexual relations or a demand for sexual relations.

TWO ELEMENTS REQUIRED TO ESTABLISH SEXUAL HARASSMENT:

2. The sexual conduct must be **UNWELCOME.**
 - ❑ Sexual conduct between two consenting adults does not constitute sexual harassment.

SAME SEX HARASSMENT

- ❑ The Supreme Court (*Oncale V. Sundowner Offshore Services Inc.*) rules that the same-sex sexual harassment is a form of discrimination protected by Title VII of the Civil Rights Act.





SAME SEX?

NEVER TOUCH

RETALIATION

- If it's necessary to separate the complainant and the alleged harasser during the investigation, don't move the complainant.

FREQUENCY AND SEVERITY

- ❑ The more frequent the conduct, the less severe it need to be to create a hostile environment.
- ❑ The less frequent the conduct, the more severe it must be.

FREQUENCY AND SEVERITY

- ❑ One isolated instance of harassment is generally not enough.

FREQUENCY AND SEVERITY

- A request for a date even by a supervisor, would not create a hostile environment.
 - It depends on all the circumstances.

QUESTION ?

When does a look
become a leer,
a touch become a grope,
and a joke become
harassment?

RESPECT

- The most important thing to remember in order to stop all forms of harassment is to treat family, friends, employees and strangers with **RESPECT.**

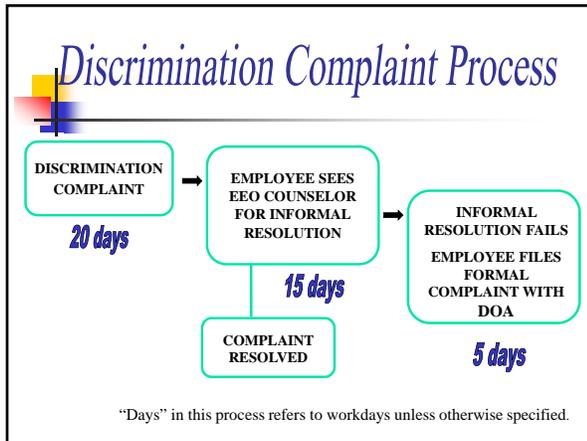
RESPECT

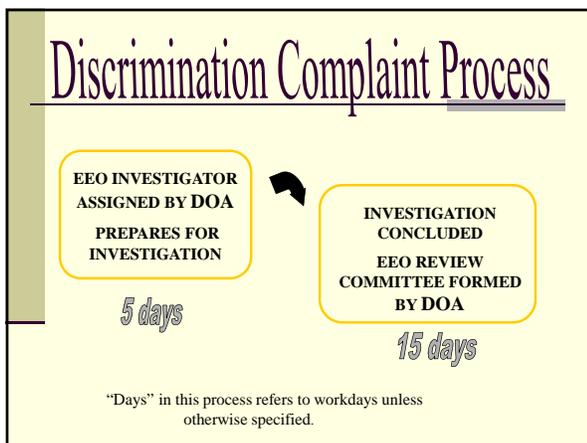


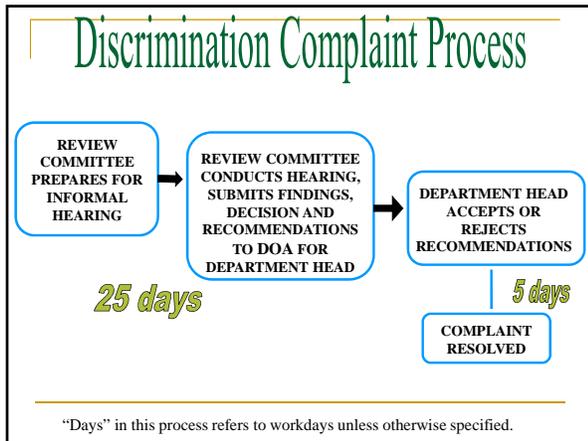
DISCRIMINATION COMPLAINT PROCEDURES

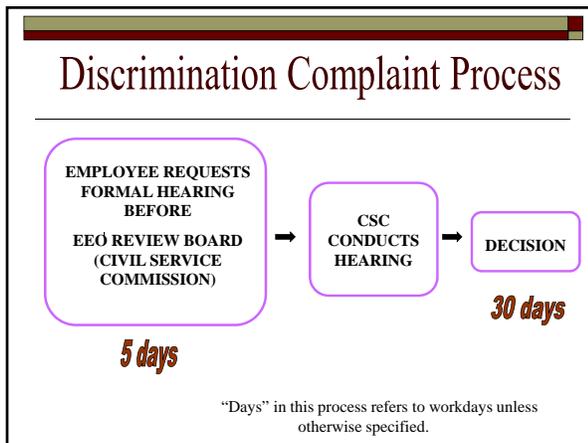
Involves four phases –

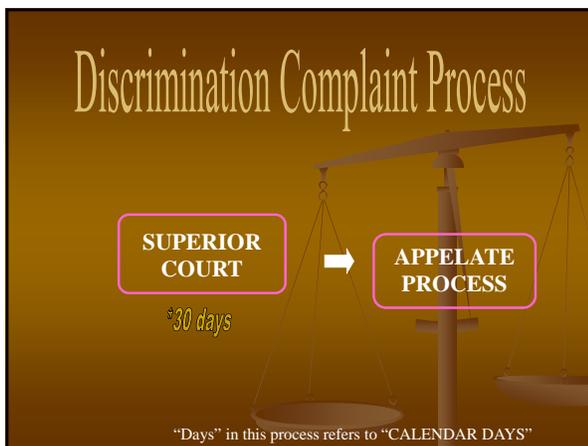
- Counseling
- Investigation
- Review Committee Hearing
- Civil Service Commission











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EEOC HAWAII 808-541-3120
Toll-Free TTY: 1-800-669-6820
Toll-Free Number: 1-800-669-4000 (voice)
(808) 531-3390 (fax)

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GOVERNMENT OF GUAM

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Guam Housing Corporation (GHC) Contact – Carol Panes –647-4143 FAX 649-4144			Potter, John (632-5660) Senior Relations Tenant Advisor Johnpotter_49@yahoo.com

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<p>Guam Police Department (GPD) Contact–Wowee Marques–475-8598/7 FAX 472-9704 ► 6/7/06 472-6638</p> <p>(CONTINUED FROM PREVIOUS PAGE)</p>			<p>Chargualaf, Tanya L. (475-8446) Clerk II tanya.chargualaf@gpd.guam.gov</p> <p>*Dawson, Christopher S. (475-8516) Police Officer III christopher.dawson@gpd.guam.gov</p> <p>Elliott, Mike L. (472-7465) Police Officer III michael.elliott@gpd.guam.gov</p> <p>Flores, Angela G. (475-8440) Administrative Assistant angela.flores@gpd.guam.gov</p> <p>Flores, Barry K. (475-8532) Police Officer III barry.flores@pd.guam.gov</p> <p>Flores, Dora I. (475-8596) Administrative Assistant dora.flores@gpd.guam.gov</p> <p>Gallo, Alexander T (475-8551) Police Officer II alexander.gallo@gpd.guam.gov</p> <p>*Gamboa, John G. (475-8463/5) Police Officer III john.gamboa@gpd.guam.gov</p> <p>*Ige, Cynthia E. (483-1311/632-9808) Secretary II (Typist) cynthia.ige@gpd.guam.gov</p> <p>Lizama, Troy B. (642-4000) Police Officer III troy.lizama@gpd.guam.gov</p> <p>Manibusan, Roy P. (475-8630/1) Police Officer II roy.manibusan@gpd.guam.gov</p> <p>Marquardt, Kathleen E. (475-8498) Clerk I kathleen.marquardt@gpd.guam.gov</p> <p>*Meno, Madonna A. (475-8449) Clerk I madonna.meno@gpd.guam.gov</p> <p>Mesa, Judy A.F. (475-8568) Payroll Clerk II judy.mesa@gpd.guam.gov</p>

DEPARTMENT/AGENCY	EEO COORDINATOR	WOMEN'S PROGRAM COORDINATOR	EEO COUNSELOR
<p>Guam Police Department (GPD) Contact–Wowie Marques–475-8598/7 FAX 472-9704 ► 6/7/06 472-6638</p> <p><i>(CONTINUED FROM PREVIOUS PAGE)</i></p>			<p>Meyenberg, Jessica P. (475-8551) Police Officer II jessica.meyenberg@gpd.guam.gov</p> <p>*Nauta, Ovita A. (475-8452) Program Coordinator II ovita.nauta@gpd.guam.gov</p> <p>*Paulino, Julie R.B. (888-0293) Fingerprint Examiner II julie.paulino@gpd.guam.gov</p> <p>Perez, Edward G.D. (475-8463/5) Police Officer III edward.perez@gpd.guam.gov</p> <p>*Perez, Franklin A. (475-8463/5) Police Officer III franklin.perez@gpd.guam.gov</p> <p>Pierce, Aida R. (475-8577/8) Police Officer III aida.pierce@gpd.guam.gov</p> <p>Piolo, Elbert G. (475-8551) Police Officer II elbert.piolo@gpd.guam.gov</p> <p>Quichocho, Gilbert C. (475-8473) Police Officer III gilbert.quichocho@gpd.guam.gov</p> <p>Untalan, Sean M. (632-9808) Police Officer III sean.untalan@gpd.guam.gov</p>
<p>Guam Power Authority (GPA) Contact –Julie Quinata 648-3000 Ext 3131 648-3180/648-3001 Ken Guitierrez 648-3036</p>	<p>*Evaristo, Antonia V. (648-3060) Administrative Assistant Computer Services aevaristo@gpagwa.com FAX 648-3168</p>		<p>*Cepeda, Katherine W. (648-3141) Customer Service Supervisor kwcepeda@guampowerauthority.com</p> <p>Masnayon, Richard C. (648-3059) Safety Inspector richardm@guampowerauthority.com</p> <p>Mendiola, Jessica M.P. (635-2005) Administrative Assistant jpmendiola@guampowerauthority.com</p> <p>Muna, Tamra Marie (648-3162) Contract Administrator tmuna@gpagwa.com</p> <p>*Nauta, Richard M. (648-3057) Safety Inspector II rnauta@guampowerauthority.com</p> <p>*Perez, Sherry D. (648-3226) Program Coordinator II sperez@gpagwa.com</p>

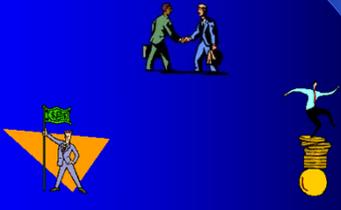
* Certified EEO Officials

DEPARTMENT/AGENCY	EEO COORDINATOR	WOMEN'S PROGRAM COORDINATOR	EEO COUNSELOR
Guam Public Library System Contact – Sandra M. Stanley 475-4753/475-4754	Stanley, Sandra M. (475-4753/4754) Administrative Officer sandra.stanley@gpls.guam.gov	* Guerrero, Bertha M. (475-4753/54) Secretary (Typist I bertha.guerrero@gpls.guam.gov	*Ayuyu, Ronald (475-4751/52) Library Technician II ronald.ayuyu@gpls.guam.gov Kennimer, Teresita L.G. (475-4752) Library Technician Supervisor teresita.kennimer@gpls.guam.gov *Santiago, Rosa (475-4751/52) Library Technician II rosa.santiago@gpls.guam.gov
Guam Retirement Fund (GRF) Contact person- Victor Lucuab – 475-8937 FAX 475-8922 pmbblas@ggrf.com	*Valentine, Ronald E. (475-8929) Accounting Technician II	*Roberto, Victoria C. (475-8920) Payroll Supervisor <i>Alternate</i> *Castro, Angelina 475-8959 Word Processing Secretary II	*Sablan, Jacqueline L. (475-8915) Benefits Specialist II *Aguero, Claudine (475-8915) Benefits Specialist I csaguero@ggrf.com
Guam Waterworks Authority (GWA) Contact person – Elaine Cruz – 647-7602 elainec@guamwaterworks.org Alternate contact-Frank Diaz – 647-0156 FAX 646-2335 8/24/06	Aguon, Prudencio F. 647-2612 Program Coordinator III prudencio@guamwaterworks.org Matanane, Anita M. 647-7855/59 Training Specialist	Cruz, Yvonne M. 647-7815 Management Analyst IV	Adams, Julie C. 647-7859/5 Personnel Specialist II Calvo, Jude G. 646-7810 Land Agent II JudeCalvo@guamwaterworks.org
Guam Visitors Bureau (GVB) Contact person-Miranda Munoz – 648-1514) FAX 646-3917	*Cid, Ana (648-1488) Research & Statistics Analyst II acidresearch@visitguam.org *Kono, Regina (648-1504) Marketing & Promotion Officer II gkono@visitguam.org *Nadine Leon Guerrero (646-5278) Marketing & Promotion Officer II nadinelg@visitguam.org	*Cid, Ana (648-1488) Research & Statistics Analyst II acidresearch@visitguam.org *Kono, Regina (648-1504) Marketing & Promotion Officer II gkono@visitguam.org *Nadine Leon Guerrero (646-5278) Marketing & Promotion Officer II nadinelg@visitguam.org	*Cid, Ana (648-1488) Research & Statistics Analyst II acidresearch@visitguam.org *Kono, Regina (648-1504) Marketing & Promotion Officer II gkono@visitguam.org *Nadine Leon Guerrero (646-5278) Marketing & Promotion Officer II (Japan) nadinelg@visitguam.org
J.D. Leon Guerrero Commercial Port of Guam Contact – Vivian Leon – 472-7678 – Ext 308 FAX – 477-0069 (CONTINUE ON FOLLOWING PAGE)		Nededog, Carmelita C. (477-5931(307) Personnel Specialist II cgcandoleta@portguam.com	*Arriola, Frances T. (477-5931-4 Ext 341) Personnel Specialist III farriola@portguam.com Cepeda, Shawn B. (477-5931 Ext 564) Personnel Specialist I sbcepeda@portguam.com

DEPARTMENT/AGENCY	EEO COORDINATOR	WOMEN'S PROGRAM COORDINATOR	EEO COUNSELOR
J.D. Leon Guerrero Commercial Port of Guam Contact – Vivian Leon – 472-7678 – Ext 308 FAX – 477-0069 (CONTINUED FROM PREVIOUS PAGE)			*Sanchez, Doris D. (477-5931 Ext 310) Program Coordinator I ddsanchez@portguam.com *Francisco Okazaki 477-5931 Ext 212 Planner Work Coordinator fcokazaki@portguam.com *Jessip Jesus 477-4207 Crane Mechanic Jjesus79@gmail.com
Office of the Chief Medical Examiner Contact – Johanna Mesa - 646-9363/647-2369	Mesa, Johanna R. (646-9363/647-2369) Administrative Assistant	Mesa, Johanna R. (646-9363/647-2369) Administrative Assistant	Mesa, Johanna R. (646-9363/647-2369) Administrative Assistant
Office of Public Auditor Contact – Ann Camacho – 475-0393 Ext 201	CONTACT Lou Perez 475-0390 Ext 210 lperez@guamopa.org		Marie Villanueva (Primary Designee) Administrative Officer 475-0390 Ext. 201 mvillaneuva@guamopa.org Anne T.S. Camacho (Alternate Designee) Management Analyst III 475-0390 Ext. 219 acamacho@guamopa.org
Office Of Veterans Affairs Contact person – Cyndi Gogo – 642-4110/2	Gogo, Cyndi (642-4110) Administrative Assistant	Cyndi Gogo (642-4110) Administrative Assistant	Cyndi Gogo (642-4110) Administrative Assistant
University of Guam FAX 734-0430 (CONTINUE ON FOLLOWING PAGE)	*Faculo-Gogue, Elaine Institutional Compliance Officer 735-2244 p.m. efgogue@uguam.uog.edu 735-2359 a.m.		*Margaret Artero, Ph.D. (735-2401) Associate Professor matero@uguam.uog.edu *Walfrid “Fred” Benavente (735-2315) Library Technician II wbenaven@uguam.uog.edu *Darlene S. Blas (735-2244) Administrative Assistant dblas@uguam.uog.edu *Jelson Booker 735-2501 Associate Assistant I jbooker@uguam.uog.edu *Elaine Cepeda (735-2050) Administrative Assistant etcepeda@uog9.uog.edu

DEPARTMENT/AGENCY	EEO COORDINATOR	WOMEN'S PROGRAM COORDINATOR	EEO COUNSELOR
University of Guam FAX 734-0430 <i>(CONTINUED FROM PREVIOUS PAGE)</i>			Helen Downey (735-2664) Inareuxroe *Paul B. Drake 735-2345 Assistant Professor pdrake@uguam.uog.edu *Teresita D. Leon Guerrero (735-2652) Administrative Officer terielg@uguam.uog.edu Mylene Lopez (735-2510) Assistant Professor *Julie Pangelinan (735-2780) Administrative Assistant jpang@uog9.uog.edu Dr. Ron McNinch (735-2573) Associate Professor *Janet L.B. San Nicolas (735-2970) Administrative Officer janetsn@uog9.uog.edu *Jesse A. Tedpahogo. (735-2335) Library Technician I jesset@guam.uog.edu *Kristina Torres (735-2287) Program Coordinator III Dr. Yuming Wen (735-2687) Assistant Professor
Ancestral Lands Commission Commission on Decolonization Contact person – Agnes C. Aguon 473-5263			
Department of Parks & Recreation (DP&R) Contact person – Kathleen Peredo 475-6296/7			
Guam Contractors Licensing Board Contact person – Terry Mortera – 647-2965			
Guam Peals Board (646-3115/3138) Contact person – Amor Pakingan			
Hagatna Restoration and Redevelopment Authority Contact -Doris Crisostomo, Director 472-9446			
Mayor's Council of Guam FAX 477-8777 Contact-Johnny Meno 472-6940/477-8461			
Bureau of Women's Affairs (BWA) 475-9162			
Commission On Person With Disabilities			

ADMINISTRATIVE SERVICES & RECORDS BRANCH



Kenneth F. Borja
Personnel Specialist IV

Ken began his Human Resources career with the Department of the Navy, Consolidated Industrial Relations Office (CIRO) as a student aid in 1982. While employed, he also attended the University of Guam until 1984 pursuing a degree in Management. Ken remained with Navy Civilian Personnel Office as a Staffing and Recruitment specialist until 1992. After leaving federal service, he continued his HR career with the Department of Administration, Human Resources Division as a Classification and Pay Specialist until 2003. In 2008 he briefly worked as a Management Analyst with the U.S. Naval Hospital Guam until 2009. He returned to government of Guam service and is currently the Administrative Services and Benefits Branch supervisor.

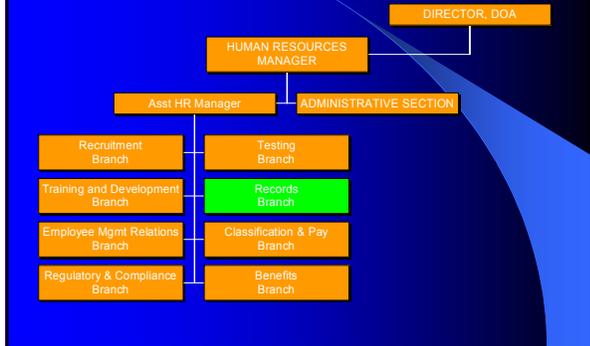


Keith W. Hattig
Personnel Specialist II

Keith has been with the Department of Administration for more than 15 years. He started with DOA in 1983, then left in 1994 and came back in 1996, due to being selected to be a professional baseball player with the California Angel's Organization. He is currently assigned to the Records Branch Division and has been there for most of his career with DOA. Keith has also assisted in other sections within the Human Resources Division at DOA. His experience is mainly within the Records Branch assisting Mr. Ken Borja (Records Supervisor) in fulfilling the goals and missions of the section.



DIVISION OF PERSONNEL MGMT



Records Branch Responsibility

- Supervises the processing and endorsement of all Notification of Personnel Actions.
- Verifies and reviews all requests for Personnel Actions (GG-1) to ensure accuracy and compliance with personnel program guidelines.

- Supervises the maintenance of official personnel records for employees of all line agencies and departments.
- Ensure that employee jackets are transferred to autonomous agency as requested, and all inactive jackets are transferred to the General Services Agency (GSA) for storage.
- Verify and endorse employment verifications (VOE) for line agency employees certifying salary rates, employment, position title etc.

- Process all new and transferring employees.
- Calculate prior year service for annual leave purposes
- Determine salary increments due dates.
- Also monitors probationary period completion dates, termination dates for temporary and limited term employees and termination dates of detail assignments.

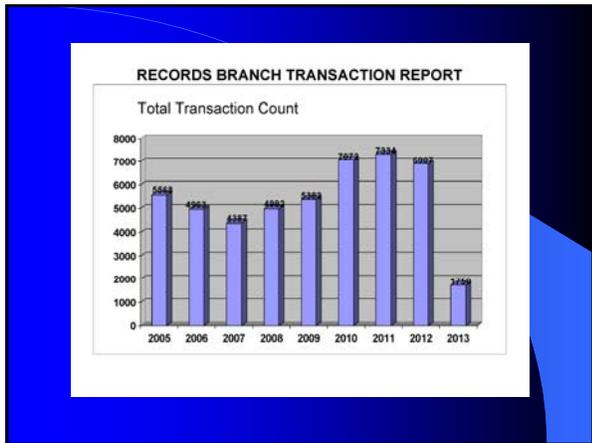
- Upon request, provide employment information to other organizations, i.e., Ag's Office, PDN, Legislature, Office of the Public Auditor, UOG students, etc.
- Provide personnel advice to all our servicing departments and agencies.

- Topics for discussion**
- **GG-1 work flow and Processing Personnel Actions**
 - **Length of Service**
 - **Pre-employment Physical Exam**
 - **Probationary Notice**
 - **Performance Evaluations**



Request for Personnel Action (GG-1)





GG-1 Sample

Request for Personnel Action (GG-1)

3 Categories

1. **APPOINTMENTS**
2. **SEPARATIONS**
3. **ALL OTHER ACTIONS**

Types of Appointments

- 2% Employment Program
- Acting Appointment
- Contractual Appointment
- Elected Appointment
- Exempted Appointment
- Limited Term Appointment
- Probational Appointment
- Reemployment / Reinstatement
- Temporary Appointment
- Unclassified Appointment

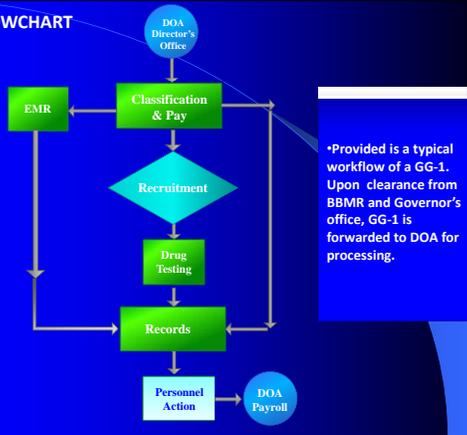
Types of Separations

- Dismissal
- Expiration of Contract
- Resignation
- Retirement Age
- Retirement Disability
- Regular Retirement-DC
- Retirement Optional
- Retirement Service
- Separation Death
- Termination
- Separation – Auto Agency

Actions that effect pay

- Amendment
- Cancellation
- Change of Work Schedule
- Demotion Involuntary
- Demotion Reclass
- Demotion Voluntary
- Detail Appointment
- Pay Adjustment
- Promised Compensation
- Promotion
- Reassignment of Pay Grade
- Salary Increment
- Salary Increment Denial
- Suspension
- Termination of Detail / Acting Appointment

GG-1 FLOWCHART



Length of Service

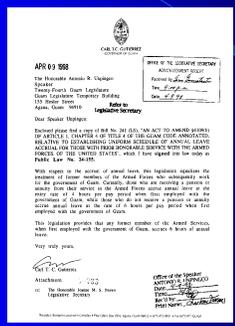
8.105 Determination of Years of Service for Annual Leave Accrual Purposes

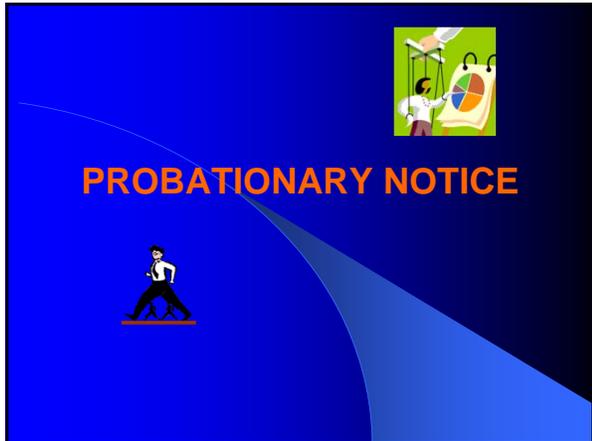
- B. In determining years of service commencing with the 1961 leave year, employees shall be credited with:**
- 1. All service for which annual leave shall accrue.**
 - 2. Full time employment in the Judicial or Legislative Branches.**
 - 3. Service with the Naval government of Guam, or with other Federal instrumentalities or agencies within Guam prior to August 1, 1950, and to include honorable service with the Armed Forces of the United States if such former member of the Armed Forces is not receiving an annuity or pension, other than a disability annuity or pension as a result of such military service.**

4 GCA Ch. 4 ss 4109

§ 4109. Annual Leave.
(a) Annual leave shall be granted to employees occupying permanent positions,, in accordance with the following schedule:
(1) One-half day (4 hours) for each full bi-weekly pay period in the case of employees with less than five (5) years of service;
(2) Three-fourths day (6 hours) for each bi-weekly pay period in the case of employees with five (5) years of service but less than fifteen (15) years of service.
(3) One (1) day (8 hours) for each full biweekly pay period in the case of employees with fifteen (15) years or more service.

Public Law 24-155





PROBATIONARY NOTICE

§ 4106 of title 4 states:

The personnel rules provided for procedures for employment of persons on the basis of merit, ... They shall provide for a probationary period of not less than three (3) nor more than twelve (12) months for all original appointments, during which time the employee may be dismissed at any time without right of appeal and without right of being given reasons or charges in writing.

Probationary Period

- Rule 4.602 states: *The probationary period shall be utilized as fully as possible to determine the fitness of the employee for the position.*
- *An original probationary period shall be required when an individual who does not have permanent status is appointed to a permanent position.*
- *This also applies to former employees who have not been employed in the government of Guam service after four years of separation in good standing.*

10.004 Appointing Authority's Responsibility for Performance Evaluations

The appointing authority shall be responsible for the effective implementation and administration of the performance evaluation system within his respective department or agency. He shall approve all performance ratings made within his department or agency, and shall insure that supervisory personnel receive adequate training in the performance evaluation system. He shall insure that performance evaluations and reports are completed and submitted on a timely basis.

Performance Evaluation

Please identify CORRECT waiting period

The screenshot shows a performance evaluation form with a red box highlighting the text "Please identify CORRECT waiting period". The form is titled "GOVERNMENT OF OREGON WORK PLANNING & PERFORMANCE EVALUATION SYSTEM". It contains various sections for employee information, supervisor information, and performance evaluation details. A red line points from the highlighted text to a specific section of the form.

Performance Evaluation

This screenshot shows another instance of the performance evaluation form, similar to the one above. It is titled "GOVERNMENT OF OREGON WORK PLANNING & PERFORMANCE EVALUATION SYSTEM". The form contains various sections for employee information, supervisor information, and performance evaluation details. The text "Please identify CORRECT waiting period" is not visible in this screenshot.

Statement of Policy

- It is the policy of the Government of Guam to ensure that applicants and employees meet the health and physical requirements for the efficient performance of their duties.
- In addition, it is the policy of the government to ensure a safe and healthful environment for employees and for the public, by establishing/maintaining and properly supervising an active safety and health program tailored to meet the needs of the organizations.

Medical Standards

- Rule 9.002a states: *Pre-entry physical examination shall be required of all persons prior to initial appointment to the position.*
- Rule 9.004 states: *The appointing authority may, with the concurrence of the Director, determine that a position must be filled immediately, making it impossible to complete the medical examination prior to appointment. In these unusual cases, the Director may temporarily waive the medical examination, provided that the medical examination is completed at the earliest possible date and in no instance, later than 30 days after the appointment*

GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
HUMAN RESOURCES DIVISION

Revised January 3, 2003 ATTACHMENT 14

Report of Medical Examination - Human Resources Division

THIS REPORT OF MEDICAL EXAMINATION MUST BE COMPLETED AND SUBMITTED WITHIN 30 DAYS OF YOUR EFFECTIVE DATE OF HIRE. FAILURE TO DO SO IS SUBJECT TO TERMINATION.

OFFICER NAME: _____ ISSUE DATE: _____

1. DEPARTMENT: _____ 2. DATE OF EXAM: _____

3. NAME: _____ 4. SOCIAL SECURITY NO.: _____

5. SEX: M F 6. DATE OF BIRTH: _____ 7. PLACE OF BIRTH: _____

8. ADDRESS (NATURAL ORAL OTHER COL. ETC.): _____

9. TEXT OF ANY (PAIN) MEDICINE ADMIN. AND RECORDS: _____

10. RACE: _____ 11. CURRENT POSITION TITLE: _____

ITEMS BELOW ARE TO BE COMPLETED BY NON-LICENSE PROFESSIONALS ONLY

12. DEFERRAL: (a) YES (b) NO (c) DEFERRED TO DATE: _____ (d) DEFERRED TO DATE: _____ (e) DEFERRED TO DATE: _____

13. TEMPERATURE: _____ (a) PAUL: _____ (b) BLOOD PRESSURE: _____

14. RESPIRATION: _____ (c) RESPIR: _____ (d) EYE COLOR: _____

15. HEART: _____ (e) HEART: _____ (f) EYE COLOR: _____

16. HAIR COLOR: _____ (g) EYE COLOR: _____

17. HAIR COLOR: _____ (h) EYE COLOR: _____

18. HAIR COLOR: _____ (i) EYE COLOR: _____

19. HAIR COLOR: _____ (j) EYE COLOR: _____

20. HAIR COLOR: _____ (k) EYE COLOR: _____

21. HAIR COLOR: _____ (l) EYE COLOR: _____

22. HAIR COLOR: _____ (m) EYE COLOR: _____

23. HAIR COLOR: _____ (n) EYE COLOR: _____

24. HAIR COLOR: _____ (o) EYE COLOR: _____

25. HAIR COLOR: _____ (p) EYE COLOR: _____

26. HAIR COLOR: _____ (q) EYE COLOR: _____

27. HAIR COLOR: _____ (r) EYE COLOR: _____

28. HAIR COLOR: _____ (s) EYE COLOR: _____

29. HAIR COLOR: _____ (t) EYE COLOR: _____

30. HAIR COLOR: _____ (u) EYE COLOR: _____

31. HAIR COLOR: _____ (v) EYE COLOR: _____

32. HAIR COLOR: _____ (w) EYE COLOR: _____

33. HAIR COLOR: _____ (x) EYE COLOR: _____

34. HAIR COLOR: _____ (y) EYE COLOR: _____

35. HAIR COLOR: _____ (z) EYE COLOR: _____

36. HAIR COLOR: _____ (aa) EYE COLOR: _____

37. HAIR COLOR: _____ (ab) EYE COLOR: _____

38. HAIR COLOR: _____ (ac) EYE COLOR: _____

39. HAIR COLOR: _____ (ad) EYE COLOR: _____

40. HAIR COLOR: _____ (ae) EYE COLOR: _____

41. HAIR COLOR: _____ (af) EYE COLOR: _____

42. HAIR COLOR: _____ (ag) EYE COLOR: _____

43. HAIR COLOR: _____ (ah) EYE COLOR: _____

44. HAIR COLOR: _____ (ai) EYE COLOR: _____

45. HAIR COLOR: _____ (aj) EYE COLOR: _____

46. HAIR COLOR: _____ (ak) EYE COLOR: _____

47. HAIR COLOR: _____ (al) EYE COLOR: _____

48. HAIR COLOR: _____ (am) EYE COLOR: _____

49. HAIR COLOR: _____ (an) EYE COLOR: _____

50. HAIR COLOR: _____ (ao) EYE COLOR: _____

51. HAIR COLOR: _____ (ap) EYE COLOR: _____

52. HAIR COLOR: _____ (aq) EYE COLOR: _____

53. HAIR COLOR: _____ (ar) EYE COLOR: _____

54. HAIR COLOR: _____ (as) EYE COLOR: _____

55. HAIR COLOR: _____ (at) EYE COLOR: _____

56. HAIR COLOR: _____ (au) EYE COLOR: _____

57. HAIR COLOR: _____ (av) EYE COLOR: _____

58. HAIR COLOR: _____ (aw) EYE COLOR: _____

59. HAIR COLOR: _____ (ax) EYE COLOR: _____

60. HAIR COLOR: _____ (ay) EYE COLOR: _____

61. HAIR COLOR: _____ (az) EYE COLOR: _____

62. HAIR COLOR: _____ (ba) EYE COLOR: _____

63. HAIR COLOR: _____ (bb) EYE COLOR: _____

64. HAIR COLOR: _____ (bc) EYE COLOR: _____

65. HAIR COLOR: _____ (bd) EYE COLOR: _____

66. HAIR COLOR: _____ (be) EYE COLOR: _____

67. HAIR COLOR: _____ (bf) EYE COLOR: _____

68. HAIR COLOR: _____ (bg) EYE COLOR: _____

69. HAIR COLOR: _____ (bh) EYE COLOR: _____

70. HAIR COLOR: _____ (bi) EYE COLOR: _____

71. HAIR COLOR: _____ (bj) EYE COLOR: _____

72. HAIR COLOR: _____ (bk) EYE COLOR: _____

73. HAIR COLOR: _____ (bl) EYE COLOR: _____

74. HAIR COLOR: _____ (bm) EYE COLOR: _____

75. HAIR COLOR: _____ (bn) EYE COLOR: _____

76. HAIR COLOR: _____ (bo) EYE COLOR: _____

77. HAIR COLOR: _____ (bp) EYE COLOR: _____

78. HAIR COLOR: _____ (bq) EYE COLOR: _____

79. HAIR COLOR: _____ (br) EYE COLOR: _____

80. HAIR COLOR: _____ (bs) EYE COLOR: _____

81. HAIR COLOR: _____ (bt) EYE COLOR: _____

82. HAIR COLOR: _____ (bu) EYE COLOR: _____

83. HAIR COLOR: _____ (bv) EYE COLOR: _____

84. HAIR COLOR: _____ (bv) EYE COLOR: _____

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96. HAIR COLOR: _____ (bv) EYE COLOR: _____

97. HAIR COLOR: _____ (bv) EYE COLOR: _____

98. HAIR COLOR: _____ (bv) EYE COLOR: _____

99. HAIR COLOR: _____ (bv) EYE COLOR: _____

100. HAIR COLOR: _____ (bv) EYE COLOR: _____

OPTIONAL USE
FORM 141

Please note
deadline

Records Branch – FAQ

- An employee on leave without pay for more than 21 days will have their increment delayed by that many days ?
False – Was in old Rules & Regs
- If an employee transfers to another position having the same pay grade, the next increment date does NOT change.
False if outside the class of current job

Records Branch – FAQ

- Temporary employees have the option of electing Social Security coverage in lieu of GovGuam retirement coverage.
False – Public Law 28-141
- Length of service for leave purposes should be identical to retirement.
False - Leave: Rule 8.104 Retirement: Title 4 GCA Chapter 8

Records Branch – FAQ

- An employee is entitled to 6 hours of annual leave after 3 years of government service and 8 hrs after 15 years.
False - 4 GCA Ch. 4 ss 4109
- Employees are entitled to be paid 50% of their sick leave upon retirement.
False for DB Plan. True for DC Plan – Public Law 26-86

Records Branch – FAQ

- By rule, an employee's initial probationary period is 6 months.
True – Rule 4.602 & 4 GCA ss 4106
- An employee's initial probationary period can be extended for up to 6 additional months provided the total period does not exceed 1 year.
True – Rule 4.602 & 4 GCA ss 4106

Records Branch – FAQ

- What is the maximum amount of annual leave hours that can be paid out upon separation from government.
320 – Title 4 GCA Ch. 4 ss 4109

Records Branch – FAQ

- Upon death, all unused sick leave will be paid to an employee's beneficiary.
True - Public Law 12-47, approved October 19, 1973
- Unclassified employees are Not entitled to increments.
False – CSC Policy CSC No. 94-656 8-10-94

Records Branch – FAQ

- Employees serving in an initial probationary period can be detailed to another position and receive additional compensation.

False – Rule 4.506 D

- An employee who withdraws his/her retirement contribution must start again at 4 hours annual leave accumulation.

False

Records Branch – FAQ

- A permanent employee who transfers to another position must service another a new probationary period .

False – CSC No. 20-255 dated 4-25-00
subject: Ricardo Blas V. Guam
Customs & Quarantine

RECORDS BRANCH
STAFF

Ken Borja
Keith Hattig
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DEPARTMENT OF ADMINISTRATION

Division of Personnel Management

Records Branch

Hrs of Operation: 9:00 AM – 4:00 PM

Phone: 475-1213, 1186, 1154

Fax: 477-7100



GOVERNMENT OF GUAM
AGANA, GUAM 96910



August 1, 1991

Memorandum (Opinion)

Ref: DOA 91-1095

To: Director, Department of Administration

From: Attorney General *EPO*

Subject: Employee's Annual Salary Increment

REQUEST NO. 1: Is an employee who has been performing unsatisfactorily entitled to a salary increment if his or her department head fails to notify the Department of Administration of the decision to deny the employee the salary increment 30 days prior to the employee's anniversary date?

ANSWER: No. See discussion.

REQUEST NO. 2: Is the employee entitled to receive the salary increment regardless of the unsatisfactory rating?

ANSWER: No.

STATEMENT OF FACTS:

The Department of Administration has posed two questions arising out of an apparent inconsistency between Rules 8.80 and 8.91 of the Department of Administration Personnel Rules and Regulations.

DISCUSSION:

4 GCA §6201(a) provides in pertinent part:

Employees at Step 1 through Step 6 shall be eligible for salary incremental increase to the next succeeding step after twelve (12) months of satisfactory performance of duties.

Employees before advancement of salary Steps to Steps 8, 9, and 10, for salary increment purposes, must serve eighteen (18) months of satisfactory service in the previous salary rate.



An employee who is at Step 10 for three (3) consecutive years and has served satisfactorily shall have his work record reviewed and if it is found to be satisfactory, then he shall have his pay adjusted to Step 10 in the next higher pay range. (Emphasis added)

The clear import of the foregoing underlined language is that a pay increment must be preceded by the requisite period of satisfactory service. Regulations may not be interpreted to the contrary. Government of Guam v. Koster, 361 F.2d 248 (9th Cir. 1966). Hence, although the Department may, pursuant to 4 GCA §6204, adopt regulations governing the grant of step increase, a failure to observe the requirements of regulations so adopted does not vitiate the statutory requirement that satisfactory service must precede award of an increment.

Hence, failure to submit a notification of an employee's salary increment 30 days prior to an employee's anniversary date does not mean an employee who has been performing unsatisfactorily is entitled to a salary increment.

Rules 8.80 and 8.91 of the Department of Administration Personnel Rules and Regulations regulate the granting of salary increments. They provide:

Rule 8.80. Use of Performance Report: The performance reports shall be used as the basic document in granting of pay increment, determining order of layoffs and in rating employee's suitability for promotion. Satisfactory rating shall be necessary for promotion or for the granting of pay increment. An unsatisfactory rating may be basis for demotion, dismissal, or transfer. (Emphasis added)

Rule 8.91. Denial of Salary Increment: If an appointing authority determines through performance evaluation that a particular employee should not be granted a salary increment, it shall notify the Department of Administration of such denial not less than 30 days prior to the employee's anniversary date. If the Department of Administration does not receive a performance report of a notification of denial of an employee's salary increment, no action will be taken to adjust the employee's pay. Where a salary increment is delayed through its proper effective date, solely through administrative error or delay, the salary increment shall be made effective as of the date it was properly due.

Failure to submit a timely performance report will not be considered as an administrative error or delay to establish a new effective date.

Memo to Director, DOA
August 1, 1991
Page 3

In our opinion, DOA Rule 8.91 is without effect to the extent that it permits an increment to be granted to an employee who has performed unsatisfactorily. While DOA may desire to have 30 days advance notice of the denial of an increment, it may not award an increment to an employee who has performed in an unsatisfactory manner.

This memorandum is issued as an opinion of the Attorney General. For a faster response to any inquiry about this memorandum, please use the reference number shown.

OFFICE OF THE ATTORNEY GENERAL

By: *Joseph A. Guthrie*
JOSEPH A. GUTHRIE
Assistant Attorney General

4 GCA PUBLIC OFFICERS & EMPLOYEES
CH 4 PERSONNEL POLICY AND THE CIVIL SERVICE COMMISSION

For purposes of this Subsection (a), all elected officials except members of the Guam Education Policy Board, and the Consolidated Commission on Utilities *shall* be deemed employees occupying permanent positions.

(b) The term years of service shall be deemed to include service with the Naval Government of Guam or with other Federal instrumentalities or agencies within Guam prior to August 1, 1950, and to include honorable service with the Armed Forces of the United States, provided no more than three (3) years of service shall be credited to any individual for purposes of this Section. Years of service shall include one (1) year for each year served as a school employee.

The provisions of this Subsection shall not apply to those employees of the government of Guam hired prior to the date of enactment of this Act, except that any current employee of the government who has been in the employ of the government for less than three (3) years on the date of enactment and is a former member of the Armed Forces of the United States and is receiving a retirement annuity or pension as result of such military service shall be deemed to have three (3) years of service with the government at the date of enactment of this Subsection for the purposes of accruing annual leave.

(c) Employees entitled to annual leave hereunder may accumulate up to three hundred twenty (320) hours. Any annual leave earned by eligible employees in excess of three hundred twenty (320) hours shall be credited to such employee's accumulated sick leave, provided, that *no more than one hundred (100) hours* shall be credited to sick leave at the end of each fiscal year. The determination of accumulation of annual leave, and crediting of excess hours sick leave, shall be done at the end of each fiscal year.

Notwithstanding the provision of this Section, employees who have accumulated annual leave in excess of three hundred twenty (320) hours as of February 28, 2003, may carry over their excess and shall use the excess amount of leave, *prior* to retirement or termination from service. At the time of retirement or termination of service, that portion permitted to be credited to sick leave shall be so credited and the remainder of the excess leave, if any, shall be lost. Nothing herein shall allow lump sum compensation or retirement credit for annual leave in excess of three hundred twenty (320) hours

(d) **[Repealed.]**



GOVERNMENT OF GUAM

CIVIL SERVICE COMMISSION
KUMISION I SETBISION SIBIT

490 Chalan Palasyo, Agana Heights
P.O. Box 3156 Agana, Guam 96910
Tel: 475-1300/01 Fax: 477-3301



CSC NO. 98-020

16 OCTOBER 1997

MEMORANDUM

TO: All Department and Agency Heads
FROM: Executive Director
SUBJECT: REVISED CSC PAY POLICIES
RE: Pay Grade Reassignment, Promotion and
Salary Increment Beyond Step 20



Hafa Adai! Attached is the CSC Resolution 97-002 on the adoption of the revised pay policies governing pay grade reassignment, promotion, and salary increment beyond Step 20.

The effective date for the promotional pay policy shall be 01 October 1997. The effective date for the Paygrade Reassignment Policy shall be March 20, 1997.

The approved salary increment policy established a new 2-year waiting period beginning 01 October 1997. However, all employees who have been at Step 20 on or before October 01, 1997, and who have received a performance evaluation rating of satisfactory or better, shall be eligible for a one (1) step salary increment equivalent to a 3.5% increase from their per annum salary at Step 20, effective October 01, 1997.

Please be guided accordingly. Si Yuus Maase!

JA DIR. OFF.

JB

OCT 97 2:52

E. Hara
Si ELOY P. HARA

Attachment(s)

cc: Governor of Guam
Presiding Judge, Superior Court of Guam
Chairman, Ways & Means Committee, 24th Guam Legislature



Commonwealth Now!

PUBLIC LAW 28-141

MINA'BENTE OCHO NA LIHESLATURAN GUÅHAN 2006 (SECOND) Regular Session

Bill No. 293 (EC)

As amended in the
Committee of the Whole and
further amended on the Floor.

Introduced by:

Mark Forbes
F. B. Aguon, Jr.
J. M.S. Brown
Edward J.B. Calvo
B. J.F. Cruz
Mike Cruz
L. F. Kasperbauer
R. Klitzkie
J. A. Lujan
A. B. Palacios, Sr.
R. J. Respicio
Ray Tenorio
A. R. Unpingco
J. T. Won Pat

AN ACT TO *AMEND* §§8201(m), 8206, 8206.1, AND 8207 OF TITLE 4 G.C.A. RELATIVE TO CLARIFYING ELIGIBILITY FOR MEMBERSHIP IN THE DEFINED CONTRIBUTION RETIREMENT SYSTEM AND SUSPENDING ANNUITIES OF DEFINED BENEFIT PLAN RETIREES ENROLLED IN THE DEFINED CONTRIBUTION RETIREMENT SYSTEM; TO *AMEND* TITLE 4 G.C.A. §8210 AND §8211 TO CLARIFY VESTING AND DISTRIBUTION PROVISIONS; TO *AMEND* TITLE 4 G.C.A. §8216 TO AUTHORIZE ASSIGNMENTS PURSUANT TO COURT-ORDERED CHILD SUPPORT AND ALIMONY PAYMENTS; TO *AMEND* TITLE 4 G.C.A. §8217 TO CLARIFY THAT ADMINISTRATIVE FEES, CHARGES, AND FORFEITURES MAY BE APPLIED TO OFFSET THE DEFINED CONTRIBUTION RETIREMENT SYSTEM START-UP COSTS; AND TO *ADD* A NEW §40109(c) TO TITLE 5 G.C.A. REGARDING THE VILLAGE MAYORS.

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative Findings and Intent. *I Liheslaturan Guåhan* finds that, effective October 1, 2005, all new GovGuam employees, even those whose employment is purely temporary, seasonal, intermittent or part-time, participate in the Defined Contribution Retirement System, rather than having the option to reject membership, in which case the employer and employee would contribute to Social Security.

I Liheslaturan Guåhan further finds that to minimize "double dipping" by GovGuam retirees, Defined Benefit Plan annuities must be suspended upon re-employment by GovGuam, even if a retiree participates in the Defined Contribution Retirement System.

I Liheslaturan Guåhan further finds that the Defined Contribution Retirement statute should be amended to authorize assignments pursuant to court-ordered child support and alimony payments and to clarify that administrative fees, charges and forfeitures may be applied to offset Defined Contribution Retirement System start-up costs, as noted by the Public Auditor's Report on Compliance and Internal Control Over Financial Reporting Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*, Finding No. 202-5, dated September 30, 2003 and 2002.

Section 2. §8201(m) of Article 2, Chapter 8, Title 4 of the Guam Code Annotated is hereby *amended* to read as follows:

“(m) *Member of the Defined Contribution Retirement System* means any person who is eligible to participate and participates in the Defined Contribution Retirement System in accordance with §§8206, 8206.1 and 8207.”

Section 3. §8206 of Article 2, Chapter 8, Title 4 of the Guam Code Annotated is hereby *amended* to read as follows:

“§8206. Participation in Government of Guam Defined Contribution System; Limiting Participation in Existing Retirement System. (a) Beginning October 1, 1995, the Government of Guam Defined Contribution System shall be the single retirement program for all new employees whose employment commences on or after that date. *No* additional new employees may be admitted to the existing retirement system, *except* as provided from time to time in the existing retirement system. Members of the existing retirement system whose employment continues beyond September 30, 1995, shall continue to contribute and participate in the existing retirement system without change in provisions or benefits, *except* as provided from time to time in the existing retirement system.

(b) Any employee who leaves government service after September 30, 1995 who is later reemployed by the Government of Guam shall become a member of the Defined Contribution Retirement System, *except* persons who are ineligible for membership under §8206.1; provided, that he or she shall be entitled to readmission to the existing retirement system in which he or she was originally a member if such employee has not withdrawn his or her contributions from the existing retirement system. However, if such employee has withdrawn his or her contributions from the existing retirement system, the readmission to the existing retirement system shall *not* be permitted and the employee will be entitled *only* to membership in the Government of Guam Defined Contribution System in accordance with this Article.

(c) Any employee who retires after September 30, 1995, and who later becomes re-employed by the Government of Guam shall be entitled to re-admission to the existing retirement system and subject to suspension of annuity requirements pursuant to Title 4 GCA §8121, as *amended*. If such re-employed retiree is prohibited from re-admission to the existing retirement system and becomes a member of the Defined Contribution Retirement System, his annuity under the existing plan shall be suspended in the same manner and to the same extent applicable to similarly situated employees pursuant to Title 4 GCA §8121, as *amended*, provided that *no* employee of *I Liheslaturan Guåhan* who has previously retired may become a member of the Defined Contribution Retirement System.

(d) An employee whose employment commences after October 1, 2005 and whose employment is purely temporary, seasonal, intermittent or part-time shall be a member of the Defined Contribution Retirement System *unless* the employee is eligible for re-admission to the existing retirement system.”

Section 4. §8206.1 of Article 2, Chapter 8, Title 4 of the Guam Code Annotated is hereby *amended* to read as follows:

“§8206.1. Same: Ineligible Persons. The following persons shall *not* be eligible for membership:

- (a) Persons whose services are compensated on a fee basis.
- (b) Independent contractors.
- (c) Persons whose employment is for a specific project.
- (d) Persons who are employed in the Senior Citizens Community Employment Program.”

Section 5. §8207 of Article 2, Chapter 8, Title 4 of the Guam Code Annotated is hereby *amended* to read as follows:

“§8207. Voluntary Participation in System. (a) Any member with *less than* twenty (20) years service credit, recognized under the existing system, may, upon written election, voluntarily elect membership in the Government of Guam Defined Contribution System, on a prospective basis, on or after October 1, 1995. Said member of the existing retirement system, upon election to withdraw that person's contribution plus interest, must then deposit such funds into the Government of Guam Defined Contribution Retirement System; and as a result thereof, such member's years of service credit in the existing system shall be applied

towards the years of employment service for vesting purposes under §8210 of this Article, and *no* further benefits will be payable to such member under the existing retirement system.

(b) Members electing to transfer to the Defined Contribution Retirement System will have their transfers effective at the end of the first pay period following the month of transfer. Employees will have sixty-five (65) months after enactment of this legislation, and between March 1 and May 31 of every year, beginning in the year 2002, in which to elect to transfer to the Defined Contribution Retirement System. After having made such election, the employee may *not* change such election or again become a member of the existing retirement system. Any member who *does not* select one (1) option or the other at the end of the sixty-five (65) month period, *except* as provided for in this Section, shall be deemed to have irrevocably elected to be a member in the existing system.

(c) Notwithstanding (a) and (b) above, for employment commencing prior to October 1, 2005, any employee whose employment is purely temporary, seasonal, intermittent or part-time may accept or reject membership and shall become a member *only* upon submission of a written request to the Board for membership; this option shall expire on October 1, 2005 at which time membership in the Defined Contribution Retirement System shall be mandatory *unless* the employee is eligible for readmission to the existing retirement system.”

Section 6. The heading of §8210 of Article 2, Chapter 8, Title 4 of the Guam Code Annotated is hereby *amended* to read as follows:

“§8210. Termination of Membership. Vesting Schedule.”

Section 7. §8211 of Article 2, Chapter 8, Title 4 of the Guam Code Annotated is hereby *amended* to read as follows:

“§8211. Distributions Following Termination of Employment. (a) Normal and Early Retirement. At any time after a member reaches the early retirement age of fifty-five (55) years and has completed five (5) years of employment for vesting purposes, or reaches the normal retirement age of sixty-five (65) years, that person may elect to receive retirement benefits by notifying the Board, or its designee, in writing, of such intention *not less than* sixty (60) days prior to the effective date of retirement. Retirement payments shall commence as soon as practicable after retirement in accordance with the Defined Contribution Retirement System Plan Document.

(b) Disability. In the event of disability, a member may elect to receive a distribution of the member's vested account balances as soon as practicable after termination of employment due to disability as defined in the Defined Contribution Retirement System Plan Document; provided, that any distribution of the member's vested account balances will render the member ineligible to receive any pre-retirement benefits provided under any long-term disability insurance policy issued pursuant to §8213 or Article 4 of this Title. In the event of disability after termination of employment, a member may elect to receive a distribution of that member's vested account balances as soon as practicable after certification of said disability in accordance with the Defined Contribution Retirement System Plan Document.

(c) Death. In the event of a member's death, distribution of the member's vested account balances to the member's beneficiaries shall be made as soon as practicable after death in accordance with the Defined Contribution Retirement System Plan Document.

(d) Other Termination of Employment. In the event of termination of employment for reasons other than retirement, disability or death, a member may elect to receive a distribution of the member's vested account balances as soon as practicable after termination of employment.”

Section 8. §8216 of Article 2, Chapter 8, Title 4 of the Guam Code Annotated is hereby *amended*, retroactively to the date of any applicable court orders, to read as follows:

“§8216. Right to Benefits Not Subject to Execution, etc. The right of any person to a benefit provided for in this Article shall *not* be subjected to execution, attachment, garnishment, the operation of bankruptcy or insolvency laws, or other process whatsoever, nor shall any assignment thereof be enforceable in any court, except court orders that relate to the provision or payment of child support, spousal support, or

distribution of marital property to a spouse, child or other tax dependent issued pursuant to Guam's or another jurisdiction's domestic relations law.”

Section 9. §8217 of Article 2, Chapter 8, Title 4 of the Guam Code Annotated is hereby *amended*, retroactively to October 1, 2001, to read as follows:

“§8217. Administrative Expenses. (a) Fees Or Charges Paid By Participants. The Board of Trustees may provide for administrative fees or charges to be paid by participants in the following manner:

(1) For fiscal years beginning October 1, 1995, and October 1, 1996, the Board of Trustees may assess an amount *up to* four percent (4%) of the employer and member contributions.

(2) For fiscal years beginning October 1, 1997, and thereafter, the Board of Trustees may assess an amount *up to* two percent (2%) of the employer and member contributions.

(b) Any amounts collected under §8217(a), but *not* needed for administrative expenses, including start-up costs of the plan, shall be allocated to member accounts.

(c) Use of Forfeitures. For fiscal years beginning October 1, 2001 and thereafter, the Board of Trustees shall use the aggregate amount of forfeitures released from the suspense account described in §8210(e) at the end of each fiscal year to pay for the plan's administrative expenses, including start-up costs of the plan, and to reduce administrative fees or charges paid by participants under §8217(a).”

Section 10. A new subsection (c) is hereby *added* to Title 5 G.C.A. §40109 to read:

“(c) A village mayor or vice-mayor who has retired from the government of Guam who is eligible to receive retirement benefits from the Government of Guam Retirement Fund under either the Defined Benefit Plan created by Title 4 G.C.A. Chapter 8, Article One, or the Defined Contribution System created by Title 4 G.C.A. Chapter 8, Article Two, shall *not* relinquish, forfeit or have such benefits suspended during the periods said official holds his respective office; provided, however, that such a mayor or vice-mayor, if he is a member of the Defined Benefit Plan, shall *not* be deemed an active member of that Plan during his service in that office, and shall be eligible to contribute to the Defined Contribution System.”

Section 11. This enactment shall take effect retroactively as of October 1, 2005, *except* as expressly provided herein.

Section 12. Severability. *If* any provision of this Act or its application to any person or circumstances is held invalid, the invalidity shall *not* affect other provisions or applications of this Act which can be given effect without the invalid provision or application, and to this end the provisions of this Act are severable.

<u>Minutes Used</u>	<u>Time Charged (Minutes)</u>
0 - 14	00
15 - 30	30
31 - 60	60

8.104 Accrual of Annual Leave

- A. Employees occupying permanent positions shall accrue annual leave in accordance with the following schedule:
1. One-half day (four hours) for each full bi-weekly pay period in the case of employees with less than three years of service.
 2. Three-fourths day (six hours) for each full bi-weekly pay period except that the accrual for the last full bi-weekly pay period in the year shall be one and one-fourth day (10 hours) in the case of employees with three, but less than 15 years of service.
 3. One day (eight hours) for each full bi-weekly pay period in the case of employees with 15 or more years of service.
- B. Annual leave earned during any pay period shall be credited to the employee's account on the last day of that pay period or, in the case of separation, the last day the employee is on the payroll.
- C. An employee shall continue to earn annual leave credits during leaves of absence with pay for each bi-weekly pay period, otherwise there shall be no accrual for such period.

8.105 Determination of Years of Service for Annual Leave Accrual Purposes

Computation of years of service as a basis for the rate of accrual of annual leave shall be in accordance with the following:

- A. In determining years of service prior to the 1961 leave year, employees shall be credited with:

-
1. All periods of employment to include service with the Naval government of Guam, or with other Federal instrumentalities or agencies within Guam prior to August 1, 1950.
 2. Period of service with the Armed Forces of the United States subsequent to August 1, 1950.
- B. In determining years of service commencing with the 1961 leave year, employees shall be credited with:
1. All service for which annual leave shall accrue.
 2. Full time employment in the Judicial or Legislative Branches.
 3. Service with the Naval government of Guam, or with other Federal instrumentalities or agencies within Guam prior to August 1, 1950, and to include honorable service with the Armed Forces of the United States if such former member of the Armed Forces is not receiving an annuity or pension, other than a disability annuity or pension as a result of such military service. Years of service shall include one year for each year served as a school year employee.

8.106 Carry-Over and Accumulation of Annual Leave

- A. Annual leave accrued and unused in a leave year may be accumulated and carried over to the next leave year except that total accumulation by such carry-over shall not exceed 480 hours. Annual leave in excess of 480 hours shall be automatically credited to accumulated sick leave provided, that not more than 100 hours shall be credited to sick leave. All other excess annual leave accrued and unused in a leave year shall be automatically forfeited at the end of such leave year.
- B. Exception to the 480 hours annual leave maximum accumulation may be made upon the approval of the Governor. The Governor may authorize a total accumulation of up to 720 hours of annual leave when it is determined that the additional accumulation results in the continued service of an employee, and is in the best interest of the government's operational requirements.

4 GCA PUBLIC OFFICERS & EMPLOYEES
CH 4 PERSONNEL POLICY AND THE CIVIL SERVICE COMMISSION

remain vested in such employees while he is employed by the Government notwithstanding the fact that from time to time, he may be transferred from one branch to another or to an autonomous agency, authority or other entity within the government of Guam. Sick leave accrued and unused at the time of separation from the government shall remain credited to the employee if such employee returns to government service.

(h) Lump Sum Payment Prohibited. No person who leaves the government service for any reason may receive a cash payment for sick leave accrued at the time that person leaves such service, except for payments upon death as provided in Chapter 7 of this Title, and except for lump sum payments to participants in the Defined Contribution Retirement System upon retirement.

Lump sum payments described herein shall be calculated by multiplying: (i) the employee's hourly rate based on the average of the three (3) highest salaries received by an employee during that person's years of credited service, by (ii) one-half ($\frac{1}{2}$) of the employee's unused accumulated sick leave hours. Payment of the lump sum for unused sick leave shall be the responsibility of the employee's agency of employment.

SOURCE: § 4107 GCA, as reenacted by P.L. 16-23; Subsection (g) amended by P.L. 17-81:36 and further amended by P.L. 18-10:22; (h) and (i) added by P.L. 17-57:1 and 2; subsection (j) added by P.L. 23-113:1. Subsection (c) amended by P.L. 24-94:2. Subsection (h) amended by P.L. 26-86:3. Subsection (f)(6) amended by P.L. 28-068:IV:36 (Sept. 30, 2005), effective January 1, 2006, pursuant P.L. 28-068:IV:47.

COMMENT: Reference to Department of Education changed to Guam Public School System pursuant to P.L. 28-045:10 (June 6, 2005).

§ 4109. Annual Leave.

(a) Annual leave *shall* be granted to employees occupying permanent positions, except personnel of the Guam Public School System, the Guam Community College *or* the University of Guam, who are employed on a school year basis, in accordance with the following schedule:

(1) One-half day (4 hours) for each full bi-weekly pay period in the case of employees with *less than* five (5) years of service;

(2) Three-fourths day (6 hours) for each bi-weekly pay period in the case of employees with five (5) years of service but *less than* fifteen (15) years of service.

(3) One (1) day (8 hours) for each full biweekly pay period in the case of employees with fifteen (15) years *or* more service.

Public Law 26-86

MINA'BENTE SAIS NA LIHESLATURAN GUÅHAN 2001 (FIRST) Regular Session

Bill No. 154 (COR)

As substituted by the Committee on
Ways and Means and amended.

Introduced by:

V. C. Pangelinan
K. S. Moylan
J. F. Ada
T. C. Ada
F. B. Aguon, Jr.
J. M.S. Brown
E. B. Calvo
F. P. Camacho
M. C. Charfauros
Mark Forbes
L. F. Kasperbauer
L. A. Leon Guerrero
A. L.G. Santos
A. R. Unpingco
J. T. Won Pat

AN ACT TO REPEAL § 8219 AND TO REPEAL AND REENACT § 4108(h), BOTH OF TITLE 4 OF THE GUAM CODE ANNOTATED, RELATIVE TO LUMP SUM PAYMENTS FOR UNUSED SICK LEAVE.

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative Findings and Intent. *I Liheslaturan Guåhan* finds that the incentives created under Public Law Number 25-19, which were designed to encourage government employees who were members of the Defined Benefit Plan to transfer to the Defined Contribution Retirement System, did *not* specifically address the treatment of unused sick leave upon retirement by participants in the Defined Contribution Retirement System. In contrast, members of the Defined Benefit Plan are allowed to convert unused sick leave to service credits upon retirement, in accordance with § 8116 of Article 1, Chapter 8 of Title 4 of the Guam Code Annotated.

I Liheslaturan Guåhan further finds that in order to provide participants in the Defined Contribution Retirement System with the right to receive lump sum payments for unused sick leave upon retirement, § 12 of Public Law Number 25-157 was enacted to add a new § 8219 to Title 4 of the Guam Code Annotated to clarify that, similar to members of the Defined Benefit Plan, who receive a benefit for unused sick leave by converting them to service credits upon retirement, participants in the Defined Contribution Retirement System shall be entitled to benefit from unused sick leave via a lump sum payment for unused sick leave upon their retirement from government employment.

However, *I Liheslaturan Guåhan* finds that unused sick leave is *not* a retirement or pre-retirement ancillary benefit of the Defined Contribution Retirement System, but is a wage and hour matter more properly covered in statutes related to personnel policies applicable to public officers and employees.

Therefore, *I Liheslaturan Guåhan* intends to clarify that *all* government employees, Defined Benefit Plan members and Defined Contribution Retirement System participants, receive a benefit from unused sick leave via service credits or lump sum payment, but that the lump sum payment for participants in the Defined Contribution Retirement System shall be made by the participant's employer pursuant to statutory personnel leave policies, and therefore should *not* constitute a benefit under the Defined Contribution Retirement System.

Section 2. Section 8219 of Article 2, Chapter 8 of Title 4 of the Guam Code Annotated, as added by § 12 of Public Law Number 25-157, is hereby *repealed*.

Section 3. Section 4108(h) of Article 1, Chapter 4 of Title 4 of the Guam Code Annotated is hereby *repealed and reenacted* to read as follows:

“(h) Lump Sum Payment Prohibited. No person who leaves the government service for any reason may receive a cash payment for sick leave accrued at the time that person leaves such service, *except* for payments upon death as provided in Chapter 7 of this Title, and *except* for lump sum payments to participants in the Defined Contribution Retirement System upon retirement.

Lump sum payments described herein shall be calculated by multiplying: (i) the employee’s hourly rate based on the average of the three (3) highest salaries received by an employee during that person’s years of credited service, by (ii) one-half (1/2) of the employee’s unused accumulated sick leave hours. Payment of the lump sum for unused sick leave shall be the responsibility of the employee’s agency of employment.”

Section 4. Severability. *If* any of the provisions of this Act or the application thereof to any person or circumstances are held invalid, such invalidity shall *not* affect any other provision or application of this Act, which can be given effect without the invalid provisions or application, and to this end the provisions of this Act are severable.

4 GCA PUBLIC OFFICERS & EMPLOYEES
CH 4 PERSONNEL POLICY AND THE CIVIL SERVICE COMMISSION

SOURCE: § 4113 GCA, as reenacted by P.L. 16-23. Amended by P.L. 28-068:IV:38 (Sept. 30, 2005), effective January 1, 2006, pursuant to P.L. 28-068:IV:47.

§ 4115. Right of Petition.

The right of persons employed by the Government, either individually or collectively, to petition the Legislature, or any committee or member thereof, or the Governor, shall not be denied or interfered with.

SOURCE: § 4114 GCA, as reenacted by P.L. 16-23.

§ 4116. Transfer of Employees.

No employee of a department, agency or instrumentality of the government of Guam may be involuntarily transferred to a position which is unrelated with respect to job duties and responsibilities to the position occupied by the employee before such transfer.

SOURCE: Enacted by P.L. 17-81:9.

NOTE: This section was inadvertently omitted by the Compiler prior to the publication of the GCA 2005 Edition. Public Law 24-059:I:4 (Sept. 12, 1997) was thought to have repealed this section, however, it actually repealed section 4116 of Title 5.

§ 4117. Temporary Assignments.

No employee shall be temporarily assigned or detailed to a position nor shall the employee assume the duties and responsibilities of a position other than the one to which he has been appointed for a period in excess of ninety (90) days unless the appointing authority obtains an exemption upon written application to the Director of Administration, which exemption shall *not* extend beyond an additional ninety (90) days. *No* exemption shall be granted to the ninety (90) day detail limitation except upon express approval by the Director of Administration and except that the Guam Public School System is provided an extended time period in the temporary assignment of school principals and assistant school principals as follows: Department employees temporarily assigned to the position of school principal or assistant school principal shall *not* assume the duties and responsibilities of a position other than the one to which he or she has been appointed for a period in excess of three hundred sixty (360) days, provided that there are *no* qualified applicants for those positions and unless the appointing authority obtains an exemption upon written application to the Director of Administration, which exemption shall *not* extend beyond an additional three hundred sixty (360) days. *No* exemption shall be granted to the Department on the three hundred sixty (360) days limitation except upon

4 GCA PUBLIC OFFICERS & EMPLOYEES
CH 4 PERSONNEL POLICY AND THE CIVIL SERVICE COMMISSION

approval by the Director of Administration, provided, however, that *no* further temporary assignment to the same position shall be allowed beyond a total of seven hundred twenty (720) days, unless extraordinary extenuating circumstances as found by the Director of Administration, justify further temporary assignment to such position. In any such temporary assignments, the assignee shall suffer *no* loss of pay while so assigned. The Speaker of *I Liheslaturan Guåhan* shall be given a notice of all temporary assignments within forty-eight (48) hours of such temporary assignment.

SOURCE: Enacted by P.L. 17-81:10. Amended by P.L. 27-106:VI:27. Amended by P.L. 28-068:IV:39 (Sept. 30, 2005), effective January 1, 2006, pursuant to P.L. 28-068:IV:47.

COMMENT: Reference to Department of Education changed to Guam Public School System pursuant to P.L. 28-045:10 (June 6, 2005).

§ 4118. Acting Capacity.

No employee of a department, agency or instrumentality of the government of Guam shall be appointed by a cognizant authority to serve temporarily in an acting capacity as head of a department, agency or instrumentality for a period in excess of one year. Any employee so appointed has the right to return to the position the employee held immediately before the appointment to serve in an acting capacity after the one year period is exhausted. The time limitation of this section may not be circumvented by an interruption in the appointment to an acting capacity or to the position the employee held immediately before the appointment for a period of less than thirty (30) days.

SOURCE: Enacted by P.L. 17-81:11.

§ 4119. Military Leaves of Absence: National Guard or Reserves.

All employees of the government of Guam who are members of the reserve components of the Department of Defense or Transportation, including, but not limited to, the United States Army, the United States Navy, the United States Marine Corps, the United States Air Force, the Army National Guard, the Air National Guard and the United States Coast Guard, shall be entitled to leaves of absence from their respective duties with the government of Guam without losses of time or efficiency ratings on all days during which they are engaged in active military duty ordered or authorized under the laws of United States. Such employees shall be entitled to military leave with pay while performing such duty not to exceed fifteen (15) working days per government of Guam fiscal year, and, to the extent

4 GCA PUBLIC OFFICERS & EMPLOYEES
CH 4 PERSONNEL POLICY AND THE CIVIL SERVICE COMMISSION

employment in a position at a higher step in the position's pay range if such action is warranted by recruitment difficulties or by the new employee's special or unusual qualifications, including experience;

(2) that no spouse of any director, chief administrator or department head within the government of Guam may be employed within the department, agency or instrumentality so headed by such director, chief administrator, department head or other officer;

(3) that overtime for those employees entitled hereto shall be calculated at one and one-half (1 1/2) times their regular wage;

(4) that employees may work at outside employment not in conflict with their government service, nor such as would bring the government of Guam or its employees into disrepute, but that any employee may undertake such employment only if such is not in conflict with that person's duly scheduled hours and only with the consent of that person's department or agency head, which consent may not be unreasonably withheld; and

(5) that no person shall be required to work overtime, unless the employee has received certification by the Director that funds for overtime pay as provided in Subsection (3), above, are available.

(e) Adoption of such rules is subject to the Administrative Adjudication Law.

SOURCE: § 4104 GCA, reenacted by P.L. 16-23; amended by P.L. 16-41, P.L. 17-5, P.L. 17-25:14, P.L. 17-32:3, P.L. 20-3:XII:7, P.L. 23-26:3 (5/95). Repealed and reenacted by P.L. 26-88:4. Amended by P.L. 28-068 (Sept. 30, 2005), P.L. 28-112:4 (April 14, 2006), P.L. 28-113:5 (April 14, 2006).

§ 4106. Personnel Rules. Rules.

The personnel rules provided for in § 4105 of this Chapter shall provide procedures for their employment of persons on the basis of merit, and shall include an orderly and systematic method of recruitment and the establishment of qualified lists for employment purposes. They shall provide for a probationary period of not less than three (3) nor more than twelve (12) months for all original appointments, during which time the employee may be dismissed at any time without right of appeal and without right of being given reasons or charges in writing. Specific procedures and policies shall be included, governing the following:

4 GCA PUBLIC OFFICERS & EMPLOYEES
CH 4 PERSONNEL POLICY AND THE CIVIL SERVICE COMMISSION

- (1) The announcement of vacancies and acceptance of applications for employment;
- (2) Preparation and conduct of examinations;
- (3) Establishment and use of employment lists containing names of persons eligible for employment;
- (4) Establishment of promotional policies;
- (5) Certification of employment of persons from employment lists to fill vacancies and the making of temporary and emergency appointments;
- (6) Evaluation of the work of employees, including those serving a probationary period;
- (7) Transfer, promotion and reinstatement of employees in the competitive service;
- (8) Separation from the service of employees by resignation, layoff, suspension, dismissal, termination or completion of a grant, federal grant, source of federal funds, specific program or project and for incapacity to perform required duties, provided that the rules shall provide a system for the employee to seek reconsideration of suspension, dismissal and removal for incapacity to perform by answering any charges within ten (10) days in having a conference with the administrative head;
- (9) Establishment of hours of work, attendance and leave regulations and working conditions;
- (10) Development of employee morale, welfare and training;
- (11) Rules governing the outside employment of employees;
- (12) Maintenance and use of necessary records and forms;
- (13) A uniform system of handling all grievances, except where a different grievance system has been negotiated between a recognized employee organization and the appropriate management officials;
- (14) Appeal of an adverse action not inconsistent with § 4406 and § 4407 of the Chapter;
- (15) In the case of academic employees of the University of Guam or the Guam Community College, and their successor agencies,

Any employee so appointed has the right to return to the position the employee held immediately before the appointment to serve in an acting capacity after the 90 days, plus three legislative day period is exhausted.

- B. The time limitation of this section may not be circumvented by an interruption in the appointment to an acting capacity, or by transfer back to the position the employee held immediately before the appointment for a period of less than 30 days, or by a temporary transfer to any other position.
- C. Such employee shall receive a payment differential according to Rule 6.009.

4.600 TYPES OF APPOINTMENTS

4.601 Permanent Appointment

A permanent appointment is granted an employee after successfully completing a probationary period in the permanent position.

4.602 Probationary Appointment

A. Probationary Period

The probationary period shall be utilized as fully as possible to determine the fitness of the employee for the position.

B. Original Probationary Period

An original probationary period shall be required when an individual who does not have permanent status is appointed to a permanent position.

This also applies to former employees who have not been employed in the government of Guam service after four years of separation in good standing.

C. New Probationary Period

1. A new probationary period shall be required of a permanent employee when he:
 - a. is promoted to a permanent position;
 - b. is transferred to a permanent position in another class;
 - c. receives a voluntary demotion to a permanent position.; or
 - d. is reappointed to a permanent position.

D. Duration of Probationary Period

1. Original and new probationary periods will be for six months, except that service as a result of the 700 hour employment program may be credited consistent with statute. Employees holding classified positions under temporary employment, who are subsequently appointed to the same position under a permanent appointment, shall be credited for time served towards their probationary period under the temporary appointment.
2. In entry level trainee classes, the probationary period may be established at not more than 12 months, upon request of the appointing authority and approval of the Director.
3. The appointing authority may extend an original probationary period, or a new probationary period not to exceed a total of 12 months. Written notice of the extension shall be given to the employee by the appointing authority prior to the expiration of the probationary period.

4 GCA PUBLIC OFFICERS & EMPLOYEES
CH 4 PERSONNEL POLICY AND THE CIVIL SERVICE COMMISSION

For purposes of this Subsection (a), all elected officials except members of the Guam Education Policy Board, and the Consolidated Commission on Utilities *shall* be deemed employees occupying permanent positions.

(b) The term years of service shall be deemed to include service with the Naval Government of Guam or with other Federal instrumentalities or agencies within Guam prior to August 1, 1950, and to include honorable service with the Armed Forces of the United States, provided no more than three (3) years of service shall be credited to any individual for purposes of this Section. Years of service shall include one (1) year for each year served as a school employee.

The provisions of this Subsection shall not apply to those employees of the government of Guam hired prior to the date of enactment of this Act, except that any current employee of the government who has been in the employ of the government for less than three (3) years on the date of enactment and is a former member of the Armed Forces of the United States and is receiving a retirement annuity or pension as result of such military service shall be deemed to have three (3) years of service with the government at the date of enactment of this Subsection for the purposes of accruing annual leave.

(c) Employees entitled to annual leave hereunder may accumulate up to three hundred twenty (320) hours. Any annual leave earned by eligible employees in excess of three hundred twenty (320) hours shall be credited to such employee's accumulated sick leave, provided, that *no more than one hundred (100) hours* shall be credited to sick leave at the end of each fiscal year. The determination of accumulation of annual leave, and crediting of excess hours sick leave, shall be done at the end of each fiscal year.

Notwithstanding the provision of this Section, employees who have accumulated annual leave in excess of three hundred twenty (320) hours as of February 28, 2003, may carry over their excess and shall use the excess amount of leave, *prior* to retirement or termination from service. At the time of retirement or termination of service, that portion permitted to be credited to sick leave shall be so credited and the remainder of the excess leave, if any, shall be lost. Nothing herein shall allow lump sum compensation or retirement credit for annual leave in excess of three hundred twenty (320) hours

(d) **[Repealed.]**

**4 GCA PUBLIC OFFICERS & EMPLOYEES
CH. 7 DECEASED EMPLOYEE'S ACCOUNTS**

**CHAPTER 7
DECEASED EMPLOYEE'S ACCOUNTS**

§ 7101. Definitions.

§ 7102. Designation of Beneficiary; Order of Precedence.

§ 7101. Definitions.

For purposes of this Chapter:

- (1) *Employee* means all employees of the government of Guam.
- (2) *Money due* means the pay and allowances due on account of the services of a deceased employee of the government of Guam.

It includes the following:

- (A) Per diem and amounts due in reimbursement of travel expenses;
- (B) Overtime or premium pay;
- (C) Payments for accrued annual and sick leave;
- (D) Amounts of checks drawn for pay which were not delivered to the employee during his lifetime;
- (E) Amounts of un-negotiated checks returned to the Government because of the death of the employee.

It does *not include* amounts the disposition of which is otherwise expressly prescribed by law.

SOURCE: § 4150 GC, as amended by P.L. 12-47. Amended by P.L. 28-151:2 (Oct. 31, 2006). Amended by P.L. 29-004:9, (Sept. 6, 2007).

NOTE: Amendments to this section by P.L. 28-151 were added in relation to the authorization of the Governor to make COLA payments pursuant to *Rios v. Camacho*, Superior Court Case No. SP0206-93. Pursuant to P.L. 28-151, the amendments which added subsections (2)(F), (3) and (4), "shall be repealed and cease to be of any further force and effect upon the Superior Court's determination in SP0206-93 that all COLA awards have been paid over."

§ 7102. Designation of Beneficiary; Order of Precedence.

(a) The employing department or agency shall notify each employee of his right to designate a beneficiary or beneficiaries to receive money due

4 GCA PUBLIC OFFICERS & EMPLOYEES
CH. 7 DECEASED EMPLOYEE'S ACCOUNTS

and of the disposition of money due if a beneficiary is not designated. An employee may change or revoke a designation at any time under such regulations as the Director of Administration may prescribe.

(b) In order to facilitate the settlement of the accounts of deceased employees, money due an employee at time of death shall be paid to the person or persons surviving at the time of death, in the following order of precedence and payment bars recovery by another person of amounts so paid:

FIRST, to the beneficiary or beneficiaries designated by the employee in writing received by the employing department or agency before his death.

SECOND, if there is no designated beneficiary, to the widow or widower of the employee.

THIRD, if none of the above, to the child or children of the employee and descendants of deceased children by representation.

FOURTH, if none of the above, to the duly appointed legal representative of the estate of the employee.

SOURCE: § 4151 GC, as amended by P.L. 12-47.



GOVERNMENT OF GUAM

CIVIL SERVICE COMMISSION KUMISION I SETBISION SIBIT

Century Plaza, 2nd Floor, Upper Tamuning
P.O. Box 3156, Agana, Guam 96910

Tel: (671) 649-4272, 649-7955/57 • Fax: (671) 649-1272



10 AUGUST 1994

CSC NO. 94-656

MEMORANDUM

TO: All Department And Agency Heads

FROM: Executive Director

SUBJECT: SALARY INCREMENTS FOR UNCLASSIFIED POSITIONS

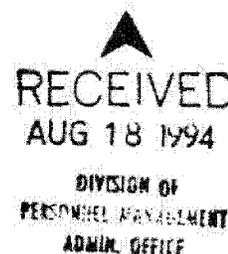


The Civil Service Commission, at its meeting on 28 July 1994, approved the establishment of a pay policy to entitle unclassified employees, exclusive of all department directors and deputy directors, to an increment equivalent up to 3.5% within the respective grades of the employees's base salary after twenty-four (24) months of satisfactory performance, provided that the maximum salary allowance as authorized shall not exceed the closest equivalent of step 20.

With respect to the implementation process, the affected incumbents shall be made effective retroactive to October 1, 1993, based on a satisfactory performance evaluation. These personnel actions will be post audited by the Commission. Should you have any questions, call my office at 649-7955 through 649-7957. Be guided accordingly.

E. Hara
ELOY P. HARA

cc: Governor of Guam



Commonwealth Now!

(NOTE: Organizational charts shall be utilized to determine the position for KPP.)

- C. To be eligible for promotion without competition when the position is upgraded under these conditions, an employee must continue to perform the same basic functions and his former position must be absorbed in the new one. When an additional position is created, or when the new position is not a clear successor to the former position, non-competitive promotion is not authorized.

4.506 Detail Assignments

- A. A detail is the temporary assignment to meet management needs of an employee to another position or to a group of specific duties and responsibilities for a specified period with the employee returning to his regular duties at the end of the detail. A position is not filled by a detail as the employee continues to be the incumbent of the position from which he is detailed, and his salary during the detail does not change. For details to unbudgeted positions, or to a group of specific duties and responsibilities, the appointing authority shall provide the Director a position description upon the 30th day of the detail appointment.
- B. Details shall be made only for meeting temporary needs of department or agency programs such as:
 - 1. emergency details - to meet emergencies occasioned by abnormal workload, change in organization, or unanticipated absences; or
 - 2. pending description and formal classification of a new position; or
 - 3. to replace an incumbent who is undergoing training.
- C. All details in excess of 30 calendar days must be documented by the appointing authority with a copy furnished to the Director. No personnel action shall be transacted unless proper documentation is provided.

-
- D. An employee shall not be detailed while serving a probationary period.
 - E. No employee shall be temporarily assigned or detailed to a position nor, shall the employee assume the duties and responsibilities of a position other than the one to which he has been appointed for a period in excess of 120 days within a calendar year, unless the appointing authority obtains an exemption upon written application to the Civil Service Commission. Such exemption shall not extend beyond an additional 120 days within that calendar year.
 - F. An employee in an unclassified position, or an individual employed under a contract will not be detailed to a position in the classified service.
 - G. Nothing in this regulation is intended to infringe on management's prerogatives in day-to-day operational activities which may occasionally require that an employee be assigned, for brief periods up to 30 calendar days, work normally performed by another employee.
 - H. Employees serving on a detail in excess of 30 calendar days in a position having a higher pay grade than his regular position, shall receive a payment differential in accordance with Rule 6.008 provided, the detail appointment is consistent with classification principles as determined by the Director.
 - I. Employees serving a detail in excess of 30 calendar days in a position having a lower pay grade, shall not have their pay adjusted to the lower pay.
 - J. An employee may not be detailed beyond 120 calendar days to any classified position, unless that employee has met all of the qualification requirements for the position.

4.507 Acting Capacity as Head of Department

- A. An employee of a department, agency or instrumentality of the government of Guam shall not be appointed by a cognizant authority to serve temporarily in an acting capacity as head of a department, agency or instrumentality for a period in excess of 90 days, plus three legislative days during any 12 month period.



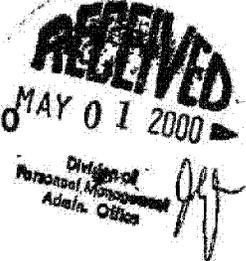
GOVERNMENT OF GUAM
CIVIL SERVICE COMMISSION
KUMISION I SETBISION SIBIT

490 Chalan Palasyo, Agana Heights
P.O. Box 3156 Agana, Guam 96932
Tel: 475-1300/01 Fax: 477-3301



CSC NO. 20-255

25 APRIL 2000



MEMORANDUM

TO: All Department & Agency Heads
All Human Relations Directors

FROM: Executive Director

SUBJECT: PERSONNEL ALERT: THE CASE OF RICARDO BLAS V. GUAM
CUSTOMS & QUARANTINE, ET AL

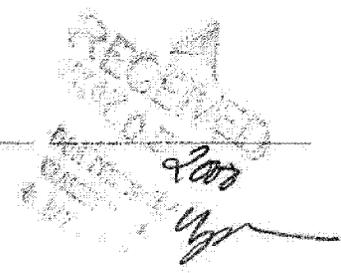
On April 5, 2000, the Supreme Court of Guam held in the case of Ricardo Blas v. Guam Customs and Quarantine Agency that merit system protections are applicable to permanent classified employees who are promoted.

In effect, there is no "New Probationary" period for employees who are promoted. Rule 4.602 of the Department of Administration's Personnel Rules and Regulations is no longer in effect.

Until there is legislative action or further definition from the Courts, the Civil Service Commission recommends that the safest course of action is to afford employees on "New Probationary" status full merit system due process which includes, but is not limited to, removal for cause, written notice of proposed adverse actions, a final notice of adverse action and so on.



Commonwealth Now!



CSC No. 20-255
Memorandum
25 April 2000
Page 2 of 2

This alert is not a legal opinion, as official legal opinions may only be made by the Attorney General.

If you would like a copy of the Blas opinion, please contact my office at 475-1300-1303.

Si Yu'os Ma'ase!

Senseramente,


LUIS R. BAZA

cc: Board of Commissioners, CSC



EMPLOYEE BENEFITS BRANCH

Human Resources Division

Presented by:
Leonora P. Candaso
Teresita Delos Reyes
Adrian L. Peregrino

Employee Benefits Branch



Leonora Perez Candaso



• Graduated from the University of Guam on 1994 with a Bachelor of Science Degree in Public Administration. Began employment with the Department of Administration (DOA) on 1995 and has been employed with DOA for seventeen years. Supervises the Employee Benefits Branch, Human Resources Division and primarily responsible for the administration of the Group Health and Life Insurance Program and issuance of the Request for Proposal. Staffs the Health and Life Insurance Negotiating Team during contract negotiations. Served as a Member on the Guam Banking and Insurance Board on 2005 through 2009. Ms. Candaso is also a member of the Steering Committee under the Government of Guam's Worksite Wellness Program pursuant to pursuant to EO 2012-07. A recipient of the 2011 MagPro Governor's Award of Excellence under the Customer Service Team Excellence Division.

Teresita Delos Reyes



- Ms. Delos Reyes was employed with the Bank of Hawaii (Bank of America) as an Assistant Operations Officer on 1972 through 1990 before being employed at the Department of Administration, Human resources Division on January 15, 1990. During employment with Bank of Hawaii, she received the "Employee Quality Award" for excellent on job performance and customer relationship on December 1989. Employment with the government includes over 20 years of experience with the Group Life and Health Insurance Program under the Employee Benefits Branch. Job experience includes ensuring for the proper administration of the group insurance programs. Ms. Delos Reyes was also awarded the 2011 MagPro Governor's Award of Excellence under the Customer Service Team Excellence division.

Adrian Lañada Peregrino



- Currently a Group Insurance Specialist I with the Employee Benefits Branch in the Human Resources Division of the Dept. of Administration for nearly 3 years. Assists the Employee Benefits Supervisor with technical support in the negotiation process for health and life insurance. Assists in planning & coordination of the government of Guam's group health and life insurance programs for active employees, retirees & survivors of the government of Guam. Transmits health and life insurance premiums for payment made by government departments and agencies. Processes health and life insurance forms for death claims, change of status, etc. Prior work experience includes duties as an Account Manager for David DDB Advertising from 2007 to 2010 and a Marketing Representative for StayWell Insurance from 2004 to 2007. Graduated from Father Duenas Memorial School in the Spring of 1999. Attained a Bachelor's of Business Administration Degree with Honors Cum Laude from UOG in the Spring of 2004.

Topics Covered Health & Life Insurance

- Employee Eligibility
- Enrollment/Cancellation
 - HIPAA Event
- Dependents Eligibility
- Leave Without Pay
 - Military Leave
- Coverage Amounts

**How well do you know
Your GovGuam Group
insurance?**

1. When can I apply for life insurance coverage?

- A. 30 days upon initial employment
- B. 60 days upon initial employment
- C. 6 months upon initial employment
- D. Open Enrollment

2. I am insured for the Basic Life Insurance Coverage of _____, fully paid by the government:

- A. \$5,000
- B. \$10,000
- C. \$15,000

3. Upon my date of hire, I have _____ days to apply for health insurance coverage:

- A. 15 days
- B. 30 days
- C. 45 days

4. I am a Limited Term appointment (LTA), therefore, I cannot apply for life insurance:

- A. False
- B. True

5. If I do not complete a life insurance form, the government will not make payment of the Basic Coverage:

- A. True
- B. False

6. The Waiver of Premium Program is:

- A. Free Health Plan
- B. Waive life insurance premiums for approved disability retirees
- C. Free insurance premiums for survivors

7. The government does not make payment for employees on Military Leave without Pay:

- A. True
- B. False

8. My spouse insured the family in the private sector and was laid off. Can I get coverage for my family?

- A. Yes
- B. No

What provisions do I enroll under:

- A. Open Enrollment
- B. HIPAA
- C. FLSA

9. I can only name my family member as a beneficiary for my life insurance coverage:

- A. True
- B. False

10. The life insurance coverage may only be used:

- A. To pay for funeral expenses
- B. To pay off medical expenses
- C. As the beneficiary desires

11. Repatriation is:

- Ⓐ. When you are naturalized as a U.S. citizen
- Ⓑ. Transfer of leave sharing
- Ⓒ. Reimbursement of expenses to transport remains, if death occurs away from primary residence.

HEALTH INSURANCE

Presented by:
Adrian L. Peregrino

Who is eligible?



- ⊙ Employees working 30 hours or more per week
- ⊙ Regardless of status (classified, unclassified, probation, LTA)
- ⊙ Retirees and survivors
- ⊙ Americorps (no dependents)

Enrollment

- ⊙ New employees –must enroll within 30 days
- ⊙ Open Enrollment
- ⊙ HIPAA qualifying event (Health Insurance Portability & Accountability Act)
 - > Newborn, marriage, adoption, loss of coverage, divorce
- ⊙ Return from military leave/deployment
- ⊙ Re-employment/Re-instatement
- ⊙ Switching depts. – complete updated enrollment form to reflect new dept.

Cancellation

- ⦿ Open Enrollment
- ⦿ Resignation from employment
- ⦿ No longer working 30 hours or more per week (unless approved by law, ie furlough)

Eligible Dependents

- ⦿ Spouse/Common Law
- ⦿ Children
 - › Natural, stepchild, adopted child, guardianship (during OE only)



Class Structure

- Class 1 - Employee ONLY
- Class 2 - Employee + Spouse
- Class 3 - Employee + Child (No spouse coverage)
- Class 4 - Family One employed (retired) + spouse + child(ren)

*Employee also refers to retiree and survivor

Leave without Pay

Approved LWOP

Employee pays share + government's share

Government continues the Basic Life

Disapproved LWOP

Coverage may be denied due to unknown status.

Government does not pay for Basic Life

Military leave without pay



- ⦿ PL 21-01 and 27-106 → department must pay for the employee and employers share for health and life insurance while on MLWOP (if coverage is not cancelled).
- ⦿ Employees may cancel during deployment.
- ⦿ May re-enroll upon return to work or loss of coverage within 31 days.
- ⦿ Retirement contributions continue.

Health Care Reform

- ⦿ Children up to age 26 are covered regardless of marital status or enrollment into higher education.
- ⦿ Preventive care are covered at 100% such as:
 - > Annual physicals
 - > Mammograms
 - > Labs
 - > Immunizations

Wellness Program

- ⦿ Enrollment into the health insurance plan includes:
 - ⦿ Fitness Centers
 - > Paradise Fitness Center
 - > Kontendas Gym
 - > Synergy
 - > Fitness Centers can conduct classes at worksite
 - ⦿ Wellness Benefit at SDA
 - > Mini Newstart Program (Diabetes, Heart disease, Hypertension and Cholesterol classes)
 - > Gestational Diabetes
 - > Breathe-Free Stop Smoking

Note:

Information herewith may change upon contractual provisions

LIFE INSURANCE

presented by:
Teresita Delos Reyes

Who is Eligible?

- > Employees working 20 hours or more per week (after 6 months of consecutive service)
- > Retirees and survivor



Enrollment

- ⦿ Open Enrollment Period
- ⦿ Upon 6 months of service and within 31 days
- ⦿ Retirement
- ⦿ Death of spouse – survivor processing

- ⦿ Failure to complete an enrollment form DOES NOT mean non-payment of Basic.
- ⦿ If switching dept. – need to complete a new form to reflect change → failure may result in wrongful payment to intended beneficiary (ies).

Life Insurance Benefits

- ⦿ Basic \$10,000 – paid by GovGuam
- ⦿ Supplemental – paid by employee/voluntary

- ⦿ Dependent – Insures spouse, common law, and eligible child(ren) upon death. Need to cancel if no longer eligible dependents (19 years through 23 if full time college).
 - > Spouse \$10,000
 - > Children \$5,000
 - > Divorced – need to cancel if no dependents

Additional benefits

- ◉ Living Benefit Rider – diagnosed with terminal illness of life expectancy of 12 months or less – 75% of benefits are paid out. Remaining paid upon death.
- ◉ Dismemberment – loss of hand, feet, eyes or combination (refer to flier for amounts)

Additional Benefits

- ◉ Accidental Death & Dismemberment –paid double what you are insured.
 - Seat Belt – additional \$10,000 if wearing seat belt to include AD&D.
 - Air Bag – additional benefit for which a seat belt is payable.
 - Family Benefits – Family members may receive additional financial help for child care, college or career training.
 - Basic \$10,000 + Supplemental \$5,000 = \$15,000
 - AD & D – payout is \$30,000

New Benefits - REPATRIATION

- Transport of remains back to place of residence
- Death must occur 200 miles away from primary residence
- Up to \$10,000 reimbursement
- Family must provide documentation of payments
- Reimbursement will be distributed to Payee of transportation

Change of Beneficiary

- ⦿ Change beneficiary anytime.
- ⦿ Power of Attorney – recorded at Land Management.
- ⦿ Power of Attorney – revoked – provide our office with a copy.
- ⦿ Reminder: Change beneficiary also with Records Branch (annual/sick leave) and Retirement Fund.

Leave without pay

Approved LWOP

- ⦿ Employee makes payment for supplemental/dependent life insurance prior to leave.
- ⦿ GovGuam **continues** payment for the Basic Life Insurance coverage.

Unapproved LWOP

- ⦿ Insurance company may deny coverage due to non-payment and unknown status.
- ⦿ GovGuam **does not pay** for the Basic Life Insurance of \$10,000.

Defined Contribution

- ⦿ DC Members continue to be a part of the department where employed
- ⦿ Retirees, LTD, and survivors
 - > Depts. continue to fund for their insurance coverage NOT Retirement Fund
- ⦿ Long Term Disability
 - > continue to include in your staffing pattern until they retire
 - > May be told to return to work status if no longer deemed disability

Military Deployment



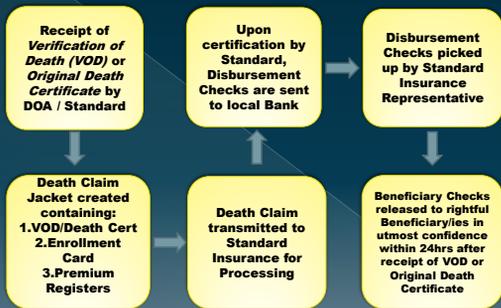
- ◉ PL 21-01 & PL 27-106
- ◉ Departments must pay the employer and employee share for the health and life insurance premiums – if employee does not cancel.
- ◉ Retirement contributions continue.
- ◉ Basic life insurance continues.

Death Claims

- ◉ Original Death Certificate
 - ◉ Basic paid in 24 hours
- No card: Paid to spouse/surviving children/estate of the deceased
- ◉ If beneficiary pre-deceased: Paid to estate of the beneficiary
 - ◉ Utmost confidentiality



Death Claim Flowchart



Waiver of Premium WOP Disability Retiree

- ◉ Disability retiree may be eligible for WOP.
- ◉ Approved →waives life insurance premium →FREE
- ◉ Subject to annual physician's statement

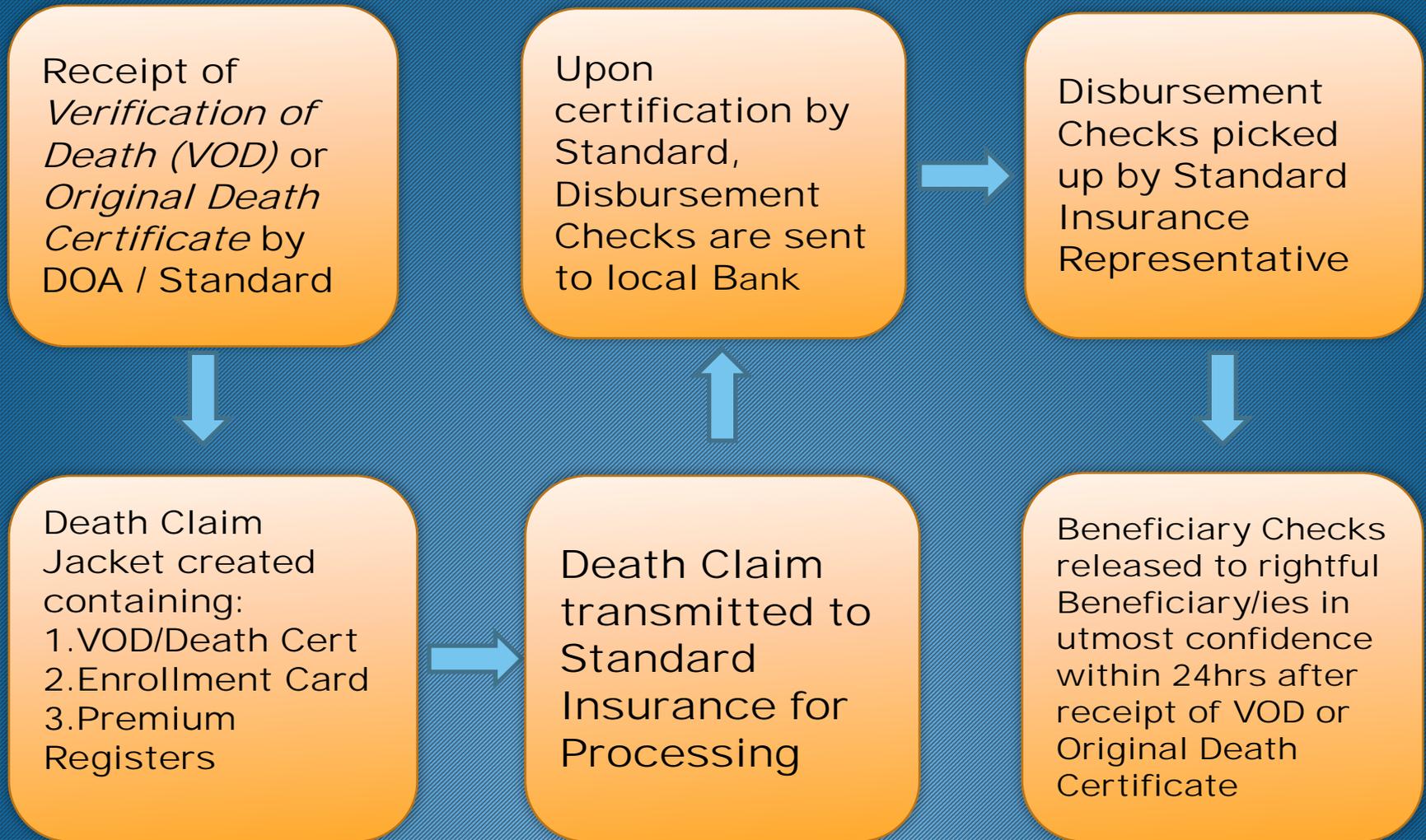
Note:
Information herewith may
change upon contractual
provisions

QUESTIONS?

Thank You!



Death Claim Flowchart





Department of Administration

DRUG FREE WORKPLACE PROGRAM TRAINING

Presented by:
Judith D.P.Gagan

Judith D.P. Gagan

Judith has been with the Department of Administration (DOA) for approximately 23 years in several capacities. She was with the Employee Benefits Branch for most of her DOA career as a Group Insurance Specialist from 1989 to 2007. She is currently the Drug Free Workplace Coordinator for the Drug Free Workplace Program.



INTRODUCTION

- The purpose of this training is to provide Supervisors and Managers a better understanding of the Department of Administration's Drug Free Work Place Procedures.
- This training has been designed to cover the types of drug testing, responsibilities of the employee and employer, test designated position listing and any issues or concerns regarding drug testing.



GOVGUAM ESTABLISHES A DRUG TESTING PROGRAM

- Executive Order 95-29, signed by former Governor Carl T.C. Gutierrez on December 6, 1995:
 - To establish a Drug-Free Workplace Policy within the government of Guam.
 - Promulgated the Department of Administration (DOA) to develop a Drug-Free Workplace Policy
 - Allowed departments/agencies outside the jurisdiction of DOA to participate in the Drug-Free Workplace program via a Memorandum of Understanding (MOU)
 - Drug testing is a condition of employment.



GOVGUAM ESTABLISHES A DRUG TESTING PROGRAM

- The Drug-Free Workplace Policy states:
 - It is unlawful to manufacture, distribute, dispense, or possess a controlled substance in the workplace.
 - The policy applies to all the Government of Guam employees in the line agencies and autonomous agencies, regardless of type of appointment and persons providing contractual services with the Government of Guam, and applicants tentatively selected for employment.



GOVGUAM ESTABLISHES A DRUG TESTING PROGRAM

- Executive Order 2005-18, signed by Governor Felix P. Camacho on May 4th, 2005
 - The Director of the Department of Administration shall be responsible for the administration, enforcement, implementation of the Drug-Free Workplace Program for all line agencies and departments.
 - Departments and agencies having an MOU with DOA shall coordinate all drug testing and treatment and rehabilitation of employees with the designated official of the Department of Administration.



DEPARTMENT OF ADMINISTRATION'S RESPONSIBILITIES

- The responsibilities for DOA are as follows:
 - Coordinate with Departments/agencies DFWP Officials
 - Coordinate with Lab Staff/Medical Review Officer
 - Initiate and arrange drug testing
 - Maintain Test Designated Position Listing
 - Coordinate Drug-Free Workplace Training
 - Provide guidance to the Drug-Free Workplace policy in conjunction with the Personnel Rules and Regulations
 - Updates and amends Drug-Free Workplace Policy
 - Provide statistical monthly reports of test results.



DOA DRUG-FREE WORKPLACE STAFF

- Drug-Free Work Place Program is under the Admin Branch of DOA:
 - Judy Gagan, Drug-Free Workplace Coordinator
 - Mike Schniep, Personnel Specialist
 - Kathy Diaz, Employee Management Officer "aka" Employee Assistant Program Administrator



AGENCY / DEPARTMENT RESPONSIBILITIES

- The responsibilities for all departments/agencies Designated Employee Representatives (DERs) are as follows:
 - Coordinate with DFWP Coordinator with scheduling drug testing.
 - Refer employees for assistance if found positive; initiate disciplinary action.
 - Inform applicant of non-selection, due to positive drug test result
 - Notify department head of employee's failure to show for a test or refusal
 - Ensure all employees are issued individual random drug testing notices (TDP), post-accident and reasonable suspicion notices

WHO PAYS FOR THE DRUG TEST?

- All departments / agencies are obligated to pay for the drug test, regardless if it's a pre-employment test or a random.
- All departments/agencies must prepare a Journal Voucher before a drug test can be initiated. However, if the testing is a Post-Accident or Reasonable Suspicion testing will be scheduled immediately.

DEPARTMENT OF ADMINISTRATION
DIVISION OF ACCOUNTS
Journal Voucher

ITEM	DESCRIPTION	PERIOD	VENDOR #	DEBIT	CREDIT
391	YOUR DEPARTMENT/AGENCY			Number of employees, x \$40.00 (OT) Fee = Credit charge	
593	32288888				SAME AMOUNT AS DEBIT CHARGE
GRAND TOTAL				0.00	0.00

DEPARTMENT: _____

PREPARED TO CHECK:

- TRANSACTION CODES ARE CORRECT
- ACCOUNT NUMBERS ARE CORRECT
- PERIOD BEGINNING ARE CORRECT
- VENDOR NUMBERS ARE CORRECT
- JOURNAL VOUCHER IS BALANCED

AGENCY USE ONLY:

- SUFFICIENT FUNDS ARE AVAILABLE (REQUIRED FOR ALL APPROPRIATION ACCOUNTS)
- COUNTRY ALL FUNDS SPANDED ARE CONSISTENT WITH REQUIREMENT OF DEPARTMENTAL POLICY (COUNTRY GOVERNMENT ARE SUBJECT TO DEPARTMENTAL POLICY FOR ACCOUNTING CODES)
- COUNTRY AGENCIES ARE PROPER AND AUTHORIZED BY LAW, RULE OR OTHER AGENCY

Prepared by: _____ Approved by: _____
 Date: _____ Date: _____

Accountant Trail, Supervisor Receipt: _____
 Received Date: _____
 Overwrite is authorized by manager: _____
 Manager Receiving: _____

WHAT DRUGS DO LABORATORIES TEST FOR?

- The Substance Abuse and Mental Health Services Administration (SAMHSA) and Department of Transportation 49 CFR 40, requires the following drugs to be tested.
 - Cocaine (COC)
 - Marijuana (THC)
 - Amphetamines (AMP)
 - Opiates (OPI)
 - Phencyclidine (PCP)

WHAT ARE THE SPECIFIC CUT OFF LEVELS?

- The following cutoff concentrations are used by certified laboratories to test urine specimens and regulated by DOT.
 - Marijuana metabolites – 15 ng/ml
 - Cocaine metabolites – 150 ng/ml
 - Opiates:
 - Morphine – 2000 ng/ml
 - Codeine – 2000 ng/ml
 - 6-Acetylmorphine (4) – 10 ng/ml
 - Phencyclidine – 25 ng/ml
 - Amphetamines:
 - Amphetamine – 500 ng/ml
 - Methamphetamine (3) – 500 ng/ml

REPORTING TO THE LABORATORY

- Must have a photo I.D. to take the drug test.
- Must complete the Chain of Custody Form (CCF). The CCF ensures your urine specimen will not be tampered.
- Provide at least 30 mL urine sample.
- Ensure that you observe the collector transfer and seal your urine sample.

DOTM TESTING CHAIN OF CUSTODY AND CONTROL FORM

HAWAII
02059-57707

DIAGNOSTIC SERVICES, INC.

PLEASE READ - YOU ARE RESPONSIBLE FOR THE FOLLOWING INFORMATION:

STEP 1 - COMPLETE THE CHAIN OF CUSTODY FOR EMPLOYER/POUCHES/CLASSES

A. Employee Name, Address and ID No. B. EMPLOYER Name, Address, Phone and Fax No.
 C. City, State, Zip, County D. EMPLOYEE ID No. E. EMPLOYER ID No. F. EMPLOYER TYPE
 G. DATE OF TEST H. TEST SITE I. TEST TYPE J. TEST RESULT

K. Employer Representative L. Collector Representative

STEP 2 - COMPLETED BY COLLECTOR

M. Date and Time of Collection N. Specimen Location O. Specimen Volume (State Below) P. Quantity of Seals

REMARKS:

STEP 3 - CHAIN OF CUSTODY INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

Q. Date and Time of Release to Laboratory R. Laboratory Name S. Laboratory Address T. Laboratory Phone

RECEIVED AT LAB: U. Primary Signature V. Primary Signature W. Primary Signature

COOPERATION:

02059-57707 PLACE OVER CAP SPECIMEN BOTTLE SEAL DATE AND TIME

COPY 1 - LABORATORY

TYPES OF URINE COLLECTIONS

- **Unobserved** – An individual will be permitted to provide a urine sample privately in a restroom. (Pre-Employment, Random, Post-Accident, Applicant Testing, Voluntary Test)
- **Observed/Direct Observation** – An individual will be required to provide a urine sample under direct observation. The observer must be "Gender" based. (Return-to-Work, Follow-up, Reasonable Suspicion)

WHY DIRECT OBSERVATION COLLECTIONS?

- Direct Observations occurs when the following conditions are met:
 - The laboratory reports to the Medical Review Officer "MRO" the specimen is invalid.
 - When the testing is a Return-to-duty or a follow-up test is being conducted.
 - Urine Specimen appears to be tampered.
 - Urine temperature is out of the normal range.

REASONS FOR DRUG TESTING

- There are 7 (seven) different reasons for Drug Testing under the Department of Administration's Drug-Free Workplace "Standard Operating Procedures"
 - ***Pre-Employment**
 - **Voluntary**
 - **Post-Accident**
 - **Follow-up**
 - **Reasonable Suspicion**
 - **Applicant Testing**
 - ****Random**

PRE-EMPLOYMENT TESTING

- Pursuant to Executive Order 95-29, requires all applicants entering the government of Guam for the first time to be drug tested. This includes employees returning to the government of Guam under their Re-Employment rights or under Reinstatement.
 - Drug Testing will be scheduled upon receiving Journal Voucher, Police/Court Clearances, GG-1, Authorization.
 - Applicants will be scheduled accordingly by DFWP Coordinator with a specific reporting time to the laboratory.
 - If the urine has been reported by the Medical Review Officer (MRO) as "Diluted". A second test will be performed and if found to be diluted will not be eligible for employment for 1 year.

VOLUNTARY TESTING

- An employee who demonstrates the commitment to the goal of a Drug-Free Workplace and to set an example for others, an employee not in a Test Designated Position may volunteer to be included in a Random Drug test.
- Employee is subjected to the same conditions and procedures for Random Testing.
- Employee must complete form to participate and submit written cancellation if required.

POST ACCIDENT TESTING

- A drug test should be administered as soon as practical following an occurrence involving an accident or damages to government or private property in excess of \$10,000 or
- Bodily Injuries
- Transporting the member of the public

Drug Screening must be performed within 32 hours of an incident.

FOLLOW-UP TESTING

- This type of testing occurs when an employee comes forth under “*Safe Harbor*” or a “*Positive Drug Test*”. The primary purpose of a Follow-up Test is to ensure the employee is continuing with their rehabilitation requirements and maintaining a “Drug-Free” lifestyle.
- An employee can have has little to 3 or 20 follow-up drug testing. There is no minimum nor maximum amount of time to conduct a follow-up drug test.

REASONABLE SUSPICION TESTING

- A belief based on reliable information from independent sources, objective and articulable facts derived from direct observation of odorous presence, specific physical behavior or performance. Testing may be authorized when management has a reasonable suspicion that an employee may be using drugs illegally or have violated the Drug-Free Workplace Policy.

SUPERVISOR'S CHECKLIST

- Reasonable Suspicion Testing may be based on the following, but not limited to the following:
 - **Moods**
 - Depressed, Anxious, Irritable, Suspicious, Complains about others, Emotional Unsteadiness, Mood changes after lunch or break
 - **Actions**
 - Withdrawn or improperly talkative, Spends excessive amount of time on the phone, Argumentative, Exaggerated sense of self-importance, Displays violent behavior, Avoids talking with supervisors regarding work issues.

SUPERVISOR'S CHECKLIST

- **Absenteeism / Tardiness**
 - Absenteeism/Tardiness, especially on Mondays, Fridays, before/after holiday; Frequent unreported absences, later explained as "emergencies", Unusually high incidence of colds, flu-type symptoms, upset stomach, headaches, Leaving work area more than necessary, e.g., frequent trips to bathroom, Leaving work early for various reasons.
- **Accidents**
 - Taking needless risk, Disregard for safety of others, Higher than average accident rate on and off the job

SUPERVISOR'S CHECKLIST

- **Work Patterns**
 - Inconsistency in quality of work
 - High and low periods of productivity
 - Poor judgment/more mistakes than usual and general carelessness
 - Lapses in concentration
 - Difficulty in recalling instructions
 - Difficulty in remembering own mistakes
 - Using more time to complete work / missing deadlines
 - Increased difficulty in handling complex situations

SUPERVISOR'S CHECKLIST

- **Relationship to Others on the Job**
 - Overreaction to real or imagined criticism (paranoid)
 - Avoiding and withdrawing from peers
 - Complaints from co-workers
 - Borrowing money from fellow employees
 - Persistent job transfer request
 - Complaints of problems at home, e.g., separation, divorce, child discipline,

SUPERVISOR'S CHECKLIST

- Remember these are examples in determining if a Reasonable Suspicion test is needed.
- More importantly, you must document all these actions over a time period and not just because you heard a rumor.

APPLICANT TESTING

- Drug testing will be required of all individuals tentatively selected for a Test Designated Position (TDP) *unless* the selection involves only a temporary position change of thirty (30) days or less or
- The individual currently occupies a TDP with the Government of Guam

Examples:

- Word Processing Secretary being promoted to Safety Inspector, requires drug testing and be issued an individual notice.
- Firefighter II being promoted to Fire Captain, does not require drug testing. However, must be issued another individual notice with the current position title (does not need to wait 30 days before random Test).

RANDOM TESTING

- Random drug testing only applies to certain positions within the Government of Guam that have been identified as a Test Designated Position, more commonly known as "TDP". These positions are usually identified as positions in the Health, Safety and Security.
- Positions within the TDP are subject to change!



HOW ARE RANDOM SELECTIONS MADE?

- All random selections are generated by an approved computer software program, which is regulated by the Department of Transportation and the Substance Abuse and Mental Health Services Administration (SAMHSA).
- *Only employees occupying positions that are identified as a Test Designated Position (TDP) are the only employees subjected to Random Drug Testing. If a person has volunteered for a random drug test, they are subjected to all the rules regarding random testing.
- Employees must sign an individual Random Notice.



HOW ARE RANDOM SELECTIONS MADE?

- The lab generates the random selection.
- The number of people being tested is dependent on the number of people occupying a TDP.
- Examples:
 - In January, a department has 300 employees and wants to conduct a 25% random selection. Therefore, only 75 employees will be selected.
 - In June, the same department wants to request another 25% random selection. However, the number of employees occupying TDP's has increased to 325 employees. Therefore, 82 employees will be selected for random testing.
 - NOTE: An employee may be selected for a random test more than once.



HOW CAN A DEPARTMENT REQUEST FOR A RANDOM TEST?

- DOA may initiate a department to conduct a random or the department may contact DOA to conduct a random test.
- DOA will ensure all employee's individual TDP notices are signed and over 30 days before including the employee in a master list before a random list is generated.

HOW FREQUENT ARE RANDOM DRUG TESTING?

- Random drug test may occur at any given time, day or night, weekends or holidays. There are no minimum number or how many random drug testing may occur at any particular department / agency.

WHAT IS A TEST DESIGNATED POSITION (TDP)?

- Test Designated Position , more commonly known as "TDP" are positions usually identified as occupations in the Health, Safety and Security.
- Only positions that are identified as a "TDP" are the only positions within the Government of Guam that are authorized to undergo "Random" drug testing.
- Positions within the TDP are subject to change!

EXAMPLES OF TEST DESIGNATED POSITIONS

- Superintendent of Airport Operations
- Nurse
- Investigator
- Heavy Equipment Mech.
- Airport Operation Officer
- Firefighter I
- Cadet
- School Bus Driver
- Lifeguard
- Social Workers
- 911 Dispatcher
- Crane Operator
- Engineer I
- Messenger Clerk
- Water Plant Operator
- Airport Police Supervisor
- Port Police
- Construction Inspectors
- Engineer
- Correction Officer
- Police Sergeant I



HOW IS THE TDP LISTING CHANGED?

- Department/agency will provide justification to the DOA director and attached position description.
- Upon review and completion, DOA will forward to Attorney General for approval
- If approved, DOA will notify department/agencies and update TDP list.

ATTACHMENT 6

PROCEDURES FOR CHANGING THE TDP LIST

Agency/department heads may request additions to or deletions from the TDP list from the Director of Administration. The request must contain:

1. The exact title and pay grade of each position.
2. A description of duties and justification which warrant including the position on the TDP list.
3. The reasons why the agency/department head wants the position deleted from the TDP list in sufficient detail to support the request.

If the Director of Administration determines after conferring with the Attorney General, that the requested addition meets the criteria and justification for inclusion on the TDP list, he will grant approval, subject to CSC's approval. The requested position will be added to the list and a new listing will be provided to all line and non-autonomous agencies and departments.

If request is rejected by the Director of Administration, the requestor will be so notified. The TDP list will not be revised.

The Director of Administration will evaluate requests for deletions and will notify all line and non-autonomous agencies of the decision to delete. Where a deletion is approved, positions with the same title and pay grade must be removed from every TDP list and thereafter, incumbents of positions will not be tested.

December 5, 1995 120



SAFE HARBOR

- Protects the employee from discipline for admitted acts of using illegal drugs, but the following conditions must be met:
- Voluntarily – Employee informs management
- Rehabilitation- Seeks professional counseling
- Follow-up Test – Agrees to have follow-up drug test by the department / agency.
- Refrains for illegal drug usage.
- Safe Harbor counts as the "First Strike"

NOTE:

Under "Safe Harbor" an employee must notify management before being scheduled for a test or arrest.

PUBLIC LAW 31-28: Positions identified as TDP, not eligible for Safe Harbor.

SAFE HARBOR INELIGIBILITY

- Positions identified as TDP, pursuant to Public Law 31-28.
- Employee admits to drug use after being notified for scheduled test.
- After providing a urine sample, after a test was performed.
- If found to use drugs on the basis of evidence.

WHEN DO I RECEIVE MY TEST RESULTS?

- 3-5 business days (Urine sample sent to Hawaii).
- All Drug test results must be verified by the Medical Review Officer (MRO).
- Drug test results will be reviewed by the MRO before being released to the DFWP Coordinator.
- DRWP Coordinator will contact your Designated Employee Representative (DER).

MEDICAL REVIEW OFFICER

- All drug test results are confidential.
- The DFWP Coordinator shall notify the DER in writing informing that the donor tested positive once verified by the MRO.
- If the employment offer is "Pre-Employment" the offer shall be rescinded and will be unable to be hired until the donor provides a Rehabilitation Certificate.
- If the employee is an invested employee, they must undergo Rehabilitation Services, if they wish to be continually employed with the government.

DRUG TEST RESULTS

- The Medical Review Officer (MRO) must contact the donor within 24 hours and at a minimum of three attempts must be made.
- If 24 hours passes and the MRO is unable to contact donor, the department's DER will be notified.
- The DER has 72 hours to notify the donor to contact the MRO.

DRUG TEST RESULTS

- The MRO will interview the donor via phone or in person. Inform the MRO of any prescription medication and over the counter drugs.
- After the MRO interviews the donor, the MRO will indicate if the drug test toxicology report is a **"Positive"** or **"False Positive"**

FALSE POSITIVE

- Where a drug test result occurs and the donor has a legitimate justification for their drug results exceeding the specific concentration cut off levels.
 - An employee that is prescribed legal medication via a physician.
- A **"False Positive"** is considered by the MRO as a negative drug test.



POSITIVE DRUG TEST RESULTS

- If a drug test has been verified as a **“Positive”**, the following will occur for 1st Offense:
 - The DFWP Coordinator shall notify the DER in writing informing that the donor tested positive once verified by the MRO.
 - Pre-Employment Offer will be rescinded.
 - Classified employees, rehabilitation services will be provided and employee must complete the program and remain “Drug-Free”.
 - Employee will be issued an “Adverse Action”



POSITIVE DRUG TEST RESULTS

- If a drug test has been verified as a **“Positive”**, the following will occur for 2nd Offense:

–DISMISSAL



DRUG TESTING ISSUES:

- **FAILURE TO REPORT:**
 - An employee who fails to report for a scheduled drug test will be disciplined as if the result is **“Positive”**
 - Applicant fails to show, the employment offer shall be rescinded.
- **REFUSAL TO TEST:**
 - Failure to follow a direct order, will be subject to disciplinary action
 - Applicant fails to show, the employment offer shall be rescinded.
- **SHY BLADDER:**
 - Employee will be given 3 hours to provide a urine sample
 - Drink only up to 40oz of fluid within the 3 hours
 - Unable to provide a urine sample, will be referred to physician.

QUESTIONS?

Judy Gaga: judith.gagan@doa.guam.gov

Michael Schniep

michael.schniep@doa.guam.gov

Kathy Diaz

kathryn.diaz@doa.guam.gov

Drug Testing Sites

- www.dot.gov
- www.drugfreeworkplace.gov
- www.datia.org
- www.samhsa.gov
- www.peaceguam.org

Resources for Assistance

- HR/Personnel Office (Employee Assistance Programs)
- Dept. of Mental Health & Substance Abuse (Prevention Program): 647-5329
- Dept. of Mental Health & Substance Abuse (Drug & Alcohol Services): 647-5438

Organizations:

- The Lighthouse Recovery Center: 477-6761
- Pacific Area Counseling Network: 734-1494
- Sanctuary, Inc.: 565-9851



HAWAII



7658

02059-57707

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.
DEPT. OF ADMINISTRATION
ATTN: EMR, DIV. OF PERSONNEL MGMT.
P.O. BOX 884
HAGATNA, GUAM 96932
(671)475-1288/1131

B. MRO Name, Address, Phone and Fax No.
AURELIO ESPINOLA, M. D.
CHIEF MEDICAL EXAMINER
325 DUENAS DRIVE
TAMUNING, GUAM 96911
(671)646-9363

C. Donor SSN or Employee I.D. No. _____

D. Reason for Test: Pre-employment Random Return to Duty Reasonable Suspicion/Cause Post Accident Other _____ specify

E. Donor I.D. Verified Photo I.D. Employer Representative _____ signature of employer representative

F. Drug Tests to be Performed:
 14728 Tox - SAP 5, GC/MS

G. Collection Site Address:

Collector Phone No. _____

Collector Fax No. _____

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark
Specimen Collection: Split Single None Provided (Enter Remark) Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor completes STEP 5 on Copy 3 (MRO Copy).

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 3 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

Signature of Collector _____ AM/PM
Time of Collection
(PRINT) Collector's Name (First, MI, Last) _____ Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:
SEALED FOR COURIER PICK-UP
Name of Delivery Service Transferring Specimen to Lab _____

RECEIVED AT LAB:
 Signature of Accessioner _____
(PRINT) Accessioner's Name (First, MI, Last) _____ Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact
 Yes
 No, Enter Remark Below
SPECIMEN BOTTLE(S) RELEASED TO:

COMMENTS:



02059-57707
SPECIMEN ID NO.



SPECIMEN BOTTLE SEAL

Date (Mo. Day Yr.)

Donor's Initials



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02059-57707



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SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

<p>A. Employer Name, Address and I.D. No. DEPT. OF ADMINISTRATION ATTN: EMR, DIV. OF PERSONNEL MGMT. P. O. BOX 884 HAGATNA, GUAM 96932 (671)475-1288/1131</p>	<p>B. MRO Name, Address, Phone and Fax No. AURELIO ESPINDLA, M. D. CHIEF MEDICAL EXAMINER 325 DUENAS DRIVE TAMUNING, GUAM 96911 (671)646-9363</p>
<p>C. Donor SSN or Employee I.D. No. _____</p>	
<p>D. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Return to Duty <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Other _____ specify</p>	
<p>E. Donor I.D. Verified <input type="checkbox"/> Photo I.D. <input type="checkbox"/> Employer Representative _____ signature of employer representative</p>	
<p>F. Drug Tests to be Performed: 14728 Tox - SAP 5, GC/MS</p>	
<p>G. Collection Site Address: _____</p>	
<p>Collector Phone No. _____ Collector Fax No. _____</p>	

STEP 2: COMPLETED BY COLLECTOR

<p>Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark</p>	<p>Specimen Collection: <input type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark) <input type="checkbox"/> Observed (Enter Remark)</p>
<p>REMARKS</p>	

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor completes STEP 5 on Copy 3 (MRO Copy).

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 3 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

<p>X _____ AM Signature of Collector Time of Collection</p> <p>_____ (PRINT) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.)</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p> <p style="text-align: center;">SEALED FOR COURIER PICK-UP</p> <p style="text-align: center;">Name of Delivery Service Transferring Specimen to Lab</p>
<p>RECEIVED AT LAB:</p> <p>X _____ Signature of Accessioner</p> <p>_____ (PRINT) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.)</p>	<p>Primary Specimen Bottle Seal Intact</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark Below</p> <p>SPECIMEN BOTTLE(S) RELEASED TO:</p>

COMMENTS:



7658

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

SPECIMEN ID NO.

02059-57707

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No. DEPT. OF ADMINISTRATION ATTN: EMR. DIV. OF PERSONNEL MGMT. P.O. BOX 884 HAGATNA, GUAM 96932 (671)475-1288/1131	B. MRO Name, Address, Phone and Fax No. AURELIO ESPINOLA, M.D. CHIEF MEDICAL EXAMINER 325 DUENAS DRIVE TAMUNING, GUAM 96911 (671)646-9363
C. Donor SSN or Employee I.D. No. _____	
D. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Return to Duty <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Other _____ specify	
E. Donor I.D. Verified <input type="checkbox"/> Photo I.D. <input type="checkbox"/> Employer Representative _____ signature of employer representative	
F. Drug Tests to be Performed: [14728 Tox - SAP 5, GC/MS	
G. Collection Site Address: _____	
Collector Phone No. _____ Collector Fax No. _____	

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____	Specimen Collection: <input type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark) _____ <input type="checkbox"/> Observed (Enter Remark) _____
REMARKS _____	

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor completes STEP 5 on Copy 3 (MRO Copy).

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 3 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

<input checked="" type="checkbox"/> _____ AM/PM Signature of Collector Time of Collection _____ Date (Mo./Day/Yr.) (PRINT) Collector's Name (First, MI, Last)	SPECIMEN BOTTLE(S) RELEASED TO: _____ SEALED FOR COURIER PICK-UP Name of Delivery Service Transferring Specimen to Lab
RECEIVED AT LAB: <input checked="" type="checkbox"/> _____ Signature of Accessioner _____ Date (Mo./Day/Yr.) (PRINT) Accessioner's Name (First, MI, Last)	SPECIMEN BOTTLE(S) RELEASED TO: Primary Specimen Bottle Seal Intact <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark Below

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

_____ (PRINT) Donor's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____
 Signature of Donor

Daytime Phone No. () _____ Evening Phone No. () _____

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 6). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 6 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO DO TEST BECAUSE:
 DILUTE ADULTERATED SUBSTITUTED

REMARKS _____

_____ (PRINT) Medical Review Officer's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____
 Signature of Medical Review Officer



HAWAII



7658

02059-57707

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SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.

DEPT. OF ADMINISTRATION
ATTN: EMR, DIV. OF PERSONNEL MGMT.
P.O. BOX 884
MAGATNA, GUAM 96932
(671)475-1288/1131

B. MRO Name, Address, Phone and Fax No.

AURELIO ESPINDOLA, M.D.
CHIEF MEDICAL EXAMINER
325 DUENAS DRIVE
TAMUNING, GUAM 96911
(671)646-9363

C. Donor SSN or Employee I.D. No.

D. Reason for Test: Pre-employment Random Return to Duty Reasonable Suspicion/Cause Post Accident Other specify

E. Donor I.D. Verified Photo I.D. Employer Representative signature of employer representative

F. Drug Tests to be Performed:

14728 Tox - SAP 5, GC/MS

G. Collection Site Address:

Collector Phone No.

Collector Fax No.

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark

Specimen Collection: Split Single None Provided (Enter Remark) Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor completes STEP 5 on Copy 3 (MRO Copy).

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 3 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

X Signature of Collector Time of Collection AM PM (PRINT) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO: SEALED FOR COURIER PICK-UP Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X Signature of Accessioner Date (Mo./Day/Yr.) (PRINT) Accessioner's Name (First, MI, Last)

Primary Specimen Bottle Seal Intact SPECIMEN BOTTLE(S) RELEASED TO: Yes No, Enter Remark Below

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X Signature of Donor (PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.)

Daytime Phone No. Evening Phone No.

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 6). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 6 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO DO TEST BECAUSE: DILUTE ADULTERATED SUBSTITUTED

REMARKS

X Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)



HAWAII

02059-57707



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SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No.

DEPT. OF ADMINISTRATION
ATTN: EMR. DIV. OF PERSONNEL MGMT.
P.O. BOX 884
HAGATNA, GUAM 96932
(671)475-1288/1131

B. MRO Name, Address, Phone and Fax No.

AURELIO ESPINOLA, M.D.
CHIEF MEDICAL EXAMINER
325 DUENAS DRIVE
TAMUNING, GUAM 96911
(671)646-9363

C. Donor SSN or Employee I.D. No.

D. Reason for Test: Pre-employment Random Return to Duty Reasonable Suspicion/Cause Post Accident Other specify

E. Donor I.D. Verified Photo I.D. Employer Representative signature of employer representative

F. Drug Tests to be Performed:

14728 Tox - SAP 5, GC/MS

G. Collection Site Address:

Collector Phone No. Collector Fax No.

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Specimen Collection: Split Single None Provided Observed

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor completes STEP 5 on Copy 3 (MRO Copy).

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 3 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

Signature of Collector Time of Collection AM PM (PRINT) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

SEALED FOR COURIER PICK-UP

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:

Signature of Accessioner Date (Mo./Day/Yr.) (PRINT) Accessioner's Name (First, MI, Last)

Primary Specimen Bottle Seal Intact

Yes No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

Signature of Donor (PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.)

Daytime Phone No. Evening Phone No.

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 6). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 6 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO DO TEST BECAUSE: DILUTE ADULTERATED SUBSTITUTED

REMARKS

Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)



HAWAII



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SPECIMEN ID NO.

02059-57707

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address and I.D. No. B. MRO Name, Address, Phone and Fax No.

DEPT. OF ADMINISTRATION
ATTN: EMR, DIV. OF PERSONNEL MGMT.
P.O. BOX 884
HAGATNA, GUAM 96932
(671)475-1288/1131

C. Donor SSN or Employee I.D. No. _____

D. Reason for Test: Pre-employment Random Return to Duty Reasonable Suspicion/Cause Post Accident Other _____ specify

E. Donor I.D. Verified Photo I.D. Employer Representative _____ signature of employer representative

F. Drug Tests to be Performed: _____

G. Collection Site Address: _____

Collector Phone No. _____
Collector Fax No. _____

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark _____

Specimen Collection: Split Single None Provided (Enter Remark) _____ Observed (Enter Remark) _____

REMARKS _____

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor completes STEP 5 on Copy 3 (MRO Copy).

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 3 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

<p><input checked="" type="checkbox"/> _____ AM/PM Signature of Collector Time of Collection</p> <p>_____ (PRINT) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.)</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p> <p>SEALED FOR COURIER PICK-UP</p> <p>_____ Name of Delivery Service Transferring Specimen to Lab</p>
<p>RECEIVED AT LAB:</p> <p><input checked="" type="checkbox"/> _____ Signature of Accessioner</p> <p>_____ (PRINT) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.)</p>	<p>SPECIMEN BOTTLE(S) RELEASED TO:</p> <p>Primary Specimen Bottle Seal Intact</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark Below</p>

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

_____ Signature of Donor _____ (PRINT) Donor's Name (First, MI, Last) _____ Date (Mo./Day/Yr.)

Daytime Phone No. () _____ Evening Phone No. () _____

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 6). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 6 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO DO TEST BECAUSE:

DILUTE ADULTERATED SUBSTITUTED

REMARKS _____

_____ Signature of Medical Review Officer _____ (PRINT) Medical Review Officer's Name (First, MI, Last) _____ Date (Mo./Day/Yr.)



**PRE – EMPLOYMENT /TEST DESIGNATED POSITION (TDP)
CONSENT AND ACKNOWLEDGEMENT FORM**



I, _____, an applicant for government of Guam employment or a current employee who is offered employment in a Test Designated Position (TDP), consent to and acknowledge that I will be scheduled to undergo drug testing should an employment/TDP offer be made by the hiring authority. I understand that I cannot start work until I take and pass the required drug test.

Test Specimen and Substances: I understand that I must take the drug test, pursuant to Executive Order 95-29, in accordance with the Department of Administration’s comprehensive Drug-Free Workplace Program Operating Procedures.

- A. The drug test will involve an analysis of a urine sample, which I will provide 30 mL at a designated test site.
- B. The purpose of the test will be to test for the presence of the following substances: **Marijuana (THC), Cocaine (COC), Amphetamines (AMP), Phencyclidine (PCP), Opiates.**

Specimen Collection: I understand that qualified laboratory personnel is to collect a minimum of 30 mL of urine to be analyzed and verified for any drugs present in my system.

Failure to Provide a Urine Specimen: I understand that I must remain at the collection site until I am able to provide sufficient urine sample of 30mL.

Refusal to Undergo Drug Testing: I understand that I must appear at the designated test site for drug testing with a minimum of 30 minutes and a maximum of one hour notification. Failure to appear during the prescribed time will result in a verified positive drug test. I also understand that failure to provide adequate urine for controlled substances testing without a valid medical explanation, and engaging in conduct that clearly obstructs the testing are the same as refusing to test.

Diluted Urine Specimen: I understand that a diluted result is unsatisfactory on a pre-employment drug test. I understand that I may be given **one additional** opportunity to provide a valid specimen. The result of the second test will determine whether I am eligible for employment. A **second diluted** test without a medical reason, verified by the MRO is considered ineligible for employment.

I understand that when I receive a second “diluted” result on my drug test, I will not be eligible to be hired, and I am disqualified from consideration of government employment for a period of twelve (12) months from the date of the second test result.

Procedures for Confirming and Verifying Positive Results: I understand that the MRO will make all reasonable attempts to contact me to discuss the test result before the MRO verifies the urine analysis as a confirmed positive drug test. If the MRO verifies the confirmed positive drug test result, I understand and consent to the MRO sending the verified positive test result to the DOA and the selecting department.

Release of Test Results: I agree that my drug screen test results be made available for review by the Medical Review Officer (MRO), the selecting department and the Department of Administration (DOA) in connection with determining whether I violated the drug testing policies. I understand this authorization and consent form is valid until revoked by me in writing.



**PRE – EMPLOYMENT /TEST DESIGNATED POSITION (TDP)
CONSENT AND ACKNOWLEDGEMENT FORM**



Contesting Drug Test Results: I understand that should I choose to contest the results as provided by the Medical Review Officer (MRO), I have 10 (ten) work days from the date the MRO reviewed and confirmed the drug result to formally indicate in writing to the Human Resources Division (HRD), Department of Administration (DOA) that I contest the drug test results. The cost for the “retest” of the same urine sample will be at my expense and a payment of \$150.00 must be received by the HRD, DOA before the test is performed.

By execution of this consent form, I acknowledge that DOA has notified me of the Drug Free Workplace Program Operating Procedures.

Print Name of Applicant or Employee

Signature of Applicant or Employee

Date: _____

Last four digits of your SSN: XXX-XX-_____



DRUG-FREE WORKPLACE GENERAL NOTICE



The Department of Administration's (DOA) drug-free workplace policy has been established for the Government of Guam employees under the direction of the Executive Branch, pursuant to Executive Orders 95-29 and 2008-18 and promulgated on December 6, 1995. As a condition of employment, all employees must refrain from using illegal drugs on or off duty, to include the abuse of prescription medication. The Department of Administration Drug-Free Workplace Program (DFWP) is designed to accomplish this goal through deterrence, identification, rehabilitation, and disciplinary action. While the DOA and the appointing authority will assist employees with substance abuse problems, it must be recognized that employees who use illegal drugs are primarily responsible for changing their own behavior and actions.

Illegal drugs use by any employee is incompatible with the maintenance of high standards of conduct and performance. Moreover, illegal drug use and the abuse of prescription medication could adversely affect employees and public safety, risk damage to government and personal property, and significantly impair day-to-day operations. The DFWP program is aimed at identifying illegal drug users and sellers in order to maintain a safe secure workplace and efficient operation.

All employees are subject to testing shall be allowed to provide at least 30 mL of urine specimens in private restroom facility acceptable by the contracting laboratory or a third party collector. However, when there is reason to believe that the specimen may be altered the urine specimen collection will be conducted under direct observation, which is gender based.

The types of testing authorized by the DOA as follows:

- a) Pre-employment testing – Initial hire into the government.
- b) Random testing – Incumbents are subjected to unannounced drug testing, for Incumbents occupying a safety sensitive position known as Testing Designated Positions “TDPs”.
- c) Post Accident testing – Employees involved in an accident or unsafe practice as determined by Drug-Free Work Place Policy.
- d) Reasonable Suspicion test – Appointing authority believes that an employee may be under the influence.
- e) Follow-Up Testing – After completing the rehabilitation program, DOA will monitor an employee's progress by conducting unannounced drug testing.
- f) Applicant Testing – An employee is moving from a Non-Test Designated Position to a Test Designated Position.
- g) Volunteer Testing – An employee whom would like to participate in the Random Pool within their respective departments to illustrate their comment to a “Drug-Free Workplace.”

The types of drugs that will be tested under the Drug-Free Workplace Program shall be consistent with the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and Health and Human Services (HHS), should the Federal standards change at anytime, DOA will conform its testing to the new



DRUG-FREE WORKPLACE GENERAL NOTICE



standards. Any dispute over what those standards required will be decided by the Department of Administration. All urine specimens undergo an initial screening to detect drugs and their metabolites. Should the initial screening detect drugs and their metabolites, a second screening shall be conducted utilizing Chromatograph-Mass Spectrometry (GC/MS) to confirm the presence of drugs and their metabolites. All initial cutoff concentration levels shall be used for the screening and confirmatory are as follows:

Initial Test Level (ng/ml)	
Marijuana	15
Cocaine	150
Opiates	2000
Phencyclidine	25
Amphetamines	500

In the event your specimen test result is positive, you will be given the opportunity to discuss your test results to the Medical Review Officer (MRO) to establish your legitimate use of the specific drug(s) that discovered during the urinalysis. However, should you feel your drug test is an error you will be give the opportunity to contest your urine specimen that yielded a positive result. The cost of the “**re-test**” shall be paid by you and that the “**re-test**” will be of the same urine sample. I shall pay the cost of \$150.00, which shall be paid in the form of a cashier’s check or cash within 10 days from the date you received notice from your respective department/agency. All drug test results will be handled in a confidential manner. Positive drug test results from the laboratory will only be disclosed to you by the Medical Review Officer, the Director of Administration and the hiring appointing authority.

The use of illegal drugs will not be tolerated and any employee who has a substance abuse problem is encouraged to seek assistance through your department/agencies Employee Assistant Program Representative (EAPR). Such assistance may be obtained by contacting the EAPR or the Department of Administration’s Drug Free Workplace Coordinator. Should you voluntarily identify yourself to your supervisor or other appropriate management official as a user of illegal drugs or prescription medication, may seek rehabilitation assistance. Should you qualify under the “**Safe Harbor**” provision you will not be subject to disciplinary action or dismissal, provided the terms of “**Safe Harbor**” conditions are being followed. Please note, under “**Safe Harbor**” this will be counted as a “First-Offense” and in the event you test positive for any drug test, arrested for drugs, or refused a drug test, you will be subjected to an adverse action pursuant to the Department of Administration’s Drug Free Workplace program Operating Procedures, paragraph 28(b)(1)(4) and rule 11.400 and 11.402 of the personnel Rules and Regulations, your department shall issue you an adverse action, up to and including dismissal for failure to comply with the Drug-Free Workplace Program

This is a General Notice to all employees and that the Department of Administration will administer all types of drug testing. Lastly, should you occupy a Test-Designated Position (TDP), which is subject to random drug testing and an Individual General Notice will be provided to you before a random drug test may occur. The Drug-Free Workplace Policy and Procedures can be found on our website, www.hr.doa.guam.gov.

/s/
SHANE G.L. NGATA, Acting HR Manager
Department of Administration



EMPLOYEE INDIVIDUAL NOTICE TEST DESIGNATED POSITION (TDP)



To:

From: Human Resources Manager, Department of Administration

Subject: Employee Individual Notice – Random Drug Testing Requirement

Buenas yan Hafa Adai! A General Notice was signed when you had processed with the Records Division of the Department of Administration advising you, that the Government of Guam is a Drug-Free Workplace, pursuant to Executive Order 95-29 and that random drug testing is part of the Drug-Free Workplace Program (DFWP). It has been determined that your position meets the criteria for random drug testing under the DFWP. Performance of the duties of your position is sufficiently critical to the government of Guam that screening to detect the presence of drugs is warranted as a requirement of your position. It is mandatory for your continued employment in this position that you refrain from the use of illegal drugs and, when directed, submit to drug testing.

No sooner than thirty days (30) from receipt of this notice, you may be subject to random drug testing on an unannounced basis for marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP). You will receive specific instructions concerning when and where the test will be conducted immediately prior to the test. You will be allowed individual privacy while providing the urine specimen unless there is reason to believe the specimen will be altered. To ensure the accuracy of the test result, the collection, handling, and testing of the urine specimen will be conducted under strict chain-of-custody procedures established by the U.S. Department of Health and Human Services Guidelines for Workplace Drug Testing Programs and as described in the Department of Administration DFWP Policy. The procedures used to test the urine specimens are very accurate and tightly monitored to ensure reliable results. The test results will be handled with maximum respect for individual confidentiality. In the event your specimen tests positive, you will be given an opportunity to provide evidence to an MRO for verification of the legitimate use of over-the-counter or prescription drugs authorized by a physician.

Refusal to furnish a urine specimen or failure to report for testing as directed is grounds for discipline, pursuant to rule 11.400 and 11.402 of the personnel Rules and Regulations, your department shall issue an adverse action, up to and including dismissal for failure to comply with the Drug-Free Workplace Program. In addition, you will be immediately removed from performing any safety sensitive duties and responsibilities and may be placed on administrative leave or assigned to a non-TDP, if available. Should your department elect not to dismiss you because this is your **“first offense”**, management is encouraged to inform you to seek treatment and rehabilitation and your department may utilize the Employee Assistance Program (EAP). Through the EAP agreement, you are required to cooperate with the EAP Counselor in undergoing rehabilitation treatment and attending a certified rehabilitation program approved by the Department of Mental Health and Substance Abuse. The cost of treatment will be at your expense and any time spent in treatment will be charged to a combination of sick leave, annual leave, compensatory-time off (CTO), including advance sick leave and/or donated leave.

If you believe you have a drug problem, you are encouraged to seek counseling and/or referral services by contacting your department’s Designated Employee Representative. Please note, pursuant to Public Law 31-28, effective April 18, 2011 positions that have been identified as a TDP are not subject to the provision of **“safe harbor”**. Therefore, you will be issued an adverse action. It is important to note, that once you are informed of an impending drug test, you are no longer eligible for **“safe harbor”**. Furthermore, if you are arrested or



EMPLOYEE INDIVIDUAL NOTICE TEST DESIGNATED POSITION (TDP)



convicted of a **drug related** offense, you will not be eligible for “*safe harbor*” from discipline for those actions, pursuant to 4 GCA §4202.1, §4202.2 and Public Law 28-122, you shall notify your appointing authority of any arrest.

If you believe your position has been wrongly designated as a TDP, you may request a review and determination. Such a request must be submitted in writing to the Director, Department of Administration within fifteen days (15) of receipt of this notice. It should state the reasons why you believe that your position should not be a TDP and include all other relevant information. The DOA Director’s decision is not subject to further review nor is it grievable under the administrative grievance procedures. If you are a member of a bargaining unit, you must seek review of your position designation through your union contract, unless the agreement specifically excludes such decisions from the negotiated procedure.

As stated in the General Notice announcing the Drug-Free Workplace Program, you, all employees may be subject to testing due to reasonable-suspicion, involvement in an accident or safety mishap, and as part of/or follow-up to a rehabilitation and/or counseling program for illegal drug use. When conducting reasonable-suspicion, post-accident/unsafe practice, or mishap testing, the test may be for any drug listed in Chapter 67 of Title 9 Guam Code Annotated (Uniform Controlled Dangerous Substance Act) or any drug listed in Schedules I or II of the Controlled Substance Act.

/s/

SHANE G.L. NGATA, Acting
Human Resources Manager



DRUG TEST RESULT APPEAL FORM



The purpose of this form is to provide the employee an opportunity to contest the drug test result findings as reported by Medical Review Officer (MRO) within ten (10) business days upon receipt of being informed by the respective appointing authority. Please indicate your intention and initial either "Yes" or "NO".

Failure to submit the Drug Test Result Appeal form, within the ten (10) business days to the Department of Administration, shall result as an "Acceptance" of the drug test result.

_____ **YES**, I am exercising my right to dispute the drug test findings as reported by the Medical Review Officer (MRO). I understand that I may "retest" the same urine sample and the cost of the "retest" will be at my own expense. Also, I am aware that a payment of \$150.00, must be received by the Department of Administration during this period before a "**re-test**" of the same urine specimen is authorized. In addition, I may provide additional supporting documents to be considered within the time period even if I do not request a "**re-test**" of the same urine specimen to be performed.

_____ **NO**

PART A: (To be completed by the Employee)

I acknowledge receipt of this form and have read and understood its contents. I voluntarily and willingly admit to the foregoing without pressure, intimidation or harassment on the part of management in entering this appeal. Submission of the Drug Test Appeal Form must be received by the Department of Administration within ten (10) business days from the date of receipt of your memo from your appointing authority informing you of your drug test results. Failure to submit the Drug Test Result Appeal form, within the ten (10) business days, shall result as an "Acceptance" of the drug test result.

Employee Signature

Print Name

Last 4 Digits of SSN #

Date

PART B: (To be completed by the Department of Administration – Drug-Free Workplace Coordinator / EAP Administrator)

	YES	NO
1) Did employee attach supporting documents?	<input type="checkbox"/>	<input type="checkbox"/>
2) Did employee attach supporting documents from physician?	<input type="checkbox"/>	<input type="checkbox"/>
3) DOA submitted documents and/or notified the MRO and/or laboratory?	<input type="checkbox"/>	<input type="checkbox"/>

Signature of DOA DFWP Coordinator / EAP Administrator

DFWP – EAP STAMP RECEIVED:

***** NOTHING AS FOLLOWS *****



TREATMENT / REHABILITATION AUTHORIZATION



The purpose of this form is to inform the Department of Mental Health and Substance Abuse (MHSA) or any treatment and rehabilitation facility approved by the MHSA to provide information to the Department of Administration's Employee Assistance Program Administrator / Drug-Free Workplace Coordinator and/or official representatives.

TREATMENT / REHABILITATION VERIFICATION MUST BE RETURNED TO DOA

PART A: EMPLOYEE INFORMATION (To be completed by Department/Agency's EAP Representative)

Employee's Name: _____ Social Security Number: XXX-XX _____
 Position Title: _____ Date of Birth: _____
 Department: _____ Section: _____
 Mailing Address: _____
 EAP Referral Date: _____

PART B: EMPLOYEE AUTHORIZATION (To be completed by Employee)

I _____, hereby authorize the Department of Mental Health and Substance Abuse (MHSA) or any treatment facility approved by MSHA to release and disclose information to Department of Administration's Employee Assistance Program Administrator / Drug-Free Workplace Coordinator and my Department's Employee Assistance Program Representative regarding the educational and treatment program for the following:

- 1) Attendance or Non-Attendance at EAP session(s). **Information will not include diagnostic or clinical disclosure.**
- 2) Suggestions, if any, resulting from the EAP assessment regarding workplace/supervisory strategy that may support improved work performance. **Information will not include diagnostic or clinical disclosure.**
- 3) Recommendation(s), if any, resulting from the EAP assessment. Information shall be limited to identifying the **level of care:** (outpatient, partial hospitalization, inpatient or residential), **type of referral resource(s)** : (self-help, support groups, medical evaluation, etc.), the **name of treating provider and/or facility if requested for purposes of ongoing follow-up.** **Information will not include diagnostic or clinical disclosure.**
- 4) The estimated time frame necessary to complete the recommendation(s). **Information will not include diagnostic or clinical disclosure.**
- 5) The employee's demonstrated compliance or non-compliance with initial follow-through of the recommendation(s). **Information will not include diagnostic or clinical disclosure.**

I understand that my department/agency is referring me to the Employee Assistance Program. I also understand that my signature below does not reflect my agreement or disagreement with any of the issues raised. My signature verifies that I have seen this referral and all documentation contained therein.

 Employee Signature XXX-XX- _____
Last 4 digits of SSN#

Date

PART C: (To be completed by the Department of Administration – Drug-Free Workplace Coordinator / EAP Administrator)

_____ Signature of DOA DFWP Coordinator / EAP Administrator	DFWP – EAP STAMP RECEIVED:
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***** NOTHING AS FOLLOWS *****



TREATMENT / REHABILITATION CHECK-IN FORM



The purpose of this form is to have the employee being referred by the Department of Administration's Employee Assistance Program (EAP) to check into a rehabilitation program from the Department of Mental Health and Substance Abuse (MHSA) or any treatment facility approved by MHSA to verify that the employee had made an appointment with a Substance Abuse Counselor within **10 business days from the date of the EAP Referral date.**

PART A: EMPLOYEE INFORMATION <i>(To be completed by Department/Agency's EAP Representative)</i>	
Employee's Name: _____ Social Security Number: <u>XXX-XX</u> _____	
Position Title: _____ Date of Birth: _____	
Department: _____ Section: _____	
Mailing Address: _____	
Designated Representative Name: _____	
Designated Representative Signature: _____	
Designated Representative Email: _____ Telephone: _____	
EAP Referral Date: _____	
PART B: Department of Mental Health & Substance Abuse <i>(To be completed by a Substance Abuse Counselor/Professional) NOTE: Employee must present form within 10 business days from the EAP Referral date.</i>	
Please complete the section below that is relevant to this referral.	
Today's Date: _____ Date of Initial Appointment: _____	
Substance Abuse Counselor Name: _____	
Substance Abuse Counselor Signature: _____	
Position Title: _____ Email: _____	
PART C: (To be completed by the Department of Administration – Drug-Free Workplace Coordinator / EAP Administrator)	
<div style="border: 1px solid black; height: 150px; margin-bottom: 5px;"></div> _____ Signature of DOA DFWP Coordinator / EAP Administrator	DFWP – EAP STAMP RECEIVED: <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>

******* Please forward all documents in DUPLICATE to DOA *******



EMPLOYEE ASSISTANCE PROGRAM SUBSTANCE ABUSE REFERRAL



The purpose of this form is to provide classified employees the opportunity to utilize the Employee Assistance Program (EAP), to undergo treatment and rehabilitation counseling relating to Substance Abuse.

NOTE: *(Applies only if the employee is not dismissed by the appointing authority. Enrollment into the Rehabilitation program does not prevent the appointing authority from dismissing an employee regardless, if this is a "First Offense").*

PART A: EMPLOYEE INFORMATION <i>(To be completed by the Department/Agency DER / EAP Representative)</i>	
Employee's Name: _____	Social Security Number: <u>XXX-XX</u> _____
Position Title: _____	Date of Birth: _____
Department: _____	Section: _____
Immediate Supervisor's Name: _____	EAP Referral Date: _____
PART B: REASON FOR REFERRAL <i>(To be completed by the Department/Agency EAP Representative)</i>	
Please fill in the sections below that is relevant to this referral. If sufficient space is not available, please attach supplemental documents relevant to the employee.	
<u>I. SUBSTANCE ABUSE REFERRAL</u>	
<u>VIOLATION OF GOVERNOR'S EXECUTIVE ORDER REGARDING SUBSTANCE ABUSE:</u>	
<input type="checkbox"/> Failed drug test (Chain of Custody Form #: _____ Medical Review Date: _____) <input type="checkbox"/> Drug/Alcohol related arrest, charged, indicted or convicted for a drug-related offense (Attached Documents)	
<u>II. "SAFE HARBOR" REFERRAL</u>	
<input type="checkbox"/> "Safe Harbor" Referral Form	
<u>III. SELF-ADMISSION REFERRAL</u>	
<input type="checkbox"/> All other Referrals, other than "Safe Harbor"	



EMPLOYEE ASSISTANCE PROGRAM SUBSTANCE ABUSE REFERRAL



PART C: EMPLOYEE AGREEMENT *(To be completed by the Employee)*

IF EMPLOYEE INTENDS TO PARTICIPATE, THIS REFERRAL CANNOT BE PROCESSED WITHOUT “YES” INDICATED BELOW AND EMPLOYEE’S SIGNATURE:

I understand that my department/agency is referring me to the Employee Assistance Program (EAP). I also understand that my signature below does not reflect my agreement or disagreement with any of the issues raised. My signature verifies that I have seen this referral and all documentation contained therein.

____ **Yes**, I elect to participate in the Employee Assistance Program (EAP) and any cost of treatment and rehabilitation is to be at my own expense. I shall refrain from illegal use of drugs/abuse or misuse of prescribed medication. Failure to adhere to these terms or the failure to pass any drug test shall be grounds for disciplinary action up to and including dismissal. I understand that if I was referred through the “Safe Harbor” provision, I’m insulated from a disciplinary action. If my referral is not under a “Safe Harbor” exemption, I am aware the department/agency shall issue an adverse action to me, up to and including *dismissal*, pursuant to Rule 11.400 of the Personnel Rules and Regulations. While undergoing treatment, I will not be assigned to safety sensitive duties and responsibilities.

____ **No**, I do not elect to participate in the EAP. I understand that I will be issued an **adverse action up to and including *dismissal***, pursuant to Rule 11.400 of the Personnel Rules and Regulations for failure to comply with the Drug-Free Workplace Program.

Employee Signature

Last 4 digits of SSN#

Date

PART D: *(To be completed by the Department/Agency EAP Representative)*

Witnesses:

Signature of Agency/Department DFWP EAP Representative

DER PRINT NAME

Signature of Agency/Department Head

Date

Please forward all documents in DUPLICATE to the Department of Administration

PART E: *(To be completed by the DOA – Drug-Free Workplace Coordinator / EAP Administrator)*

<p>_____ Signature of DOA DFWP Coordinator / EAP Administrator</p>	<p>DFWP – EAP STAMP RECEIVED:</p>
--	-----------------------------------

***** NOTHING AS FOLLOWS *****



POST-ACCIDENT TESTING DETERMINATION FORM



The purpose of this form is to provide the immediate supervisor, manager or appointing authority guidance where an employee has caused or contributed to an on-the-job accident or unsafe, on-duty, job-related activity that meets either of the criteria in accordance with the Department of Administration's Drug-Free Workplace Program Operating Procedures.

Note: Supporting documents to support claim must be attached and a copies must be forwarded to DOA

PART A: EMPLOYEE INFORMATION *(To be completed by the Department/Agency EAP Representative)*

Date/Time of Incident or Work-related Accident: _____

Employee's Name: _____ **Social Security Number:** XXX-XX _____

Position Title: _____ **Date of Birth:** _____

Department: _____ **Section:** _____

Observing Supervisor's Name: _____

Second Observing Supervisor's Name: _____

QUESTIONS	YES	NO
1) Has the accident or unsafe practice resulted in a death or injury requiring hospitalization?	<input type="checkbox"/>	<input type="checkbox"/>
2) Has the accident or unsafe practice resulted in severe damage to government or private property in excess of \$10,000?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has on-the-job accident or unsafe, on-duty, job related activity, caused or contributed to an accident while transporting a member of the public?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes to any question, Drug testing is required		

Time Limits: A drug test should be administered as soon as practicable following the incident or accident.

- a. **Drug Test:** If a drug test is not administered within 48 hours following the accident or incident, attempts to administer a drug test shall cease. If a drug test is not administered within the 48 hours limit, the supervisor shall document the reasons for delay.

PART B: ACCIDENT OR UNSAFE PRACTICE *(To be completed by the Department/Agency EAP Representative)*

A. Summarize the facts and circumstances of accident or incident, employees, supervisor actions, and any other pertinent information not previously noted on this form. Attached additional sheets as needed.



POST-ACCIDENT TESTING DETERMINATION FORM



Instructions: The department/agency designated Employee Representative (DER) can coordinate an Accident or Unsafe Practice "Post-Accident" test with the Department of Administration. This form must be immediately emailed, faxed or hand carried with supporting documents as soon as practical to the Drug-Free Workplace Coordinator.

Today's Date: _____

Immediate Supervisor's Name: _____ Immediate Supervisor's Signature: _____

Witness #1 Name (If applicable): _____ Witness #1 Signature: _____

Date: _____

Witness #2 Name (If applicable): _____ Witness # 2 Signature: _____

Date: _____

Appointing Authority Name: _____ Appointing Authority Signature: _____

Date: _____

PART C: EMPLOYEE STATEMENT *(To be completed by the Employee)*

C. Written Summary

Summarize the facts and circumstances of the accident or incident, employees, supervisor actions, and any other pertinent information not previously noted on this form. Attached additional sheets as needed.

I acknowledge receipt of this form and have read and understood its contents. Failure to sign this form, does not indicate that I will not be subjected to drug testing.

Today's Date: _____

Employee's Name: _____ Employee's Signature: _____



POST-ACCIDENT TESTING DETERMINATION FORM



PART D: (To be completed by the Department of Administration – Drug-Free Workplace Coordinator / EAP Administrator)		
<p>_____</p> <p>Signature of DOA DFWP Coordinator / EAP Administrator</p>	<p>DFWP – EAP STAMP RECEIVED:</p>	
	YES	NO
1) Did the department provide supporting documents related to the Post-Accident? (Police Report, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
2) Did the employee provide statement of incident / accident?	<input type="checkbox"/>	<input type="checkbox"/>
3) Was a drug test scheduled?	<input type="checkbox"/>	<input type="checkbox"/>

***** NOTHING AS FOLLOWS *****



REASONABLE SUSPICION / CAUSE DETERMINATION CHECKLIST (CONFIDENTIAL)



Instructions: This checklist is to be completed whenever an incident or work-related accident has occurred and there is reasonable suspicion/cause that an employee is under the influence of alcohol and/or prohibited drug substance. The employee's supervisor shall note all pertinent behavior and physical signs or symptoms that led the supervisor to reasonably believe that the employee has recently used or is under the influence of alcohol and/or prohibited drug substance. The supervisor shall mark each applicable item on this form and describe any additional facts or circumstances that the supervisor had indicated.

Note: This form and supporting documents must be submitted to the Department of Administration in duplicate.

PART A: EMPLOYEE INFORMATION <i>(To be completed by the Department/Agency EAP Representative)</i>		
Date/Time of Incident or Work-related Accident: _____		
Employee's Name: _____ Social Security Number: <u>XXX-XX</u> _____		
Position Title: _____ Date of Birth: _____		
Department: _____ Section: _____		
Observing Supervisor's Name: _____		
Second Observing Supervisor's Name: _____		
	YES	NO
QUESTIONS		
1) Does the employee have a history of documented performance problems? If yes, attached copy of documentation.	<input type="checkbox"/>	<input type="checkbox"/>
2) Has there been any discussion with the employee regarding reasonable suspicion/cause testing? If yes, attached documentations?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has the employee been referred for special Medical Examination? If yes, when?	<input type="checkbox"/>	<input type="checkbox"/>
4) Has the employee notified the department that he or she has been arrested, charged, indicted or convicted for a drug-related offense? If yes, attached copy of the Notification of an Employee Arrest, Criminal Charges, or Newspaper clippings.	<input type="checkbox"/>	<input type="checkbox"/>
5) Was there a search of the employee's locker and/or desk?	<input type="checkbox"/>	<input type="checkbox"/>
6) Was there a positive reaction from a narcotic detection canine to the employee's property?	<input type="checkbox"/>	<input type="checkbox"/>

Time Limits: A drug test should be administered as soon as practicable following the incident or accident.

- a. **Drug Test:** If a drug test is not administered within 48 hours following the accident or incident, attempts to administer a drug test shall cease. If a drug test is not administered within the 48 hours limit, the supervisor shall document the reasons for delay.



REASONABLE SUSPICION / CAUSE DETERMINATION CHECKLIST (CONFIDENTIAL)



PART B: REASONABLE SUSPICION OBSERVATIONS *(To be completed by the Department/Agency EAP Representative)*

A. Nature of the accident or incident/cause for suspicion

- Observed/reported possession or use of a controlled substance.
- Observed/reported possession or consumption of alcohol while on the job.
- Observed/reporting to work under the influence of alcohol as outlined in the Drug-Free Workplace Policy.
- Observed abnormal or erratic behavior.
- Arrested, charged, indicted or convicted for a drug-related offense.
- A positive reaction from a narcotic detection canine to an employee's property
- Drug paraphernalia found within employee's possession
- *Other(e.g. flagrant violation of safety regulations, serious fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job, Please explain)

**Please provide detail of other behavior:

B. Abnormal Behavior

- Verbal abusiveness
- Physical abusiveness
- Extreme aggressiveness or agitation
- Withdrawal, depression, mood changes, or unresponsiveness
- Inappropriate verbal response to questioning or instruction
- *Other erratic or inappropriate behavior (hallucinations, confusion, etc.)

**Please provide detail of other behavior:



REASONABLE SUSPICION / CAUSE DETERMINATION CHECKLIST (CONFIDENTIAL)



B. Physical signs or symptoms

- | | |
|---|--|
| <input type="checkbox"/> Possessing, dispensing, or using controlled substances | <input type="checkbox"/> Odor of alcohol |
| <input type="checkbox"/> Slurred or incoherent speech | <input type="checkbox"/> Odor of marijuana |
| <input type="checkbox"/> Unsteady gait or other loss of physical control; poor coordination | <input type="checkbox"/> Dry mouth (frequent swallowing/lip wetting) |
| <input type="checkbox"/> Dilated or constricted pupils or unusual eye movement | <input type="checkbox"/> Dizziness or fainting |
| <input type="checkbox"/> Bloodshot or watery eyes | <input type="checkbox"/> Shaking hands or body tremors/twitching |
| <input type="checkbox"/> Extreme sweating or clamminess to the skin | <input type="checkbox"/> Irregular or difficult breathing |
| <input type="checkbox"/> Flushed or very pale face | <input type="checkbox"/> Runny nose and/or sores around nostrils |
| <input type="checkbox"/> Highly excited or nervous | <input type="checkbox"/> Inappropriate wearing of sunglasses |
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Puncture marks or "tacks" |
| <input type="checkbox"/> *Other | |

**Please provide detail of other behavior:

C. Written Summary

Summarize the facts and circumstances of the accident or incident, employees, supervisor actions, and any other pertinent information not previously noted on this form. Attach additional sheets as needed.



REASONABLE SUSPICION / CAUSE DETERMINATION CHECKLIST (CONFIDENTIAL)



Instructions: Reasonable Suspicion/Cause Determination Checklist must be completed before your department/agency designated Employee Representative (DER) can coordinate a "Reasonable Suspicion/Cause" test with the Department of Administration. This form must be immediately emailed, faxed or hand carried with supporting documents as soon as practical to the Drug-Free Workplace Coordinator.

Immediate Supervisor's Signature

Print Supervisor's Name

Date

Witness #1 Signature (if applicable)

Print Name

Date

Witness #2 Signature (if applicable)

Print Name

Date

Signature of Agency/Department Head

PART C: EMPLOYEE STATEMENT *(To be completed by the Employee)*

C. Written Summary

Summarize the facts and circumstances of the accident or incident, employees, supervisor actions, and any other pertinent information not previously noted on this form. Attached additional sheets as needed.

I acknowledge receipt of this form and have read and understood its contents. Failure to sign this form, does not indicate that I will not be subjected to drug testing.

Employee's Name

Employee's Signature

Date



**REASONABLE SUSPICION / CAUSE
DETERMINATION CHECKLIST
(CONFIDENTIAL)**



PART D: (To be completed by the Department of Administration – Drug-Free Workplace Coordinator / EAP Administrator)		
Signature of DOA DFWP Coordinator / EAP Administrator	DFWP – EAP STAMP RECEIVED:	
ATTACHMENTS		YES
1) Did the department/agency attach supporting documents?		<input type="checkbox"/>
2) Was the Reasonable Suspicion Test scheduled?		<input type="checkbox"/>
	NO	

***** NOTHING AS FOLLOWS *****



REASONABLE SUSPICION / CAUSE DETERMINATION CHECKLIST (CONFIDENTIAL)



REASONABLE SUSPICION DETERMINATION KNOWING THE SIGNS

MOODS:

- Depressed
- Anxious
- Irritable
- Suspicious
- Complains about others
- Mood changes after lunch or break

ACTIONS

- Withdrawn or improperly talkative
- Spends excessive amount of time on the telephone/cell phone
- Argumentative
- Has exaggerated sense of self-importance
- Displays violent behavior
- Avoids talking with supervisor regarding work issues

ABSENTEEISM

- Acceleration of absenteeism and tardiness, especially Mondays, Fridays, before and after holidays
- Frequent unreported absences, later explained as “emergencies”
- Unusually high incidence of colds, flues, upset stomach, headaches and body aches
- Frequent use of unscheduled vacation time
- Leaving work more than necessary (e.g., frequent trips to water fountain and bathroom)
- Unexplained disappearances from the job with difficulty in locating employee
- Requesting to leave work early for various reasons

ACCIDENTS

- Taking of needless risks
- Disregard for safety of others
- Higher than average accident rate on and off the job

WORK PATTERNS

- Inconsistency in quality of work
- High and low periods of productivity
- Poor judgment/more mistakes than usual and general carelessness
- Lapses in concentration
- Difficulty in recalling instructions
- Difficulty in remembering own mistakes
- Using more time to complete work/missing deadlines
- Increased difficulty in handling complex situations

RELATIONSHIP TO OTHERS ON THE JOB

- Overreaction to real or imagined criticism (paranoid)
- Avoiding and withdrawing from peers
- Complaints from co-workers
- Borrowing money from fellow employees
- Persistent job transfer request
- Complaints of problems at home such as separation, divorce, child discipline problems



REQUEST TO ACCESS DRUG TEST RECORDS



The purpose of this form is for an employee to formally request access or copies of documents pertaining to Drug Testing or Treatment / Rehabilitation.

As an applicant or an employee of the government of Guam, I request to access any records relative to my drug screening test and/or drug/alcohol treatment and rehabilitation. I understand that my complete records, including notes from the Medical Review Officer (MRO), screening information and test results will be released by the Department of Administration. By requesting such, I hereby release the Department of Administration and its officers and employees from any and all liabilities regarding the confidentiality of these records.

PART A: EMPLOYEE INFORMATION *(To be completed by the employee)*

I acknowledge receipt of this form and have read and understood its contents.

Date: _____

Employee's Name: _____ Social Security Number: XXX-XX _____

Position Title: _____ Date of Birth: _____

Department: _____ Section: _____

Purpose of Request: _____ Contact Number: _____

Employee Signature: _____

PART B: AUTHORIZATION RELEASE *(To be completed if the employee authorizes a representative to obtain copies)*

I, the abovementioned employee hereby acknowledge and authorize the following representative to obtain copies of my drug testing records.

Representative's Name: _____ Representative's Signature: _____

Employee Signature: _____

PART C: DFWP COORDINATOR / EAP ADMINISTRATOR *(To be completed by the Department of Administration)*

	YES	NO
1) Did employee attach a copy of his/her identification?	<input type="checkbox"/>	<input type="checkbox"/>
2) Did the authorized representative attached his/her identification?	<input type="checkbox"/>	<input type="checkbox"/>

_____ Signature of DOA DFWP Coordinator / EAP Administrator	DFWP – EAP STAMP RECEIVED:
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***** NOTHING AS FOLLOWS *****



SAFE HARBOR ADMISSION REFERRAL FORM



The purpose of this form is to provide a classified employee the opportunity to come forward and utilize the “Safe Harbor” provision, under the Drug-Free Workplace Policy (DFWP) to voluntarily seek treatment and rehabilitation counseling relating to substance abuse. Employees that utilize “Safe Harbor” are insulated from disciplinary action up to and including dismissal. However, positions that have been identified as a Test Designated Position (TDP) are not eligible to claim “Safe Harbor”, pursuant to Public Law 31-28. In addition, an employee must meet criteria of “Safe Harbor” in accordance with the DFWP. The following conditions below outline the guidelines that the employee must adhere to:

This is to certify that I, _____, (whose position title is) _____, have voluntarily admitted to (using illegal drugs/abusing or misusing prescribed medication.) to a supervisor or other higher level management official prior to being (notified of a scheduled random, post-accident, reasonable suspicion/cause testing. In accordance with the “Safe Harbor” conditions, I agree to the following:

(Please initial each provision.)

_____ That my department/agency shall not subject me to disciplinary action up to and including dismissal against me for the admitted acts of illegal use of drugs, including possession, incident to such personal use, especially while I am undergoing treatment and rehabilitation.

_____ I understand that the “Safe Harbor” provision is considered a “First Offense” and should I violate the terms of the “Safe Harbor” agreement or should I fail to pass any subsequent drug test, that such grounds are also reason for any disciplinary action, up to and including dismissal.

_____ I shall enroll and complete the required treatment and rehabilitation program guidelines.

_____ I understand that this treatment and rehabilitation will be at my own expense and that all scheduled appointments that I attend will be charged to sick leave, annual leave, CTO and even leave without pay while I am undergoing this treatment and rehabilitation.

_____ I also understand that, if I am occupying a Test Designated Position (TDP), I will be reassigned to NON-TDP position until I have successfully completed my treatment and rehabilitation program before I can return to my original position.

_____ I agree to be tested by the department/agency as part of or as a follow-up to counseling and rehabilitation.

_____ I hereby authorize the release of my treatment and rehabilitation progress report to my appointing authority or the Employee Assistance Program Coordinator of my department/agency, as well as the Department of Administration’s Drug Free-Workplace Coordinator and Employee Assistance Program Administrator.

_____ I shall refrain from illegal use of drugs/abuse or misuse of prescribed medication and should I fail to pass any subsequent drug test, that such grounds are also reason for any disciplinary action, up to and including dismissal.



SAFE HARBOR ADMISSION REFERRAL FORM



Please forward all documents in **DUPLICATE** to the Department of Administration

PART A: EMPLOYEE INFORMATION *(To be completed by the employee)*

I acknowledge receipt of this form and have read and understood its contents. I voluntarily and willingly admit to foregoing without pressure, intimidation or harassment on the part of management in entering this agreement. Failure to adhere to the terms of this agreement will be grounds for disciplinary action, up to and including dismissal

Employee's Name: _____ **Social Security Number:** XXX-XX-_____

Position Title: _____ **Date of Birth:** _____

Department: _____ **Section:** _____

Date: _____

PART B: DEPARTMENT/AGENCY INFORMATION *(To be completed by the DER Representative)*

Signature of Agency/Department DFWP DER/EAP Representative

Date

Print Name

Signature of Agency/Department Head

Date

Print Name

PART C: DEPARTMENT OF ADMINISTRATION *(To be completed by DFWP Coordinator / EAP Administrator)*

DFWP – EAP STAMP RECEIVED:

Signature of DOA DFWP Coordinator / EAP Administrator



SELF ADMISSION REFERRAL FORM



The purpose of this form is to provide classified employees that are not able to meet the conditions and guidelines under the "Safe Harbor" provision, under the Drug-Free Workplace Policy and pursuant to Public Law 31-28. Employees under the "Self-Admission" referral are subjected to disciplinary action up to and including dismissal, pursuant to rule 11.400 of Personnel Rules and Regulations for failure to comply with the Drug-Free Workplace Program. The following condition below outlines the conditions and guidelines that the employee must adhere:

This is to certify that I, _____, (whose position title is) _____, have voluntarily admitted to (using illegal drugs, /abusing or misusing prescribed medication,) to a supervisor or other higher level management official. I do not meet the conditions and guidelines in accordance with the "Safe Harbor" provision.

(Please initial each provision.)

_____ That my department/agency shall subject me to disciplinary action up to and including dismissal against me for the admitted acts of illegal use of drugs, including possession, incident to such personal use, especially while I am undergoing treatment and rehabilitation

_____ I understand this is considered a "First Offense" and should I violate the terms of this agreement or should I fail to pass any subsequent drug test, that such grounds are also reason for any disciplinary action, up to and including dismissal.

_____ I shall enroll and complete the required treatment and rehabilitation program guidelines.

_____ I understand that this treatment and rehabilitation will be at my own expense and that all scheduled appointments that I attend will be charged to sick leave, annual leave, CTO and even leave without pay while I am undergoing this treatment and rehabilitation. (*Applies only if employee is not dismissed for this first offense.*)

_____ I also understand that, if I am occupying a Test Designated Position (TDP), I will be reassigned to NON-TDP position until I have successfully completed my treatment and rehabilitation program before I can return to my original position. (*Applies only if employee is not dismissed for this first offense.*)

_____ I agree to be tested by the department/agency as part of or as a follow-up to counseling and rehabilitation.

_____ I hereby authorize the release of my treatment and rehabilitation progress report to my appointing authority or the Employee Assistance Program Coordinator of my department/agency, as well as the Department of Administration's Drug Free-Workplace Coordinator and Employee Assistance Program Administrator.

_____ I shall refrain from illegal use of drugs/abuse or misuse of prescribed medication. Failure to adhere to this agreement or failure to pass any drug test shall be grounds for disciplinary action up to and including dismissal.



SELF ADMISSION REFERRAL FORM



Please forward all documents in **DUPLICATE** to the Department of Administration

PART A: EMPLOYEE INFORMATION *(To be completed by the employee)*

I acknowledge receipt of this form and have read and understood its contents. I voluntarily and willingly admit to foregoing without pressure, intimidation or harassment on the part of management in entering this agreement. Failure to adhere to the terms of this agreement will be grounds for disciplinary action, up to and including dismissal

Employee's Name: _____ **Social Security Number:** XXX-XX- _____

Position Title: _____ **Date of Birth:** _____

Department: _____ **Section:** _____

Date: _____

PART B: DEPARTMENT/AGENCY *(To be completed by the Department/Agency DER Representative)*

Signature of Agency/Department DFWP DER/EAP Representative

Date

Print Name

Signature of Agency/Department Head

Date

Print Name

PART C: DEPARTMENT OF ADMINISTRATION *(To be completed by the DFWP Coordinator / EAP Administrator)*

DFWP – EAP STAMP RECEIVED:

Signature of DOA DFWP Coordinator / EAP Administrator



NOTICE TO EMPLOYEE VOLUNTEERING FOR RANDOM TESTING



TO: All Employees of Non-Autonomous Agencies and Departments

FROM: Human Resources Manager, Department of Administration

SUBJECT: **Notice to Employee**
Volunteering for Random Drug Testing

The Department of Administration's (DOA) drug-free workplace policy has been established for government of Guam employees under the direction of the Executive Branch, pursuant to Executive Orders 95-29 and 2005-18 and promulgated on December 6, 1995. As a condition of employment, all employees must refrain from using illegal drugs on or off duty, to include the abuse of prescription medication. The Department of Administration Drug-Free Workplace Program (DFWP) is designed to accomplish this goal through deterrence, identification, rehabilitation, and disciplinary action. While the DOA and the appointing authority will assist employees with substance abuse problems, it must be recognized that employees who use illegal drugs are primarily responsible for changing their own behavior and actions.

This notice will acknowledge your participation to volunteer for inclusion in the Test Designated Position (TDP) random testing pool. Under the Department of Administration Drug-Free Workplace Program (DFWP), a comprehensive program has been initiated to achieve the goal of a drug-free workplace within the government of Guam. This program provides the opportunity for government employees to volunteer for inclusion in the random testing pool.

Once you complete the acknowledgement of receipt, you will be included in the automated database from which computer generated random selections of employees for urinalysis drug testing are periodically made. You will remain in this database until you request to be removed. Also, you may, at any time submit a signed written request to your supervisor or appointing authority canceling your inclusion in the random testing pool.

Drug testing is performed through urinalysis by an independent contract laboratory certified and/or recognized by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and Health and Human Services (HHS). The testing methodology reflects all the scientific and technical procedures necessary to assure the results are highly reliable and accurate. (SAMHSA) and (HHS) certification provides for strict quality control measures. These procedures will include an initial screen of the urine sample you provide for illegal drugs and a confirming test by gas chromatography/mass spectrometry.

To assure that the sample collected from you is not accidentally confused with another sample, strict procedures known as the chain of custody will be used when collecting and transferring the specimen. The test results from your sample will be handled with maximum respect for individual confidentiality consistent with safety and security.

A confirmed positive test result reported by the laboratory will be reviewed by a Medical Review Officer (MRO) before a determination is made about whether you have used illegal drugs. You will be given an opportunity to discuss with the MRO all prescription and over-the-counter drugs you may be taking that could affect the outcome of the drug test.



NOTICE TO EMPLOYEE VOLUNTEERING FOR RANDOM TESTING



If it is determined that you are using illegal drugs, you may be provided the opportunity to use the service of the Department of Administration's Employee Assistance Program (EAP), provided that your appointing authority did not initiate any adverse action. For further information about the EAP program, you may contact your department's EAP Representative or Department of Administration's EAP Administrator. The Drug-Free Workplace Policy and Procedures can be found on our website, www.hr.doa.guam.gov. If you should have any questions, please contact the Human Resources Division at 475-1225 or 475-1248.

In the event you did not submit a written request canceling your inclusion in the random testing pool, refusal to submit to testing or failure to cooperate with the collection procedures will be grounds for disciplinary action, up to and including dismissal. Refusal to enter or successfully complete a counseling/rehabilitation program after a finding of illegal drug use will be grounds for disciplinary action, up to and including dismissal.

Should you have any questions or require any additional information, please do not hesitate to contact our Human Resources Division at 475-1132/1288. Dângkolo na Agradesimiento!

/s/

SHANE G.L. NGATA, Acting HR Manager
Department of Administration



NOTICE TO EMPLOYEE VOLUNTEERING FOR RANDOM TESTING



The purpose of this form is to provide employees whose positions that have not been identified as a Test Designated Position (TDP) to demonstrate their commitment to the Drug-Free Workplace Program and to be included in the pool of TDP's for "Random" Testing.

PART A: DEPARTMENT / AGENCY *(To be completed by the appointing Designated Employee Representative)*

As the department's Designated Employee Representative (DER), the procedures for voluntary testing have been provided to the respective employee.

Department: _____ **Today's Date:** _____

DER Name: _____ **DER Signature:** _____

Appointing Authority Name: _____ **Appointing Authority Signature:** _____

PART B: VOLUNTEER NOTICE ACKNOWLEDGEMENT *(To be completed by the Employee)*

I acknowledge receipt of this form and have read and understood its contents. I voluntarily and willingly admit to foregoing without pressure, intimidation or harassment on the part of management in entering this agreement. I acknowledge receiving notice from my appointing authority concerning procedures for voluntarily testing and I understand that I can withdraw from the voluntarily testing provided a written request was submitted to my appointing authority. Therefore, I would like to be included in the random testing and I understand that I will be subject to the same conditions and procedures for random and the consequences of a confirmed positive drug test result or refusing to cooperate with collection procedures.

(Please initial each provision)

_____ I understand that my position is not identified as a Test Designated Position (TDP).

_____ I am volunteering to be included in any future random testing.

_____ I agree to be tested under the "Random Testing" procedures.

Employee's Name: _____ **Social Security Number:** XXX-XX-_____

Position Title: _____ **Date of Birth:** _____

Employee Signature: _____ **Date:** _____

PART D: *(To be completed by the Department of Administration – Drug-Free Workplace Coordinator / EAP Administrator)*

_____ Signature of DOA DFWP Coordinator / EAP Administrator	DFW – EAP STAMP RECEIVED:
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