



CENTRAL OPERATIONS

I Mina'Trentai Singko Na Liheslaturan

ORIENTATION

The Guam Legislature Public Hearing Room

February 1, 2019

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HUMAN RESOURCES & PAYROLL DIVISIONS



APPLICATION PROCESS



Before you submit
your application,
please ensure you
have ALL required
documents on this
checklist



I LIHESLĀTURAN GUĀHAN
GUAM CONGRESS BUILDING
163 WEST CHALAN SANTO PAPA • HAGĀTÑA, GUAM 96910

EMPLOYMENT APPLICATION CHECKLIST

Employee Name: _____

- _____ **Guam Legislature Employment Application:** Requirement of a high school diploma or a successful completion of a General Education Development (GED) test or any equivalent of a general education high school program, apprenticeship program or successful completion of certification program, from a recognized, accredited or certified vocational technical institution, in a specialized field required for the job. (P.L. 31-254:2)
- _____ *If applicable:* U.S. Armed Forces, attach copy of **Form DD-214**
(Ref: 4 GCA, Ch. 4, §4109, subsection b)
- _____ **Form W-4** Employee's Withholding Allowance Certificate
- _____ Employment Eligibility Verification Form (**Form I-9**)
- _____ **Photo Copy** of Acceptable I-9 Documents
- _____ Government of Guam **Retirement Fund** Membership Election for Unrestricted (LC-I)/Restricted (LC-II) Employee
- _____ *If applicable:* Government of Guam Retirement Fund **Certification of Membership Eligibility**
- _____ **Group Hospital & Life Insurance** Membership Election for Unrestricted (LC-I)/Restricted (LC-II) Employee
- _____ *If applicable:* **Hospital Insurance Enrollment Form**
- _____ Designation of Survivor or Survivors for Lump Sum of Accumulated Unused Leave upon Death
- _____ Employee Information & Emergency Contact Numbers
- _____ Authorization Agreement for Direct Deposit
(You **MUST** have an existing Bank Account – Checking or Savings. Please provide a bank statement/deposit slip with your account number - for validating purposes only.)
- _____ New Hire Reporting (Office of the Attorney General of Guam)

Reviewed and Verified By:

Personnel Department Signature

Date

Guam Legislature

APPLICATION FOR EMPLOYMENT

Provide All Information Requested

Please complete by printing in **BLACK** or **BLUE** ink or typing. It is important to provide all information requested throughout this application. Your failure to do so may result in your being denied admission to a position for which you are eligible. The information given must be true and correct; false statements are basis for rejection of an application or removal from Government of Guam employment. For questions that do not apply to you, write "not applicable or N/A". Your application will be maintained in our active files for six (6) months from the date of submission.

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, physical or mental disability, marital status, or status as a veteran. Information provided on this application will not be used for any discriminatory purpose.

Date of Application		SS#:	
		Date of Birth:	
Last Name	First	Middle	
Mailing Address			
City	State	Zip code	
Home Telephone		Work Telephone	



School Name/ Location	Main Course or Subject	Dates Attended		Degree	
		from	to	yes	no
High School					
Technical/ Trade					
College					
Other					

Outside Activities: (Exclude those indicating race, religion, sex, national origin, age, physical or mental disability, or veteran status.)

Professional Memberships, certificates, or licenses held

--

Past and present civic or cultural activities (include offices held)

--

Principle hobbies

--

Special Skills (to be completed for office/clerical work)

Typing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Words Per Minute	
Dictation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Words Per Minute	
Computer Skills		Hardware		Software		

Types of software:

Other skills and/or equipment/language experience you may have acquired

--



Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please attach on a separate sheet.

Last or present company/ agency			
Address		Phone	
Title/ Job Classification			
Supervisor's Name/ Title			
Base Salary	Dates Worked	From:	To:
Reason for leaving			
Brief description of job duties			

Company/ Agency			
Address		Phone	
Title/ Job Classification			
Supervisor's Name/ Title			
Base Salary	Dates Worked	From:	To:
Reason for leaving			
Brief description of job duties			



Company/ Agency			
Address		Phone	
Title/ Job Classification			
Supervisor's Name/ Title			
Base Salary	Dates Worked	From:	To:
Reason for leaving			
Brief description of job duties			

Company/ Agency			
Address		Phone	
Title/ Job Classification			
Supervisor's Name/ Title			
Base Salary	Dates Worked	From:	To:
Reason for leaving			
Brief description of job duties			



Guam Legislature
Application for Employment

Miscellaneous

Were you previously employed by the Guam Legislature? If yes, when?	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Do you have any relative(s) currently employed by the Guam Legislature? If yes, list name and relationship.	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Have you ever been convicted of any crimes other than minor traffic violations during the past seven years? If yes, list below. (A conviction record will not necessarily bar you from employment.)	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Are you a United States citizen? If no, please list citizenship.	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Will visa or immigration status prevent lawful employment?	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Would you be willing to work other than the day shift? If yes, which shifts?	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Do you have any handicaps or health problems that may affect your ability to perform the job applied for or which you would like the Guam Legislature to consider in determining your job placement?	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
If yes, please explain.		



Guam Legislature
Application for Employment

Military/ References

Branch of Service:		Date of Separation:	
Present military affiliation:			
Active	<input type="checkbox"/>	Inactive	<input type="checkbox"/>
Reserve	<input type="checkbox"/>		
Type of discharge:			
Honorable	<input type="checkbox"/>	Dishonorable	<input type="checkbox"/>
Other	<input type="checkbox"/>		
Date	<input type="text"/>	Date	<input type="text"/>
Kinds of training and duty while in service:			
Professional/ Work References			
1. Name/ Title/ Relationship	Address	Phone No.	
2. Name/ Title/ Relationship	Address	Phone No.	
3. Name/ Title/ Relationship	Address	Phone No.	
May we contact your present		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
Wage or salary required?			
Date available?			

Drug Screening: Upon selection for employment with Lihesturan Guåhan (The Guam Legislature), you must take and pass urinalysis testing for illegal use of drugs. In addition, Legislative employees are subject to their Legislature's Drug-Free Work Place Policy. Failure to submit to drug testing will result in immediate disqualification or disciplinary action.

I, _____, hereby certify that the statements made on this application are true, complete, and correct to the best of my knowledge. I understand any misrepresentation or omission of facts on my part will be justification for separation from the Legislature, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment and my continued employment depends upon the will of the Legislature or myself.

Signature of Applicant

Date



I LIHESLATURAN GUÅHAN
Guam Legislature * Hagatna, Guam 96910

**MEMBERSHIP ELECTION FOR
UNRESTRICTED (LC-I) / RESTRICTED (LC-II) EMPLOYEES**

(Note: Any employee whose employment is temporary, seasonal, intermittent, part-time, contractual must choose to be member or not. Permanent employees of most agencies do not have option and should not complete this form.)

Name: _____ Date: _____

Social Security No.: _____ Date of Birth: _____

Dept.: _____

Under the Provision of Section 8105 of the Guam Code Annotated. I hereby indicate my option by initializing one (Applicable ONLY to LC-I Personnel Actions):

☐ I desire to become a member of the Government of Guam Retirement Fund and I hereby accept membership in such fund.

☐ I do not desire to become a member of the Government of Guam Retirement Fund and I hereby waive membership in such fund. I understand, therefore, that I will be automatically covered under Social Security.

As an employee of the Guam Legislature, I hereby initial below a waiver not to be part of the Government of Guam Retirement Fund (Applicable ONLY to LC-II Personnel Actions):

☐ I do not desire to become a member of the Government of Guam Retirement Fund and I hereby waive membership in such fund. I understand, therefore, that I will be automatically covered under Social Security.

I understand that my selection above is final and cannot be revoked, unless otherwise specified by law.

Employee Signature

Date

§210 (a) (7) of the Social Security Act requires federal Social Security coverage of "temporary intermittent" employees of GovGuam who do not opt for Retirement Fund coverage.



I LIHESLATURAN GUAHAN
Guam Legislature * Hagatna, Guam 96910

**MEMBERSHIP ELECTION FOR
UNRESTRICTED (LC-I) / RESTRICTED (LC-II) EMPLOYEES**

Name: _____ **Date:** _____
Social Security No.: _____ **Date of Birth:** _____
Dept. or Office: _____

Please indicate below on whether or not you wish to be enrolled in the Government of Guam Group Insurance.

Applicable ONLY for LC-I Personnel Actions:

- ☐ Yes, I wish to enroll in the Government of Guam Group Hospital Insurance.
☐ No, I do not wish to enroll in the Government of Guam Group Hospital Insurance.
- ☐ Yes, I wish to enroll in the Government of Guam Group Life Insurance.
☐ No, I do not wish to enroll in the Government of Guam Group Life Insurance.

Applicable ONLY for LC-II Personnel Actions:

- ☐ No, I do not wish to enroll in the Government of Guam Group Hospital Insurance.
☐ No, I do not wish to enroll in the Government of Guam Group Life Insurance.

Employee Signature

Date



I LIHESLATURAN GUAHAN
Guam Legislature * Hagatna, Guam 96910

DESIGNATION OF SURVIVOR OR SURVIVORS FOR LUMP SUM PAYMENT OF ACCUMULATED UNUSED
SICK LEAVE UPON DEATH

Pursuant to the provisions of Public Law 9-108, approved August 23, 1967, I hereby designate the hereinafter named as survivor, or survivors of an amount which may become refundable upon death for accumulated unused Sick Leave converts to cash and credited to my account with the Government of Guam, to so make payment.

(Elect - Option 1 or 2)

OPTION 1 Name of Survivor _____

Address: _____ Telephone: _____

Relationship: _____

OPTION 2	Name of Survivors	Address	Relationship
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

NOTE: Benefits will be distributed equally among the survivors as listed above under Option 2.

Employee's Signature

Date

NOTE: Definition of Survivor or Survivors - One who survives another, one who outlives another; one who lives beyond some happenings; one or two or more persons who lives after the death of the other or others.

The word "Survivor" however, in connection with the power of one of two trustees to act, is used not only with reference to a condition arising where one of such trustees dies, but also as indicating a trustee who continues to administer the trust after his co-trustee if disqualified, has been removed, renounces, or refuses to act.



I LIHESLATURAN GUAHAN
Guam Legislature * Hagatna, Guam 96912

Employee Information and Emergency Contact Numbers

Name: _____

DOB: _____ SS Number: _____ Employee No.: _____

Home No.: _____ Work No.: _____ Cellular/Pager No.: _____

Mailing Address: _____

Health Insurance: _____ Phone Number: _____

Important Information in case of Emergency: _____

In case of emergency, who can we contact?

Name	Home Phone	Work Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Other information that may be used in case of emergency or contact: _____



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Company
Name

GUAM LEGISLATURE

Senatorial /
Central Office

I hereby authorize **Guam Legislature**, hereinafter called COMPANY, to initiate credit entries to my ☐ Checking Account / ☐ Savings Account (**select one**) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository

Bank Name

Branch

City

State

Routing
Number

Account
Number

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either), of its termination in such time and in such manner to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Employee
Name

Social
Security#

Date

Signature

Standing Rules Section 14.06

☐ Unrestricted Employee: Class 1

- Receive full benefits
 - ☐ Medical Insurance
 - ☐ Dental Insurance
 - ☐ Group Life Insurance
- Gov. Guam Retirement **or** Social Security (FICA)

NOTE: Life Insurance

- ☐ Effective after 6 months of employment
- ☐ The Life Insurance form must be submitted a month before employee is eligible

☐ Restricted Employee: Class 2

- Ineligible for the following:
 - ☐ Medical Insurance
 - ☐ Dental Insurance
 - ☐ Group Life Insurance
- Entitled to Gov. Guam Workmen's Compensation
- May not join Gov. Guam Retirement Plan

CLASSES OF EMPLOYEES

LC-I (Unrestricted Employee)



SAMPLE

LIHESLATURAN GUÅHAN GOVERNMENT OF GUAM

Request for Legislative Class I Personnel Action (LC-I)

1. Name (Mr., Miss, Mrs., First, Middle Initial, Last):

Ms. Jane B. Doe

2. Date of Birth:

Month Day, Year

3. Social Security Number:

123-45-6789

4. Date Requested:

Month Day, Year

5. Effective Date:

Month Day, Year

6. Nature of Action:

[Type in nature of action, i.e. "New Hire/Full-Time Employment" or "New Hire/Part-Time Employment (40 hrs. bi-weekly)" or "Salary Adjustment" or "Change of Position", etc.]

From		To
Position Title	7. Position	Position Title
\$00.00 Per Hour	8. Rate	\$00.00 Per Hour
34th Guam Legislature	9. Committee	34th Guam Legislature
Office of Senator	10. Central/Section	Office of Senator
First M. Last	11. Allotment No.	First M. Last
123		123

12. Remarks

Full Benefits - employees entitled to **full** benefits - including Retirement
Full Benefits (FICA only) - employees entitled to full benefits - on Social Security

13. Requesting Senator Signature	Date	14. Chief Fiscal Officer	Date
Senator First M. Last		Agnes A. Cruz	
15. Executive Director	Date	16. Chairman, Committee on Rules	Date
Jermaine Alerta		Senator Michael F. Q. San Nicolas	
17. Personnel Acknowledgement	Date	18. Payroll Acknowledgement	Date

LC-II (Restricted Employee)



SAMPLE

LIHESLATURAN GUÅHAN GOVERNMENT OF GUAM

Request for Legislative Class II Personnel Action (LC-II)

1. Name (Mr., Miss, Mrs., First, Middle Initial, Last):

Ms. Jane B. Doe

2. Date of Birth:

Month Day, Year

3. Social Security Number:

123-45-6789

4. Date Requested:

Month Day, Year

5. Effective Date:

Month Day, Year

6. Nature of Action:

[Type in nature of action, i.e. "New Hire/Full-Time Employment" or "New Hire/Part-Time Employment (40 hrs. bi-weekly)" or "Salary Adjustment" or "Change of Position", etc.]

From		To
Position Title	7. Position	Position Title
\$000.00 Bi-Weekly	8. Rate	\$000.00 Bi-Weekly
34th Guam Legislature	9. Committee	34th Guam Legislature
Office of Senator	10. Central/Section	Office of Senator
First M. Last	11. Allotment No.	First M. Last
123		123

12. Remarks

FICA Only

13. Requesting Senator Signature	Date	14. Chief Fiscal Officer	Date
Senator First M. Last		Agnes A. Cruz	
15. Executive Director	Date	16. Chairman, Committee on Rules	Date
Jermanie Alerta		Senator First M. Last	
17. Personnel Acknowledgement	Date	18. Payroll Acknowledgement	Date

PERSONNEL ACTIONS

PAYROLL

TIMECARD CODES

- A-1 Regular**
- A-2 Overtime**
- A-3 Annual**
- A-4 Sick**
- A-5 CTO**
- A-6 Holiday**
- A-7 Other**

LC I timecard

Printed by Ellice Printing

GOVERNMENT OF GUAM

BI-WEEKLY TIME AND LABOR DISTRIBUTION

DEPT. PAYROLL NO. 12345 NAME SOC. SEC. NO. REGULAR O/T PP ENDING

FORM FCN 503 11/78

TIMEKEEPER'S SIGNATURE

JOB ORDER ACCOUNT NO. HOURS PAY CODE

80 A1

REG. HRS. O/T HRS.

80 80

TOTAL

	REGULAR		EXTRA		TIME	
	IN	OUT	IN	OUT	REG	O/T
SUN						
MON	8	5				
TUE	8	5				
WED	8	5				
THU	8	5				
FRI	8	5				
SAT						
SUN						
MON	8	5				
TUE	8	5				
WED	8	5				
THU	8	5				
FRI	8	5				
SAT						
TOTAL	80					

BONUS

O/T HRS.

REG. HRS.

80

CERTIFICATION: Attendance and absences certified correct. Overtime approved in accordance with existing laws and regulations.

AUTHORIZED SIGNATURE

Employee Payroll No. should be used for all timecards

TIMECARD *for LC-I*

GOVERNMENT OF GUAM GUAM LEGISLATURE BI-WEEKLY WORK RECORD

DEPT	PAYROLL NO.	NAME	SOC SEC NO	BI-WEEKLY RATE	P.P. ENDING

FORM: LEGISLATIVE CLASS II

TIMEKEEPER'S SIGNATURE	REGULAR DAYS WORKED	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL DAYS WORKED	CERTIFICATION: Attendances and absences are certified correct.	Authorized Signature



Blank Timecard

LC II timecard

Employee Payroll No. should be used for all timecards

GOVERNMENT OF GUAM GUAM LEGISLATURE BI-WEEKLY WORK RECORD

DEPT	PAYROLL NO.	NAME	SOC SEC NO	BI-WEEKLY RATE	P.P. ENDING
	12345	Jane Doe	XXX XX 1234	\$	

FORM: LEGISLATIVE CLASS II

TIMEKEEPER'S SIGNATURE	REGULAR DAYS WORKED	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	TOTAL DAYS WORKED	CERTIFICATION: Attendances and absences are certified correct.	Authorized Signature
			✓	✓	✓	✓	✓			✓	✓	✓	✓	✓				

10

REMINDER

Only the last 4 digits of an employee's SS no. should be displayed

TIMECARD for LC-II

PAYROLL DEDUCTIONS



I LIHESLATURAN GUÅHAN
GUAM LEGISLATURE
155 HESLER PLACE • HAGATNA, GUAM 96910

AUTHORIZATION FOR PAYROLL DEDUCTION OR DEDUCTION CANCELLATION

(PLEASE PRINT CLEARLY)

Employee Name: _____

Address: _____

Social Security No.: _____

Contact Nos.: _____

Committee/Central
or Senatorial Office: _____

PAYROLL DEDUCTION

I hereby authorize the Guam Legislature Payroll Department to WITHHOLD from my bi-weekly wages the amount of \$ _____ Effective PPE _____

Payable to: _____

Address: _____

Account No.: _____

DEDUCTION CANCELLATION

I hereby authorize the Guam Legislature Payroll Department to CANCEL from my bi-weekly wages the amount of \$ _____ Effective PPE _____

Payable to: _____

Account No.: _____

NOTICE: (1) THE GUAM LEGISLATURE WILL NOT BE RESPONSIBLE FOR INTEREST OWED ON LATE PAYMENTS MADE THROUGH PAYROLL ALLOTMENTS; NEITHER WILL IT BE RESPONSIBLE FOR INTEREST ACCRUED OR FAILURE TO ACCRUE ON INTEREST-BEARING ACCOUNTS. (2) ALL PAYROLL DEDUCTIONS WILL CEASE ON THE LAST FULL PAY PERIOD OF THE TERM, WITHOUT PRIOR NOTICE; SHOULD YOU BE RE-HIRED FOR THE FOLLOWING TERM, PAYROLL DEDUCTION FORMS MUST BE RESUBMITTED. (3) CHANGES TO THIS AUTHORIZATION MUST BE MADE IN WRITING.

EMPLOYEE SIGNATURE

DATE



I LIHESLATURAN GUÅHAN
GUAM LEGISLATURE
155 Hesler Place, Hagatna, Guam 96910

LEAVE FORM

NAME (FIRST, MIDDLE, LAST): FIRST, MIDDLE, LAST		PAYROLL NO.: 12345	DATE REQUESTED: MONTH / DAY / YEAR
TYPE OF LEAVE REQUESTED: <input type="checkbox"/> SICK <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> MATERNITY <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> MILITARY <input type="checkbox"/> JURY <input type="checkbox"/> OTHER			
PAY STATUS: <input checked="" type="checkbox"/> W/PAY <input type="checkbox"/> W/O PAY <input type="checkbox"/> COMBINATION		HOURS: W/PAY <u>2</u> W/OUT PAY _____	
FROM (HOUR, MONTH, DAY, YEAR): 8:00 am February 6, 2017		TO (HOUR, MONTH, DAY, YEAR): 10:00 am February 6, 2017	
		Charge Account NO:	
ADDRESS WHILE ON LEAVE: 155 Hesler Pl, Hagåtña, 96910, Guam			
APPLICATION FOR PREPAYMENT OF VACATION LEAVE			
MINIMUM REQUIREMENT IS NOT LESS THAN TEN (10) CONSECUTIVE WORKING DAYS. IT IS UNDERSTOOD THAT IF I RETURN TO DUTY BEFORE THE EXPIRATION OF MY PREPAID VACATION, I SHALL REIMBURSE THE GOVERNMENT IN AN AMOUNT EQUIVALENT TO THE UNEXPIRED PORTION OF THE PREPAID LEAVE.			
SICK LEAVE CERTIFICATION			
IN COMPLIANCE WITH PERSONNEL RULES AND REGULATIONS, GOVERNMENT OF GUAM, IF ANY EMPLOYEE IS ABSENT BECAUSE OF ILLNESS, INJURY, OR QUARANTINE IN EXCESS OF THREE CONSECUTIVE WORKING DAYS, OR FOR THE DAY IMMEDIATELY BEFORE OR AFTER A HOLIDAY, WEEKEND, DAY OFF, OR VACATION, TO BE GRANTED SICK LEAVE THE GOVERNMENT EMPLOYEE SHALL BE REQUIRED TO FURNISH A CERTIFICATION AS TO THE INCAPACITY FROM A REGULAR LICENSED PHYSICIAN. THE DEPARTMENT HEAD MAY REQUIRE CERTIFICATION FOR SUCH OTHER PERIOD OF ILLNESS HE DEEMS ADVISABLE. IF THE CERTIFICATION REQUIRED IS NOT FURNISHED, ALL ABSENCE WHICH WOULD HAVE BEEN COVERED BY SUCH CERTIFICATION SHALL BE INDICATED ON THE PAYROLL AS LEAVE OF ABSENCE WITHOUT PAY. SICK LEAVE PORTION FOR TRIVIAL INDISPOSITION, OR FALSIFICATION OF AN ILLNESS REPORT SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL FROM THE GOVERNMENT SERVICE.			
I CERTIFY THAT THE ABOVE NAMED PERSON WAS UNDER MY PROFESSIONAL CARE OR QUARANTINED DURING THE PERIOD STATED BELOW. FROM A MEDICAL STANDPOINT, HIS OR HER CONDITION DURING THIS PERIOD WAS SUCH THAT I CONSIDERED IT INADVISABLE FROM HIS OR HER TO REPORT TO WORK.			
FROM (MONTH, DAY, YEAR): <div></div>		TO (MONTH, DAY, YEAR): <div></div>	
		HOSPITALIZED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		NUMBER OF DAYS: <div></div>	
NAME OF PHYSICIAN (PRINT OR TYPE)		SIGNATURE OF PHYSICIAN	
REMARKS:			
I CERTIFY ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT		(SIGNATURE OF EMPLOYEE)	
APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(SIGNATURE OF SUPERVISOR)	
APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(SIGNATURE OF APPOINTING AUTHORITY OR AUTHORIZED DELEGATE)	

LEAVE OF ABSENCE Leave Form





I LIHESLATURAN GUAHAN
GUAM LEGISLATURE

163 West Chalan Santo Papa, Hagatna, Guam 96910

SEPARATION CLEARANCE FORM

whose employment is with the Government of Guam,

(LEGISLATIVE TERM)

(CENTRAL ADMINISTRATION / COMMITTEE)

certify that my accounts indicated below **have been cleared**:

Please route for signature by numerical order: 1. Senator for Committee; 2. Guam Memorial Hospital Authority;
3. Protocol Division; 4. Procurement; 5. Accounting; 6. Personnel; 7. Payroll

	SECTION	YES	NO	CLEARED BY	DATE
1.	COMMITTEE / OFFICE				
2	GUAM MEMORIAL HOSPITAL (Business Office)				
3.	PROTOCOL (Badges)				
4.	MIS Access Swipe Card				
5.	PROCUREMENT (Property Control)				
6.	ACCOUNTING (Travel)				
7.	PERSONNEL Employee Badge				
8.	PAYROLL				

The undersigned employee hereby acknowledges the above mentioned certification to be true and correct.

EXECUTIVE DIRECTOR

DATE

EMPLOYEE SIGNATURE

DATE



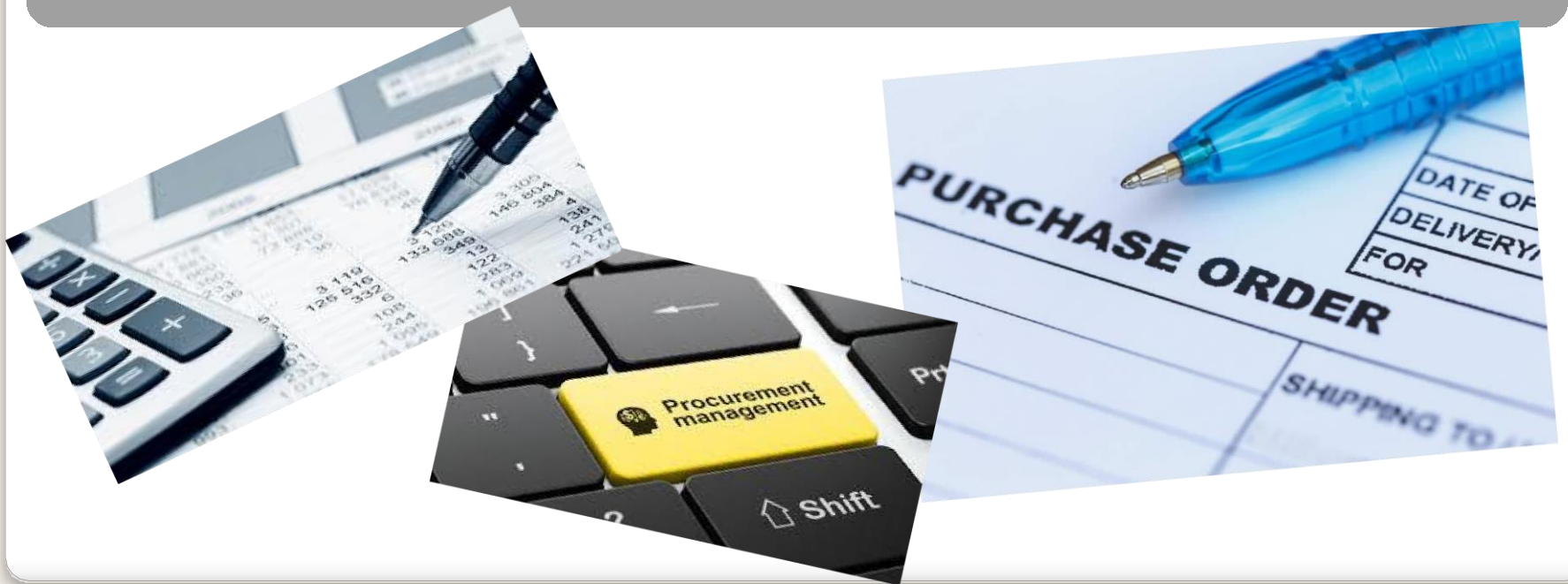
STANDING RULES:
Section 14.10

We will inform you when the
Sexual Harassment Training has
been scheduled.



SEXUAL HARASSMENT

ACCOUNTING & PROCUREMENT DIVISIONS





I LIHESLATURAN GUAHAN
GUAM LEGISLATURE
155 Hesler Street, Hagåtña, Guam 96910-5004

Date: _____

MEMORANDUM

TO: Chief Fiscal Officer

From: OFFICE OF _____

Contact Person
(Position Title) _____

VIA: SENATOR

Telephone #s: _____ Fax #: _____

Subject: SENATORIAL PERSONNEL AUTHORIZED FOR THE FOLLOWING:

DESIGNATED EMPLOYEE(S):

EMPLOYEE'S NAME: (Print or Type)	BADGE NUMBER:	DESCRIPTION CODE	EMPLOYEE'S SIGNATURE	EMPLOYEE'S INITIALS
<i>Example:</i> JOHN JANE DOE	00-0001	A, B, C and/or D	Signature Specimen	Initial Specimen

Description Codes:

A - Pickup Vendor & Payroll Checks, Monthly Budget Status Reports (BSR), Purchase Order Request, and Vendor Supplies.

B - Sign in lieu of Senator, Transmittal Request Orders, (TRO) Work Request Orders, and Memos.

C - Sign time cards & leave forms.

D - ALL OF THE ABOVE.

NEED TO SUBMIT "ORIGINAL" DOCUMENT TO ACCOUNTING SECTION.

APPROVED BY: _____
(Type in Senator's Name and Signature)

Date

AUTHORIZED PERSONNEL PICK-UP FORM



ILIHESLATURAN GUAHAN
GUAM LEGISLATURE

155 Hesler Place, Hagatna, Guam 96910

VENDOR NO: _____

Transmittal Request Order No: _____

OFFICE OF SENATOR

A. Request For:

Purchase Order Date: _____ P.O. No.: _____ Acct No.: _____
Disencumber P.O./ Contract Date: _____ P.O./Contract No.: _____ Acct No.: _____

In Favor of: _____

Articles(s)	Qty	Unit of Measure	Unit Price	Amount
1			\$	-
2			\$	-
3			\$	-
4			\$	-
5			\$	-
6			\$	-
7			\$	-
Total			\$	-

If more space is required, list separately, and attach to this form

For Delivery to: _____

B. Request For Payment:

Purchase Order Date: _____ Voucher No.: _____ Acct No.: _____
Direct Payment Date: _____ Voucher No.: _____ Acct No.: _____

Payable to: _____ Total \$ _____

Note: 8 Invoices per TRO		Invoice Number	Amount	Invoice Number	Amount
1.)			\$ -	5.)	\$ -
2.)			\$ -	6.)	\$ -
3.)			\$ -	7.)	\$ -
4.)			\$ -	8.)	\$ -
				Total	\$ -

Note: Attach Original Invoices

C. Request For

- A. Request for Purchase Order
- B. Request for Payment

TRANSMITTAL REQUEST ORDER (TRO) FORM

C. Request For

Travel Authorization :

Date: _____

T/A No.: _____

Acct No.: _____

Name of Traveler: _____

Title: _____

Itinerary: Fr: _____

To: _____

Days: _____

Purpose of Travel: _____

AMOUNT OF TA: _____

Mode of Travel: _____

Name of Travel Agency or Carrier: _____

Amount of Travel **Advanced** Requested: _____

Date of Departure: _____

Return Date: _____

D. Request For Transfer:

Date: _____

From Account No.: _____

To Account No.: _____

Amount: _____

F

Certified Funds Available:

DATE

AUTHORIZED SIGNATURE

DATE

C. Request for Travel Authorization
D. Request for Transfer

TRANSMITTAL REQUEST ORDER (TRO) FORM

Date: 12/5/2017 10:11:42AM

Guam Legislature

Page 1

A/M Asset Listing in Detail (AMASTLS1)

Sort By: [Cost Center]

From Acquisition Date: [] To [12/5/2017]

Asset ID/Description	Status	Acquisition Date	Category	Location	Cost Center	Group	Life	Book Value	YTD Depreciation	Accumulated Depreciation	Accumulated Impairment	Net Value	Disposal Profit/Loss
Cost Center: 515 Central Operations													
991618/Divider Panel, blue 4 x 6	Ready to Dispose	4/16/2003	OFFICE	515A	515	000	7						
993004/Chair, Secretary (w/Out Arm)	Ready to Dispose	1/8/2007	OFFICE	515A	515	000	7						
993680/Mac 21.5" 2.9GHz Quad i5(Loc@541)	Normal	9/9/2013	COMP	515A	515	000	5	1,846.00		1,476.96		369.04	
993681/UPS, APC 550V(@541)(\$105)	Ready to Dispose	9/9/2013	OFFICE	515A	515	000	5						
993793/Monitor, Samsung 22"	Ready to Dispose	9/26/2014	COMP	515A	515	000	5						
993796/Laptop, Lenovo Edge 15.6" S/mp05r59c	Normal	10/3/2014	COMP	515A	515	000	5	798.00		465.50		332.50	
993989/Trendnet Dual Band Wireless Router (\$119.)	Ready to Dispose	2/10/2017	COMP	515A	515	000	5						
993989/Trendnet Dual Band Wireless Router (\$119.)	Ready to Dispose	2/10/2017	OFFICE	515A	515	000	5						
993990/Trendnet Dual Band Wireless Router (\$119.)	Ready to Dispose	2/10/2017	COMP	515A	515	000	5						
993991/Trendnet Dual Band Wireless Router (\$119.)	Ready to Dispose	2/10/2017	OFFICE	515A	515	000	5						
993992/C50 AC1200 Router (\$105.96)	Ready to Dispose	2/21/2017	COMP	515A	515	000	5						
993993/BPL One Core 600 Mbps Dual-WAN Router	Ready to Dispose	3/7/2017	COMP	515A	515	000	5						
9940208/3 Pc. Office Desk BG160A34	Normal	3/31/2017	OFFICE	515A	515	000	5	549.00		45.75		503.25	
994026/PX7 BS3612 Conference Table	Normal	2/22/2017	OFFICE	515A	515	000	5	759.00		88.55		670.45	
994027/HPX7 REC1200 Table Extension (\$256.00)	Ready to Dispose	2/22/2017	OFFICE	515A	515	000	5						
994029/3 Pc. Office Desk BG160A34	Normal	3/31/2017	OFFICE	515A	515	000	5	549.00		45.75		503.25	
994030/RT-369 Executive Chair (\$199.99)	Ready to Dispose	3/31/2017	OFFICE	515A	515	000	5						
994031/RT-369 Executive Chair (\$199.99)	Ready to Dispose	3/31/2017	OFFICE	515A	515	000	5						
994032/RT-720A Executive Chair (\$199.00)	Ready to Dispose	3/31/2017	OFFICE	515A	515	000	5						
994033/Primo Hot/Cold Water Cooler (\$143.99)	Ready to Dispose	5/5/2017	OFFICE	515A	515	000	5						
994034/iMac 21.5" Quad Core Desktop Comp.	Normal	5/3/2017	OFFICE	515A	515	000	5	1,429.00		95.28		1,333.72	
994035/HP LaserJet all in One Color Printer	Normal	6/2/2017	COMP	515A	515	000	5	649.00		43.28		605.72	
994036/WD 4TB My Cloud Personal Storage (\$297.)	Ready to Dispose	5/2/2017	COMP	515A	515	000	5						
994056/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994057/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994058/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994059/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994060/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994061/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994062/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						

A/M Asset Listing in Detail (AMASTLS1)

Asset ID/Description	Status	Acquisition Date	Category	Location	Cost Center	Group	Life	Book Value	YTD Depreciation	Accumulated Depreciation	Accumulated Impairment	Net Value	Disposal Profit/Loss
994063/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994064/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994065/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994066/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994067/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994068/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994069/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994070/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994071/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994072/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994073/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994074/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994075/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994076/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994077/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994078/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994079/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
994080/Black Nylon Office Chair (\$98.00)	Ready to Dispose	7/27/2017	OFFICE	515A	515	000	5						
48 asset(s) included in 515	Central Operations					Total:		6,579.00	0.00	2,261.07	0.00	4,317.93	0.00
						Report Total:		6,579.00	0.00	2,261.07	0.00	4,317.93	0.00

48 assets printed



LIHESLATURAN GUÅHAN
GUAM LEGISLATURE

163 Chalan Santo Papa, Hagåtña, Guam 96910
Telephone: (671) 472-3501 Fax: (671) 472-3459

PROPERTY TRANSFER FORM

Transfer

From:

Original Location

Acct. / Dept.No.

Transfer

To:

New Location

Acct. / Dept.No.

Item	Tag No.	Description Of Property	Model No.	Serial No.	Condition
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Transfer Date:

Prepared By:

Original
Location:

New Location:

Senator / Designated Property Officer

Senator / Designated Property Officer

PROCUREMENT
OFFICE

Received By

Asset Listing

- 1.) Listing of Equipments**
- 2.) Property Transfer**
- 3.) Property Inventory**

Travel Authorization Request Form

STANDING RULES

RULE XVIII

SECTION 18.01

TRAVEL AND

TRANSPORTATION



**I LIHESLATURAN GUAHAN
GUAM LEGISLATURE
163 W Santo Papa, Hagåtña, Guam 96910**

**REQUEST FOR TRAVEL AUTHORIZATION
INSTRUCTION FORM**

1) Fill out request for Travel Authorization Memorandum as indicated on the form.

2) Fill out the Travel Request and Authorization Form as follows by Item Number.

- 1** CHAIRPERSON, COMMITTEE ON RULES
- 2** REQUESTING COMMITTEE, MINORITY, ATTACE, ETC.
- 3** DATE
- 4** NAME OF TRAVELER - Please use legal name of the traveler. Traveler must be a member, employee, or contractor of the Guam Legislature.
- 5** TITLE OF TRAVELER
- 6** ALLOTMENT NUMBER - Indicate allotment number to be charged for travel expenses. DO NOT charge for travel expenses to Rental / Renovation Account.
- 7** ITINERARY - Detailed itinerary as prepared by travel agent should be attached. Must list all cities included in travel
- 8** LENGTH OF TRAVEL - Number of days.
- 9** APPROXIMATE DATE AND TIME OF DEPARTURE AND RETURN
- 10** PURPOSE OF TRAVEL - Explain in detail the purpose of official travel.
- 11** MODE OF TRAVEL - Air
- 12** NAME OF TRAVEL AGENCY OR CARRIER
- 13** AMOUNT OF TRAVEL ADVANCE REQUESTED - Please enter only the amount requested in advance.
- 14** COST OF TRAVEL PER DIEM - Multiply the number of days by the rate based on The Federal Government Transportation Allowance Committee (<https://secureapp2.hqda.pentagon.mil/perdiem/>) per Public Law #28-68 Chapter IV Section 114 §23104. Per Diem rates are subject to change due fluctuation of Seasonal rate.

NOTE: If the travel involves multiple destinations and different per diem rates please indicate the number of days authorized for each per diem rate.

- 15** CERTIFICATION OF FUNDS - To be completed by the Chief Fiscal Officer
- 16** SIGNATURE OF REQUESTING SENATOR
- 17** TO BE SIGNED BY THE EXECUTIVE DIRECTOR PRIOR TO T.A. RELEASE

3) Submit ALL filled out forms to CHAIRPERSON - EXECUTIVE COMMITTEE for acknowledgement and approval.

4) Submit ALL filled out forms to ACCOUNTING DIVISION.

5) Submit Transmittal Request Order (T.R.O.) attached to Travel Authorization form.

For further assistance regarding Travel Authorization Form, please contact Accounting Section.



I LIHESLATURAN GUÁHAN
GUAM LEGISLATURE
163 W Santo Papa, Hagåtña, Guam 96910

DATE: _____

MEMORANDUM

TO: Chairperson-Committee on Rules
VIA: EXECUTIVE DIRECTOR

FROM: _____

SUBJECT: ATTACHED IS A TRAVEL AUTHORIZATION FORM

YOUR IMMEDIATE ATTENTION IN PROCESSING THIS TRAVEL REQUEST IS APPRECIATED.

SENATOR'S SIGNATURE

Chairperson-Committee on Operations

() ACKNOWLEDGEMENT

DATE:

Senator
Chairperson-Committee on Rules



I LIHESLATURAN GUÅHAN
GUAM LEGISLATURE
163 W Santo Papa, Hagåtña, Guam 96910

DATE: _____

MEMORANDUM

TO: Chairperson, Committee on Rules

VIA: EXECUTIVE DIRECTOR

FROM: _____

SUBJECT REQUEST THAT TRAVEL AUTHORIZATION PAPERS BE PROCESSED IMMEDIATELY BASED
ON THE FOLLOWING INFORMATION:

1) NAME OF TRAVELER: _____

2) PURPOSE OF TRAVEL: _____

3) APPROXIMATE DATE & TIME OF DEPARTURE: DATE: _____ TIME: _____

4) APPROXIMATE DATE & TIME OF RETURN: DATE: _____ TIME: _____

5) ITINERARY: _____

6) COMMITTEE / OFFICE TO BE CHARGED : _____ 6200 - _____

7) PER DIEM AUTHORIZED :

Number of Days:		Rate:	Amount:
A)	_____	A) _____	A) \$ _____ -
B)	_____	B) _____	B) \$ _____ -
C)	_____	C) _____	C) \$ _____ -
TOTAL:		_____ 0	\$ _____ -

8) (A) NAME OF TRAVEL AGENCY/ AIRLINES: _____

8) (B) AMOUNT OF AIRFARE: _____

9) MISCELLANEOUS ALLOWANCE: _____

10) REQUESTED BY: _____ / _____
PRINT NAME SIGNATURE

NOTE: PLEASE FILL IN ALL SPACES ABOVE.

CERTIFIED FUNDS AVAILABLE BY _____ DATE: _____
Chief Fiscal Officer

APPROVED: _____ DISAPPROVED: _____

DATE: _____

Chairperson-Committee on Rules

**GOVERNMENT OF GUAM
GUAM LEGISLATURE
TRAVEL AND AUTHORIZATION REQUEST
STANDING RULE NUMBER XVIII**

1. TO: CHAIRPERSON, COMMITTEE ON Rules		2. FROM: COMMITTEE, MINORITY, ATTACHE, etc...		3. DATE:																	
<u>Senator</u>																					
THE FOLLOWING TRAVEL IS:		<input type="checkbox"/> REQUESTED		<input type="checkbox"/> AUTHORIZED																	
4. NAME OF TRAVELER		5. TITLE OF TRAVELER		6. CHARGE ACCOUNT NUMBER																	
7. ITINERARY		8. LENGTH OF TRAVEL (Days)		9. APPROXIMATE TIME & DATE																	
FROM:		DEPARTURE:		RETURN:																	
TO:																					
10. DESCRIBE PURPOSE OF TRAVEL:																					
11. MODE OF TRAVEL:		12. NAME OF TRAVEL AGENCY OR CARRIER:																			
AIR																					
13. AMOUNT OF TRAVEL <u>ADVANCE</u> REQUESTED: \$ _____																					
14. ESTIMATED COST OF TRAVEL:				15. CERTIFICATION OF AVAILABILITY OF FUNDS																	
A. PER DIEM																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 20%; text-align: center;"><u>DAYS</u></th> <th style="width: 20%; text-align: center;"><u>RATE</u></th> <th style="width: 50%; text-align: center;"><u>AMOUNT</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td style="text-align: center;"><u>0</u></td> <td style="text-align: center;">\$ -</td> <td style="text-align: center;">\$ -</td> </tr> <tr> <td style="text-align: center;">2.</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ -</td> </tr> <tr> <td style="text-align: center;">3.</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">\$ -</td> </tr> </tbody> </table>					<u>DAYS</u>	<u>RATE</u>	<u>AMOUNT</u>	1.	<u>0</u>	\$ -	\$ -	2.	_____	_____	\$ -	3.	_____	_____	\$ -		
	<u>DAYS</u>	<u>RATE</u>	<u>AMOUNT</u>																		
1.	<u>0</u>	\$ -	\$ -																		
2.	_____	_____	\$ -																		
3.	_____	_____	\$ -																		
B. Air Fare				_____																	
C. Miscellaneous:				_____																	
TOTAL COST OF TRAVEL AUTHORIZATION:				\$ _____																	
16. SIGNATURE (REQUESTING SENATOR)				Chief Fiscal Officer																	

17. TO TRAVELER, YOU ARE HEREBY AUTHORIZED TO PERFORM THE ABOVE DESCRIBED TRAVEL IN ACCORDANCE WITH
PROVISIONS OF THE GUAM LEGISLATURE STANDING RULES XVIII

EXECUTIVE DIRECTOR

Travel Settlement Form

Any traveler, after completion of travel and return to Guam, ***shall*** submit a written settlement report to the Chairperson of the Committee on Rules.



I LIHESLATURAN GUAHAN
GUAM LEGISLATURE

163 W Chalan Santo Papa Hagåtña, Guam 96910

DATE: _____

MEMORANDUM

TO: EXECUTIVE DIRECTOR

VIA: CHIEF OF FISCAL SERVICES

FROM: _____

SUBJECT: TRAVEL DATA FOR SETTLEMENT VOUCHER FOR
TRAVEL AUTHORIZATION NUMBER: _____

THE FOLLOWING DATA ARE SUBMITTED FOR PREPERATION OF MY TRAVEL VOUCHER AND SETTLEMENT
OFF - ISLAND TRAVEL ACCOUNT.

1) NAME OF TRAVELE _____

2) ITINERARY: _____

3) DATE AND TIME TRAVELER DEPARTED GUAM: DATE: _____ TIME: _____

4) DATE AND TIME TRAVELER RETURENED TO GUAM: DATE: _____ TIME: _____

5) PER DIEM

	AUTHORIZED		
	DAYS	RATE	AMOUNT
A)		\$	-
B)		\$	-
C)		\$	-
D)		\$	-
TOTAL:		\$	-

	CLAIMED		
	DAYS	RATE	AMOUNT
A)		\$	-
B)		\$	-
C)		\$	-
D)		\$	-
TOTAL:	0	\$	-

6) MISCELLANEOUS ALLOWANCE:

SEE ATTACHED

PURPOSE:

	AUTHORIZED
A) Car Rental	
B)	\$ -
C)	\$ -
TOTAL MISC:	\$ -

CLAIMED

	CLAIMED
	\$ -
	\$ -
TOTAL:	\$ -

AIRFARE COST: TICKET #

AIRLINES:

	AUTHORIZED	CLAIMED
TOTAL A/F:	\$ -	\$ -

7) Supplemental Travel Authorization, if any:

A) Travel Authorization Number :

B) Destination:

C) Per Diem Authorized: N/A Claimed: \$ N/A

D) Miscellaneous: Authorized: N/A Claimed: \$ N/A

Total Authorized: \$ -

Total Claimed: \$ -

Balance due to Legislature or Traveler: \$ -

8) Authorized Destination reached: () YES: NO:

I CERTIFY THAT THE ABOVE DATA ARE TRUE AND CORRECT AND THAT THEY REPRESENT A TRUE AND CORRECT RECENT TRAVEL ON OFFICIAL BUSINESS.

SIGNATURE

NOTE: Submit receipts for miscellaneous expense and used plane ticket with this report. Authorizing Senator must initial this form if traveler is a committee or Office Staff.

Item No:

5) Per Diem Authorized

Space is provided for travel involving multiple destinations and multiply per diem rates. Group all travel days according to the authorized per diem based on destination:

Please indicate both the authorized and actual amounts claimed. The total number of travel days claimed should be equal to or less than the number of days which have elapsed between the departure date and arrival date. Ticket (s) and boarding pass (es) are needed in order to verify travel claims.

6) Miscellaneous Advance

If miscellaneous expenses are being claimed, you must provide receipts(s). Indicate the total claimed. Attached a detail list of all expenses being claimed. Meals and lodging expenses are covered by the per diem advanced to the traveler and should not be claimed as miscellaneous expenses. When claiming entertainment expense(s), you must provide adequate documentation.

7) Supplemental Travel Authorization

Occasionally, travel plans are amended after the original travel authorization has been prepared. Provide all information needed to settle your claim.

Contracts

- 1.) Commerical Lease Agreement
- 2.) Independent Contractor Agreement
- 3.) Legal Services Agreement

Note: Form W-9 Request for Taypayer
Indentification Number and Certification

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here | Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
- Certify that you are not subject to backup withholding; or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income; and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

COMMERCIAL LEASE AGREEMENT

**Documents that have to
be submitted:**

1. Business License
2. W-9 Form

**COMMERCIAL LEASE AGREEMENT WITH
I MINA'TRENTAI SINGKO NA LIHESLATURAN GUÁHAN**

This Commercial Lease Agreement ("Agreement" or "Lease") is entered into this 7th day of January 2019, between _____ ("Landlord"), whose address is _____ and *I Liheslaturan Guáhan* ("the Guam Legislature" or "Tenant"), whose address is 163 W. Santo Papa, Hagåtña, Guam 96910 (hereafter collectively referred to as the "Parties").

1. **CONSIDERATION.** In consideration of the mutual covenants herein, and the rental to be paid, and the conditions to be kept and performed, Landlord hereby leases to Tenant and Tenant hereby rents from Landlord the "Premises" designated as:

including the right to use the common area designated by Landlord such as halls, stairs, parking lots, elevators, restrooms, mall and other public areas of the building property.

2. **TERM.** The term of this Lease shall be for a term of two years, commencing on January 7, 2019, and expiring on midnight December 31, 2020, unless otherwise earlier terminated by Tenant by giving thirty (30) days advanced, written notice to Landlord.

LEGAL SERVICES AGREEMENT

**Documents that have to be
submitted:**

1. BAR Certificate/
Acknowledgement
2. W-9 Form

INDEPENDENT CONTRACTOR AGREEMENT
I MINA'TRENTAI SINGKONA LIHESLATURAN GUÅHAN

This Independent Contractor Agreement ("Agreement") is entered into this ___ day of _____ 2019, between *I Liheslaturan Guåhan* ("the Guam Legislature"), government of Guam, whose mailing address is 163 W. Santo Papa, Hagåtña, Guam 96910, and _____ ("Contractor") whose mailing address is _____ (hereinafter collectively referred to as the "Parties").

RECITALS

WHEREAS, it is the intention of the Parties that Contractor *shall* provide services to *I Liheslaturan Guåhan* and *I Liheslaturan Guåhan shall* pay for said services as set forth herein;

WHEREAS, *I Liheslaturan Guåhan* is permitted to use contracts in such cases as there are clear contract deliverables, restricted periods of contract duration and a need for such specialized services as cannot be obtained through the use of regular employees;

WHEREAS, it is the intention of the Parties that Contractor be deemed an independent contractor, *not* an employee, and *not* entitled to any benefits otherwise available to employees of the government of Guam; and

WHEREAS, it is the intention of the Parties that Contractor *not* be entitled to payment for any services rendered to *I Liheslaturan Guåhan* until such time as all signatures to this documents have been affixed herein.

NOW THEREFORE, the Parties agree to the terms and conditions as set forth below.

TERMS AND CONDITIONS

1.0. CONSIDERATION. In consideration for the amount and payment

INDEPENDENT CONTRACTOR AGREEMENT

**Documents that have to
be submitted:**

1. Business License
2. W-9 Form

LEGAL SERVICES AGREEMENT
I MINA'TRENTAI SINGKONA LIHESLATURAN GUÅHAN

This Legal Services Agreement ("Agreement") is entered into this ____ day of _____, 2019, between *I Liheslaturan Guåhan* ("the Guam Legislature"), government of Guam, whose mailing address is 163 W. Santo Papa, Hagåtña, Guam 96910, and _____ ("Attorney" or "Contractor") whose mailing address is _____ (hereinafter collectively referred to as the "Parties").

RECITALS

WHEREAS, it is the intention of the Parties that Attorney *shall* provide services to *I Liheslaturan Guåhan* and *I Liheslaturan Guåhan shall* pay for said services as set forth herein;

WHEREAS, it is the intention of the Parties that Attorney be deemed an independent contractor, *not* an employee, and *not* entitled to any benefits otherwise available to employees of the government of Guam; and

WHEREAS, it is the intention of the Parties that Attorney *not* be entitled to payment for any services rendered to *I Liheslaturan Guåhan* until such time as all signatures to this documents have been affixed herein.

NOW THEREFORE, the Parties agree to the terms and conditions as set forth below.

TERMS AND CONDITIONS

1.0. CONSIDERATION. In consideration for the amount and payment terms specified in Paragraph 1.1, below, Attorney *shall* provide the following legal services:

Rule XVII: PROCUREMENT & SUPPLY REGULATIONS

ADMINISTRATION

Section 17.04

- Duties and Responsibilities of Purchasing Agent
- Duties and Responsibilities of the Procurement Officer

PURCHASING & CONTRACTING PROCEDURES

Section 17.05

A. Sealed Bids

1. Procedure
2. Determining Lowest Responsible Bidder

B. Open Market Procedure

1. Less Than Twenty Dollars (\$20)
2. Less Than Five Hundred Dollars (\$500)
3. Five Hundred Dollars (\$500) or More, But Less Than Two-Thousand Five Hundred Dollars (\$2,500)

C. Exceptions

1. Exceptions to Requirements for Sealed Bids
2. Exception to Requirement to Procure from Local Suppliers
3. Exception to Requirement to Procure through Regular Procurement Channel

PROCUREMENT

Rule XVII: PROCUREMENT & SUPPLY REGULATIONS

- **PROHIBITIONS**

Section 17.06

- **SURPLUS STOCK**

Section 17.07

- **STOCK OF DEPARTING OR RETIRING MEMBERS**

Section 17.08

PROCUREMENT



SI YU'OS MA'ÅSE!

