



EDWARD M. BIRN
Director (Direktot)
BERNADINE C. GINES
Deputy Director (Sigunda Direktot)

DEPARTMENT OF ADMINISTRATION

DIPATTAMENTON ATMENESTRASION

(Dipattamenton Atmenestrasion)

Post Office Box 884 Hagatna, Guam 96932

Telephone (Telifon): (671) 475-1221/1250 • Fax (Faks): (671) 477-6788



LOURDES A. LEON GUERRERO
Governor (Maga'håga)
JOSHUA F. TENORIO
Lt. Governor (Sigundo Maga'håhi)

November 1, 2022

Department of Administration Organizational Circular No.: 2023-007

Memorandum

To: All Line Department and Agency Heads

From: Director, Department of Administration

Subject: Personnel Alert and Guidance on Leave of Absence from Employment
RE: Administrative Leave to Vote or to Serve as Precinct Board Member

Hafa Adai! The General Election is being held on Tuesday, November 8, 2022 on Guam. Polls will be open from 7:00 a.m. to 8:00 p.m.

There are two (2) Guam laws that specifically require all employers, both in the private sector and in the government sector, to grant every employee to absent himself or herself from any service or employment in which he or she is then engaged or employed either to vote or to serve as precinct board members relative to the General Election. This circular is to provide notice to the employers and employees from the time of opening and the time of closing of the polls during the General Election Day and how it works.

Title 3 Guam Code Annotated (GCA) Chapter 9 Conduct of Election, §9125 and Chapter 4 Precincts and Precinct Boards, §4116, specifically states the following provision:

“§9125. Leave of Absence From Employment to Vote.

- (a) Every voter shall be entitled, on the day of every election at which he or she is entitled to vote, to absent himself or herself from any service or employment in which he or she is then engaged or employed for two (2) consecutive hours between the time of opening and the time of closing of the polls. The voter shall not be liable to any penalty, nor shall any deduction be made on account of such absence, from his or her usual salary or wages, nor shall the voter be suspended or discharged from his or her service or employment. Any violation of this provision shall be reported to the Guam Department of Labor for enforcement, and may subject an employer to pay a fine.
- (b) A voter who unilaterally absents himself or herself from employment for the purpose of voting shall provide to his or her employer evidence from GEC that he or she had voted during the hours of his or her absence.” and;

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“§4116. No Loss of Wages for Precinct Board Members.

Any member of a precinct board may, on the day of an election in which he or she is serving, absent himself or herself from any service or employment in which he or she is then engaged or employed. The precinct board member shall not be liable to any penalty, nor shall any deduction be made from his or her usual salary or wages, nor shall he or she be suspended or discharged from his or her service or employment. Any violation of this provision shall be reported by the precinct board member to the Guam Department of Labor for enforcement and may subject an employer to pay a fine.”

Employers are encouraged to work with employees to manage and arrange for scheduled leave as necessary to accommodate an employee’s desire to vote or to serve as a precinct board member during the Guam Election. As well as, employees are also responsible to give notification and provide the necessary, required evidence from the Guam Election Commission that he or she voted or served as a precinct board member during the absence from employment.

As a reminder, when the employee submits their notification in writing, ensure the appropriate leave form is completed and signed, and that the attached evidence from Guam Election Commission (GEC) that he or she had voted or served as a precinct board member during the hours of his or her absence.

If you have any questions contact your respective department’s Personnel Officer and/or the Employee-Management Relations Branch of the DOA Human Resources Division, at 475-1185/1249. *Si Yu’os Ma’ase.*


Edward M Birn
Date 2022-10-31
T13 28 10+10 00

EDWARD M. BIRN

Attachments

GOVERNMENT OF GUAM
LEAVE APPLICATION FORM

NAME (First, Middle, Last)	SOCIAL SECURITY NO.:	DATE OF REQUEST: 11/08/2022
TYPE OF LEAVE REQUESTED () ANNUAL () SICK () LEAVE W/O PAY () COMP-TIME OFF () TRAINING (LOCAL / OFF-ISLAND)		3GCA §9125 (x) OTHER
LEAVE PERIOD		
FROM (Hour, Month, Day, Year)	TO: (Hour, Month, Day, Year)	TOTAL HOURS REQUESTED: 2.00
ADDRESS WHILE ON LEAVE: VOTED (ATTACH GEC CERTIFICATION)		
APPLICATION FOR PREPAYMENT OF VACATION LEAVE		
Minimum requirement is not less than ten (10) consecutive days. It is understood that if I return to duty before the expiration of my prepaid vacation, I shall reimburse the government in the amount equivalent to the unexpired portion of the prepaid leave.		
FROM (Hour, Month, Day, Year)	TO: (Hour, Month, Day, Year)	TOTAL HOURS PREPAID:
SICK LEAVE CERTIFICATION		
I certify that the above person was under my professional care or quarantine during the period stated below. From a medical standpoint, his/her condition during this period was such that I considered it inadvisable for him/her to report to work.		
FROM: (Month, Day, Year)	TO: (Month, Day, Year)	TOTAL NO. OF DAYS:
REMARKS:		
NAME OF LICENSED PHYSICIAN/HEALTH PROFESSIONAL (TYPE OR PRINT)	SIGNATURE OF LICENSED PHYSICIAN/HEALTH PROFESSIONAL	
SIGNATURE OF EMPLOYEE:		
() APPROVED () DISAPPROVED	() APPROVED () DISAPPROVED	
_____ SIGNATURE OF IMMEDIATE SUPERVISOR	_____ SIGNATURE OF AUTHORIZED OFFICIAL OR APPOINTING AUTHORITY	

GOVERNMENT OF GUAM
LEAVE APPLICATION FORM

NAME (First, Middle, Last)	SOCIAL SECURITY NO.:	DATE OF REQUEST: 11/08/2022
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TYPE OF LEAVE REQUESTED					3GCA §4116
<input type="checkbox"/> ANNUAL	<input type="checkbox"/> SICK	<input type="checkbox"/> LEAVE W/O PAY	<input type="checkbox"/> COMP-TIME OFF	<input type="checkbox"/> TRAINING (LOCAL / OFF-ISLAND)	<input checked="" type="checkbox"/> OTHER

LEAVE PERIOD		
FROM (Hour, Month, Day, Year)	TO: (Hour, Month, Day, Year)	TOTAL HOURS REQUESTED: 8.00

ADDRESS WHILE ON LEAVE: PRECINCT BOARD MEMBER (ATTACH GEC CERTIFICATION)

APPLICATION FOR PREPAYMENT OF VACATION LEAVE

Minimum requirement is not less than ten (10) consecutive days. It is understood that if I return to duty before the expiration of my prepaid vacation, I shall reimburse the government in the amount equivalent to the unexpired portion of the prepaid leave.

FROM (Hour, Month, Day, Year)	TO: (Hour, Month, Day, Year)	TOTAL HOURS PREPAID:
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SICK LEAVE CERTIFICATION

I certify that the above person was under my professional care or quarantine during the period stated below. From a medical standpoint, his/her condition during this period was such that I considered it inadvisable for him/her to report to work.

FROM: (Month, Day, Year)	TO: (Month, Day, Year)	TOTAL NO. OF DAYS:
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REMARKS:

NAME OF LICENSED PHYSICIAN/HEALTH PROFESSIONAL (TYPE OR PRINT)	SIGNATURE OF LICENSED PHYSICIAN/HEALTH PROFESSIONAL
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SIGNATURE OF EMPLOYEE:

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
_____ SIGNATURE OF IMMEDIATE SUPERVISOR	_____ SIGNATURE OF AUTHORIZED OFFICIAL OR APPOINTING AUTHORITY