



EMPLOYERS REPORT YOUR DISPLACED EMPLOYEES



TO HELP SUPPORT THEIR UNEMPLOYMENT CLAIMS

THE HIREGUAM EMPLOYER MODULE IS READY! FOLLOW THESE STEPS TO REPORT YOUR DISPLACED EMPLOYEES. DISPLACED EMPLOYEES DEFINED BY GDOL: FURLOUGHED, LAID OFF, OR REDUCED HOURS.



STEP

01

REGISTER ON
HIREGUAM.COM

NOTE:

AFTER YOU ARE REGISTERED/VERIFIED BY GDOL AND FOLLOW STEP 2, YOU WILL BE DIRECTED TO THE "PANDEMIC SEPARATION NOTICE" TAB.



STEP

02

CLICK ON
"COVID-19
EMPLOYER LOGIN"

NOTE:

YOU CAN FIND THE "COVID-19 EMPLOYER LOGIN" ON THE TOP RED BANNER OR UNDER THE PANDEMIC UNEMPLOYMENT ASSISTANCE BANNER.

Separation Notice

Employee Information

* Employee First Name:

* Employee Last Name:

* Employee SSN:

* Employee Date of Separation:

* Employee Date Hired:

* Employee Date Last Worked:

Employee Recall Date:

Separation Reason

* The Reason for Separation:

If an employee is retiring, choose "Resigned/Quit" as the Reason for Separation.

Explain Reason for Separation:

Benefit Payments

Hourly Rate Of Pay: Hours Worked per Week:

Separation Attachments

Choose File No file chosen

HIRE GUAM Separation Notice

Company Information

Company:

Company Street Address 1:

Address 2:

City:

State:

Zip:

Name:

Title:

Phone Number:

Email Address:

Employee Information

Employee First Name:

Employee Last Name:

Employee SSN:

Employee Date of Separation:

Employee Date Hired:

Employee Date Last Worked:

Employee Date of Recall:

Recall Hours:

Employee Released Reason:

Reason For Separation:

Separation Reason:

Reason For Separation:

Due to COVID-19 pandemic:

Benefit Payments	Hours Worked Per Week: 45	Number of Hours:
Hourly Rate of Pay: \$33.00	Total Amount:	Number of Hours:
Vacation/Accrued Leave - Not PTO (hr):	Total Amount:	Number of Hours:
Bonus: \$0	Total Amount:	Number of Hours:
Holiday Pay: \$0	Total Amount:	Number of Hours:
Wage In Lieu of Notice: \$0	Total Amount:	Number of Hours:
Pension: \$0	Total Amount:	Number of Hours:

If any item, what would the monthly amount be if that option had been chosen?

I certify that the worker whose name and Social Security Number appear above has been separated from work and that the above information is true and correct. I further certify that the individual has been handed or mailed a copy of this notice.

This form has been submitted electronically. There is no need to mail a copy to Guam Department of Labor.

IMPORTANT: Give a copy of this form to the separating worker and retain a copy for your files.

Signature: Date:

Separation Notice Form 75, Replaces Form 75, Issued 01/14/2020, 03/2020 7:03 AM PM

STEP

03

TYPE IN
EMPLOYEE INFORMATION
& CLICK ON SAVE

NOTE:

YOU MUST PRINT OR EMAIL THE SEPARATION NOTICE TO GIVE TO YOUR EMPLOYEE(S).

FOR THE RECALL DATE: IF YOU INTEND TO REHIRE YOUR FURLOUGHED WORKERS IN THE FUTURE, ENTER THE DATE. IF THE DATE IS UNKNOWN, LEAVE IT BLANK.