



Office of the Governor of Guam

P.O. Box 2950 Hagåtña, Guam 96932

TEL: (671) 472-8931 • FAX: (671) 477-4826 • EMAIL: governor@mail.gov.gu

Felix P. Camacho
Governor

Michael W. Cruz, M.D.
Lieutenant Governor

2010 JUL 26 AM 9:56

The Honorable Judith T. Won Pat
Speaker
Thirtieth Guam Legislature
155 Hesler Street
Hagåtña, Guam 96910

Dear Speaker Won Pat:

Hafa Adai yan Saludas! Pursuant to Section 15 of Chapter XIII of Public Law 30-55 relative to **General Fund Transfer Authority of I Maga'lahren Guåhan** the following is herewith reported:

| From Department | To Department | From Object Category | Amount | To Object Category | Amount | Purpose of Transfer(s) |
|-----------------------------|-----------------------------|----------------------|---------|------------------------------|---------|---|
| Department of Youth Affairs | Department of Youth Affairs | (111) Salaries | \$6,000 | (270) Workman's Compensation | \$6,000 | To accommodate disability compensation due to employees for the period of February 17 – August 1, 2010. |

Sinseru yan Magåhet,

Michael W. Cruz MD.
I Maga'lahren Guåhan Para Pa'go
Acting Governor of Guam

30-10-0626

Office of the Speaker
Judith T. Won Pat, Ed. D.

Date 7/23/10
Time 3:17
Received by [Signature]

Enclosure(s)

CC: Director, Office of Finance and Budget, *I Mina'Trenta Na Liheslaturan Guåhan*
Director, Department of Youth Affairs

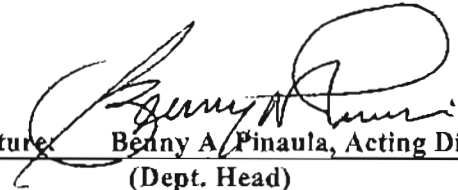
REQUEST FOR APPROPRIATION/ALLOTMENT MODIFICATIONS

DEPT/AGENCY: Department of Youth Affairs
 DIVISION/SECTION: Youth Corrections
 DATE: 07/01/10

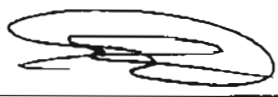
| TYPE- | APPROPRIATION_X | ALLOTMENT_X | |
|--|--------------------------|---------------------|--------------------------------|
| DESCRIPTION OF ACTION: Request to modify 5100A102020CE004 Youth Corrections account from Salaries category into Worker's Compensation Category to accommodate disability compensation due to employee for the period February 17, 2010 through August 1, 2010 at \$250/week. | | | |
| QTR/ACCT NO./OBJ CATEGORY | CURRENT APPROP/ALLOTMENT | MODIFICATION + OR - | REVISED APPROP/ALLOTMENT LEVEL |
| APPROPRIATION | | | |
| 5100A102020CE004 | | | |
| Salaries 111 | 1,614,163.00 | (6,000.00) | 1,608,163.00 |
| Worker's Comp 270 | 0.00 | 6,000.00 | 6,000.00 |
| ALLOTMENT | | | |
| 5100A102020CE004 | | | |
| Salaries 111 July 2010 | 212,615.00 | (6,000.00) | 206,615.00 |
| Worker's Comp 270 July 2010 | 0.00 | 6,000.00 | 6,000.00 |

RECEIVED
 JUL 02 2010
 Bureau of budget & Mgmt Research

Modification(s) requires immediate update of Accounting Files? Yes No

Requestor's signature: 
 Benny A. Pinault, Acting Director
 (Dept. Head)

Date: _____

Approved/Disapproved: 
 (BBMR Director)

Date: **JUL 15 2010**

Accounting Files Modified: _____

REQUEST FOR ESTABLISHMENT / MODIFICATION OF ACCOUNT

To: Department of Administration - Division of Accounts

VIA: Bureau of Budget and Management Research

RECEIVED

From: Department of Youth Affairs

JUL 07 2010
3:40

Account Title: Youth Corrections

Budgetary Budget &
Mgmt. Research.

PURPOSE:

- | | |
|---|---|
| <input type="checkbox"/> Grant Award (Original) - Federal | <input type="checkbox"/> Appropriation (Original) - Local |
| <input type="checkbox"/> Grant Award (Supplemental) - Federal | <input type="checkbox"/> Appropriation (Supplemental) - Local |
| <input type="checkbox"/> Grant Period Modification - Federal | <input type="checkbox"/> Appropriation Period Modification |
| <input type="checkbox"/> Grant Number Change - Federal | <input type="checkbox"/> Appropriation Type Change |
| <input type="checkbox"/> Catalog Number Change - Federal | <input checked="" type="checkbox"/> Object Class(es) - Add/Delete ✓ |
| <input type="checkbox"/> Local/Federal Participation Ratio Modification | |
| <input type="checkbox"/> Other (Specify): _____ | |

APPROPRIATION TYPE:

- | | | |
|--|--|--|
| <input type="checkbox"/> Local Operation (A) | <input type="checkbox"/> Local CIP (D) | <input type="checkbox"/> Federal Match Cont. (G) |
| <input type="checkbox"/> Federal Local Match (B) | <input type="checkbox"/> Federal 101 (E) | <input type="checkbox"/> Federal Cont. (H) |
| <input type="checkbox"/> Local Continuing (C) | <input type="checkbox"/> Federal CIP (F) | |

RESPONSIBLE DEPT./DIVISION: Youth Corrections

Object Class(es) Required:

- | | | |
|---|--|---|
| <input type="checkbox"/> 111 / 112 / 113 - Personnel Services | <input type="checkbox"/> 250 - Equipment | <input type="checkbox"/> 361 - Power |
| <input type="checkbox"/> 220 - Travel | <input checked="" type="checkbox"/> 270 - Workers Compensation ✓ | <input type="checkbox"/> 362 - Water |
| <input type="checkbox"/> 230 -Contractual | <input type="checkbox"/> 271 - Drug Testing Charges | <input type="checkbox"/> 363 - Telephone |
| <input type="checkbox"/> 233 - Office Rental | <input type="checkbox"/> 280 - Sub-Recipient / Grants | <input type="checkbox"/> 450 - Capital Outlay |
| <input type="checkbox"/> 240 - Supplies | <input type="checkbox"/> 290 - Miscellaneous | <input type="checkbox"/> Other (Specify) |

AUTHORITY/*GRANT NUMBER: P.L. 30-55 ***CATALOG NUMBER:** _____

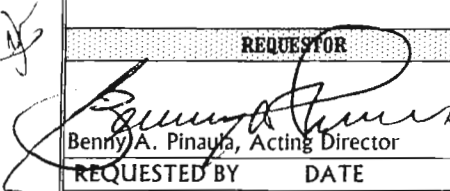

START DATE: 10/01/09 **EXPIRATION DATE:** 09/30/10

PERCENT LOCAL MATCH FUNDS REQUIRED: 0 **APPLICABLE VILLAGE:** N/A

TOTAL FUNDS AUTHORIZED/AWARDED: \$ 2,098,893

APPROPRIATION ACCOUNT NUMBER/JON ASSIGNED: 5100A102020CE004 / 2020-10-004

REVENUE ACCOUNT ASSIGNED: _____

| | | | |
|--|---|---|------------------------|
| REQUESTOR  Benny A. Pinaula, Acting Director | BBMR  BERTHA M. DUENAS, Director, BBMR | CLEANED PER BBMR'S REVIEW JUL 15 2010 | DOA - DIV. OF ACCOUNTS |
| REQUESTED BY | APPROVED BY | APPROVED BY | APPROVED BY |
| DATE | DATE | DATE | DATE |

*APPLICABLE ONLY TO FEDERAL PROGRAMS

Commissioner

MARIA S. CONNELLEY
Director of Labor
Acting

ERICA H. UNPINGCO
Deputy Director of Labor

WORKER'S COMPENSATION COMMISSION

Kumision Konprumeson Hutnal

P.O. Box 9
Tamuning, Guam 96
Tel: (671) 4754-7033/4 * Fax: (671)475-7

July 1, 2010

Members

FRANKLIN TAITAGUE
Mayors Council

DR. GREGORY J. MILLER
Guam Medical Society

RACHEL M. TAIMANAO-
AYUYU, ESQ.
Guam Bar Association

Vacant
Guam Society of Certified
Public Accountants

MARY GUERRERO
Government of Guam

ELIZABETH HANZSEK
Labor Union

Legal Counsel

WILLIAM BISCHOFF, ESQ.
Assistant Attorney General

MEMORANDUM

To: **GOVERNMENT EMPLOYERS**

From: **COMMISSIONER**

Subject: Reimbursement into the Worker's Compensation

P.L. 25-03 GENERAL APPROPRIATIONS ACT OF 1999, § 1 of Chapter IV, adds subsection (c) to 22 GCA 9105 requiring all government of Guam employers to reimburse the Government of Guam Special Fund (FUND) for compensation paid by the FUND.

§ 9105(c) reads:

“All government of Guam Executive, Judicial and Legislative departments, agencies, instrumentalities, inclusive of semi-autonomous and autonomous agencies and any other government of Guam entities and public corporations, shall reimburse such sums as may be necessary from their actual operational appropriations for revenues into the Worker's Compensation Fund for any payment of compensation approved, pursuant to Chapter 9, Division 1 of Title 22 of the Guam Code Annotated, by the Worker's Compensation Commission for employees of their respective department or agency.”

Further 22 GCA 9105(d) mandates the government of Guam employer to effectuate the reimbursement within ten (10) days. § 9105(d) reads:

“Reimbursements to the Worker's Compensation Fund. Reimbursements into the Worker's Compensation Fund pursuant to § 9105(c) of this Chapter shall be made within ten (10) days of each installment and for amounts equal to the amount paid to the employee(s) pursuant to

Administrator
JOANNALYNN P. FULLERTON

Reimbursement into the Worker's Compensation Fund

§ 9115 of Title 22 of the Guam Code Annotated, *except* when the Commissioner of the Worker's Compensation deems it advisable that an employer make a deposit prior to payment of compensation."

Hereto is a list of compensation payments paid to your employees or their qualified dependents from the effective date of P.L. 25-03 to date. **These amounts are now due for reimbursement to the FUND.** Please note that the **Attachment** reflects **only** non-medical FUND expenditures.

If no payment had been made, then there will be no **Attachment**. However, from hereon, a memorandum and an **Attachment** will be issued whenever funds have been expended to your employees or their qualified dependents.

Let me impress the importance of addressing your prospective funding liability under P.L. 25-03. Please note that the heretofore excluded medical related expenditures may prospectively be identified as reimbursable expenditures.

Please contact Mr. Manny A. Pablo if you require assistance.



MARIA S. CONNELLEY

Attachments

DEPARTMENT OF YOUTH AFFAIRS

| File# | Last | First | Mid | DOB | SSN | |
|------------|-------|--------------|----------------|------------|-----------|----------|
| 2010000416 | AGUON | ROSELLE | L. | 02/25/1978 | 586723881 | |
| | | Document # | Payment Period | | | Amount |
| | | D20102492592 | 06/09/2010 | 07/31/2010 | | 1,821.44 |
| | | D20102492529 | 02/17/2010 | 05/09/2010 | | 2,714.29 |
| | | | SUBTOTAL | | | 4,535.73 |

GRAND TOTAL 4,535.73