



**University of Guam**  
**Unibetsedåt Guahan**  
**Human Resources Office**

U.O.G. Station, Mangilao, Guam 96923

Tel: (671)735-2350

Fax: (671)734-6005

**WebAdvisor / Portal Application**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Department / College and Location: \_\_\_\_\_  
(office room number and location/building)

Employment Type (circle one): *Administrator* *Faculty* *Staff* *Other*: \_\_\_\_\_

Employment Status (circle one): *Full-Time* *Part-Time*

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Authorized UOG Email Address: \_\_\_\_\_@ugum.uog.edu\_\_\_\_\_

Colleague Employee ID (7-digits): \_\_\_\_\_

I understand I will have access to records that contain individually identifiable information, the disclosure of which is prohibited by the Family Educational Rights and Privacy Act of 1974 (FERPA). I acknowledge that I fully understand that the intentional disclosure by me of this information to any unauthorized person could subject me to criminal and civil penalties imposed by law. I further acknowledge that such willful or unauthorized disclosure also violates UOG policy and could constitute just cause for disciplinary action including termination of my employment or contract. I understand that all information contained in Datatel Colleague is regulated by University policy and procedures. Any unauthorized use of these systems could result in the loss of access and possibly disciplinary or criminal action.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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FORWARD THIS FORM TO THE UOG HRO OFFICE FOR PROCESSING

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Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Print Name Signature

Remarks: \_\_\_\_\_

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