



GOVERNMENT OF THE VIRGIN ISLANDS

Application for Leave

PERSONAL INFORMATION

DATE: _____

Mr. Ms. Mrs. Dr. Other _____

SURNAME _____ FIRST _____ MIDDLE _____

POST _____ DEPARTMENT _____

NOTE: Leave With Pay must be requested and approved in advance. When advance approval is not secured (illness, personal emergencies) your supervisor must be notified of the request for **LEAVE WITH PAY** within one (1) hour after leave begins. If you are unable to reach your supervisor, notify the Director of Human Resources/Authorised Officer/Head of Department. If you fail to provide notification of the request for leave as provided for above, the time absent without notification must be charged to **LEAVE WITHOUT PAY**.

ADVANCE OF SALARY

Procedure:

- Write a memorandum to the Financial Secretary requesting advance of salary.
- ufs* (Under Flying Seal) of your Head of Department (or PS of Ministry where applicable).
- State amount of salary desired in advance of usual payroll deposit.
- Clearly state your reason for the request e.g. Vacation & will be out of Territory.
- Indicate date when you would like to receive advance of salary, preferably 15th or 30th of Month.
- Request must be made two (2) weeks ahead of time, when possible.

REQUEST & DETAILS OF ABSENCE

Leave *With Pay* Leave *Without Pay* Date Requested _____ Time _____

Person Contacted _____

Reason for LATE or NO NOTIFICATION _____

DURATION OF LEAVE					LEAVE TO BE CHARGED AGAINST			
FROM	TO	DAYS	HOURS		✓	TYPE	DAYS	HOURS
						Annual Leave		
						Compensatory Leave		
						Sick Leave*		
						Leave Without Pay		
						Other Leave		

- Vacation Personal Time Maternity Jury Duty Personal Illness/Injury Accident On-Duty Doctor/Dentist Visit
 Family Illness/Injury Death in Immediate Family Funeral: Non-Immediate Family
 Other Leave (Specify Particulars) _____

VACATION COVERAGE ARRANGEMENTS: _____

While on vacation I can be contacted at Tel# _____ in _____

*Medical Certificate is required for *THREE (3) or more days of Sick Leave* Medical Certificate attached

Employee: _____ SIGNATURE Supervisor: _____ SIGNATURE DG/HoD/Authorised Officer: _____ SIGNATURE

FOR ADMINISTRATIVE USE ONLY

PROCESSED NOT PROCESSED Reason: _____

Examined and Leave Record updated by _____

LEAVE BALANCE is _____ DAYS as of _____

- Authorised Officer Department Officer Salaries Officer I