



DIVISION OF PERSONNEL

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Kenneth L. Hermon, Jr. PHR
Director

www.dopusvi.org
60th Anniversary

Leave Donation Form

Director, Division of Personnel
34-38 Kronprindsens Gade
GERS Bldg. 3rd Floor
St. Thomas, VI 00802-5712

Dear Director of Personnel:

In accordance with Act No. 6031 and 7088 relative to the Government's Donated Leave Program, I am requesting your approval to donate annual and/or sick leave from my current leave balance account to the following employee:

Recipient Name: _____ Employee No: _____

Department/Agency: _____ Contact #: _____

I granting you authorization to deduct the following hours from my leave balance account:

Annual Leave

Sick Leave

(Donor may combine donation from both annual and sick leave to match total requested hours.)

Thank you in advance for your assistance in this matter.

Print Donor Name: _____ Employee No. _____

Employee Signature: _____ Contact #: _____

Department/Agency: _____ District: _____

Are you a perspective retiree? (YES / NO) If YES, when is your retirement effective date _____

Under penalty or perjury, once you affix your signature to this official form, you are certifying that the information provided above is true and correct