



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS

DEPARTMENT OF  
**EDUCATION**

*Human Resources*

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**Nicole Jacobs, IPMA-SCP, SHRM-SCP**  
Director

**REQUEST TO REVIEW OFFICIAL PERSONNEL RECORD (OPR)**

*I, the undersigned requests permission to examine my Official Personnel Record:*

NAME: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_ TITLE/POSITION: \_\_\_\_\_

SCHOOL/ACTIVITY CENTER: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

REASON FOR REVIEWING FILE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED/DISAPPROVED: \_\_\_\_\_

Director of Human Resources

PROCESSED BY (Witness): \_\_\_\_\_

**\*Please note: Contact would be made within 24 Hours\***