



# 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 due to illness or 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

**Once your leave has been approved, follow the following procedures to receive a salary advance.**

1. Write a memorandum to the Financial Secretary requesting an advance of salary.
2. Under Flying Seal (*Ufs.*) of your Authorised Officer or Head of Department, where applicable.
3. State the amount of salary desired in advance of usual payroll deposit.
4. Clearly state your reason for the request e.g. Vacation & will be out of Territory.
5. Indicate the date when you would like to receive the salary advance, preferably 15th or 30th of Month.
6. 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
				<input type="checkbox"/>	Annual Leave		
				<input type="checkbox"/>	Compensatory Leave		
				<input type="checkbox"/>	Sick Leave*		
				<input type="checkbox"/>	Leave Without Pay		
				<input type="checkbox"/>	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) \_\_\_\_\_

**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: \_\_\_\_\_ Supervisor: \_\_\_\_\_ DG/HoD/Authorised Officer: \_\_\_\_\_  
Signature Signature Signature

### ADMINISTRATIVE USE ONLY

☐ PROCESSED ☐ NOT PROCESSED Reason: \_\_\_\_\_

Salaries Officer is instructed to adjust Officer's Salary for \_\_\_\_\_ Days & \_\_\_\_\_ Hours LEAVE WITHOUT PAY.

Examined and Leave Record updated by \_\_\_\_\_ (Human Resources Officer)

LEAVE BALANCE is \_\_\_\_\_ DAYS as of \_\_\_\_\_

☐ Human Resources/Authorised Officer ☐ Department ☐ Officer ☐ Salaries Officer I