

GOVERNMENT OF
THE UNITED STATES VIRGIN ISLANDS



Mailing Address:
2314 Kronprindsens Gade
Charlotte Amalie, VI 00802

DEPARTMENT OF FINANCE

Street Address:
76 Kronprindsens Gade
Charlotte Amalie, VI

Honorable Valdamier O. Collens
Commissioner
Department of Finance
2314 Kronprindsens Gade
St. Thomas, VI 00802

Date: _____

Dear Commissioner Collens:

In accordance with **ACT NO. 6031** (Donated Leave), I am hereby requesting approval to donate
_____ hours of Sick Leave or _____ hours of Annual Leave to:

Recipient Name: _____

Employee No: _____

Department/ Agency: _____

Employee Name: _____

(Please Print)

Employee No.: _____

Department/Agency: _____

Employee Signature: _____

Please Note:

Recipient only receives amount of hours as stated in the **DOCTOR'S CERTIFICATE**,
after approval by the Commissioner of Finance.