

Government of the Virgin Islands
REQUEST FOR OR NOTIFICATION OF ABSENCE

| (1) Employee's Name (Last, First, M.I.) | | (2) Employee Number | (4) Date Submitted | (5) No. of Hours Requested | | Sched-uled | Un-sched-uled | PP# | | Fiscal Year | |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------|-------------------------------------|-------------------------------------|------|------------|---------------|------|-------|-----------------------------------------------|--|
| | | | | | | | | Day | Init. | Hours | |
| (3) Agency / Division DOE - Division of Special Education STTJ | | | Account/Activity Code | (6) From Date | Hour | | | Sun | | | |
| | | | | | | | | Mon | | | |
| | | | | | | | | 02 | | | |
| (7) Time of Call or Request | (8) Scheduled Reporting Time | (9) Employee Can be Reached At (if needed) | | Thru Date | Hour | | | Tue | | | |
| | | | | | | | | 03 | | | |
| | | | | | | | | 04 | | | |
| (11) Type of Absence | (12) Documentation (for Official Use Only) | (13) Revised Schedule For Approved in Advance | | | | | | Thur | | | |
| <input type="checkbox"/> Sick Leave | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Fri | | | |
| <input type="checkbox"/> Annual Leave | <input type="checkbox"/> For Military Leave (Orders Reviewed) | | | | | | | Sat | | | |
| <input type="checkbox"/> LWOP (See Reverse) | <input type="checkbox"/> For Court Leave (Summons Reviewed) | (Date) | | | | | | Sun | | | |
| <input type="checkbox"/> Maternity | | | | | | | | Mon | | | |
| <input type="checkbox"/> Comp | | Begin Work | | | | | | Tue | | | |
| <input type="checkbox"/> Other _____ | | Lunch-Out | | | | | | 10 | | | |
| (14) Remarks - (Do Not Enter Medical Information) | | | Lunch-In | | | | | Wed | | | |
| | | | End Work | | | | | 11 | | | |
| I understand that the annual leave authorized in excess of amount available to me during the leave year will be changed to LWOP. | | | Total Hours | | | | | Thur | | | |
| | | | | | | | | 12 | | | |
| (15) Employee's Signature & Date | | (16) Signature of Person Recording Absence & Date | | (17) Signature of Supervisor & Date | | | | Fri | | | |
| | | | | | | | | 13 | | | |
| Official Action on Application | | | | | | | | | | | |
| (18) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved (Give Reason) | | | (19) Signature of Supervisor & Date | | | | | Sat | | | |
| | | | | | | | | 14 | | | |
| Warning: The furnishing of false information on this form may result in Criminal Action under V.I. Criminal statutes. | | | | | | | | | | <input type="checkbox"/> Continued on Reverse | |

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| During This Absence, I was Incapacitated For Duty By: | CERTIFICATE OF PHYSICIAN OR PRACTITIONER | | Sched-uled | Un-sched-uled | PP # | | Fiscal Year | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--|------------|---------------|------|-------|-------------|--|
| | | | | | Day | Init. | Hours | |
| <input type="checkbox"/> Sickness <input type="checkbox"/> Caring for Patient (or) Exposed To A Contagious Disease <input type="checkbox"/> On The Job Injury <input type="checkbox"/> Off The Job Injury <input type="checkbox"/> Undergoing Medical, Dental or Optical Examination or Treatment <input type="checkbox"/> Pregnancy or/& <input type="checkbox"/> Confinement Privacy Act: This information will be used to grant or deny your request for official leave from V.I. Government Service duty. As a routine use, this information may be disclosed to an appropriate law enforcement agency for investigative or prosecutorial proceedings, to any Agency where relevant to hiring, contracting or licensing, to a labor organization as may be required, to the Equal Employment Opportunity Commission for investigation of an EEO complaint, and where pertinent, in a legal proceeding to which the V.I. Government is a party. Completion of this form is voluntary. However, if this information is not provided, official leave may not be granted. | I certify that _____ has been _____ under my professional care and that he/she was incapacitated for work from _____, thru _____. | | | | Sun | | | |
| | _____, thru _____. | | | | Mon | | | |
| | _____, thru _____. | | | | Tues | | | |
| | _____, thru _____. | | | | 03 | | | |
| | _____, thru _____. | | | | Wed | | | |
| | _____, thru _____. | | | | 04 | | | |
| | _____, thru _____. | | | | Thur | | | |
| | _____, thru _____. | | | | 05 | | | |
| | _____, thru _____. | | | | Frid | | | |
| | _____, thru _____. | | | | 06 | | | |
| | _____, thru _____. | | | | Sat | | | |
| | _____, thru _____. | | | | 07 | | | |
| | _____, thru _____. | | | | Sun | | | |
| | _____, thru _____. | | | | Mon | | | |
| _____, thru _____. | | | | 09 | | | | |
| _____, thru _____. | | | | Tues | | | | |
| _____, thru _____. | | | | 10 | | | | |
| _____, thru _____. | | | | Wed | | | | |
| _____, thru _____. | | | | 11 | | | | |
| _____, thru _____. | | | | Thur | | | | |
| _____, thru _____. | | | | 12 | | | | |
| _____, thru _____. | | | | Fri | | | | |
| _____, thru _____. | | | | 13 | | | | |
| _____, thru _____. | | | | Sat | | | | |
| _____, thru _____. | | | | 14 | | | | |
| REMARKS: | | | | | | | | |

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