Government of the Virgin Islands
REQUEST FOR OR NOTIFICATION ABSENCE

PP #	Fiscal Year

(1) Employee's Name (Last, First M.I.)	(2) Employee No.	(4) Date Submitted	(5) No. of Hours Requested

(3) Agency/Division:

Account/Activity Code	(6) From Date	

(7) Time of Call or Request	(8) Scheduled Reporting Time	(9) Employee Can Be Reached At (If Needed) (10) ☐ No Call	Thru Date	

(11) Type of Absence
- ☐ Sick (See Reverse)
- ☐ Annual
- ☐ LWOP (See Reverse)
- ☐ Maternity
- ☐ Comp
- _____ Other

(12) Documentation (for Official Use Only)
- ☐ For Military Leave (Order Reviewed)
- ☐ For court Leave (Summons Reviewed)

(13) Revised Scheduled for _____ (Date) Approved in Advance ☐ Yes ☐ No

(14) Remarks – (Do Not Enter Medical Information)

I Understand that the annual leave authorized in excess of amount available of me during the leave year will be charged to LWOP

		Scheduled	Unscheduled	Day	Init.	Hours
Begin Work				Sun		
Lunch-Out				Mon		
Lunch-In				Tue		
End Work				Wed		
Total Hours				Thur		
				Fri		
				Sat		
				Sun		
				Mon		
				Tue		
				Wed		
				Thur		
				Fri		

(15) Employee's Signature & Date	(16) Signature of Person Recording Absence & Date	(17) Signature of Supervisor & Date Notified

Official Action on Application

(18) ☐ Approved ☐ Disapproved (Give Reason)	(19) Signature if Supervisor & Date

20) ☐ Approved ☐ Disapproved (Give Reason) (21) Signature if Commissioner & Date

Warning: The Furnishing of false information on the form may result in Criminal Action under V.I. Criminal Status:

GPO Form 3971, May 1995

During This Absence, I was Incapacitated for Duty By:

- ☐ Sickness
- ☐ On The Job Injury
- ☐ Off The Job Injury
- ☐ Pregnancy or/&
- ☐ Confinement
- ☐ Caring for Patient (or) Exposed to A Contagious Disease
- ☐ Undergoing Medical Denial or Optical Examination or Treatment

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 proceedings 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.

CERTIFICATE OF PHYSICIAN OF PRACTITIONER

I certify that _____has been under my Professional care and that he/she was incapacitated for work

from _____, 20_____
(Month and Day)

thru _____, 20_____
(Month and Day)

_____ _____
(Signature) (Date)

_____
(Name)

_____
(Address)

_____

REMARKS: