



**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF FINANCE / DIVISION OF PERSONNEL
LEAVE BALANCE REPORTING FORM**



Purpose: This form, along with the proper supporting documentation (i.e., either leave slip and/or doctor's note and/or donated leave request), is used to report discrepancies in annual and/or sick leave balances and transmitted to the appropriate Human Resources/Fiscal officer within the employee's existing department/agency. For those discrepancies that occurred during employment with a previous government department/agency, please insert the department/agency name in the column labeled "Dept./Agency."

SECTION A: (To Be Completed By Employee)

EMPLOYEE NAME: _____ EMPLOYEE NUMBER: _____

CURRENT DEPARTMENT: _____ POSITION: _____

Leave Type (Annual or Sick)	Dept./ Agency	Pay Period End Date	Amount Reported	Correct Amount	Reason for Discrepancy

***If additional space is required, please use the accompanying form labeled "ATTACHMENT A".*

SIGNATURE: _____ DATE: _____

SECTION B: (To Be Completed By Human Resources Officer, Fiscal Officer or Agency Head)

DATE REQUEST RECEIVED: _____ RECOMMENDED FOR CORRECTION(S): YES [] NO []

JUSTIFICATION: _____

SIGNATURE: _____ TITLE: _____ DATE: _____

SECTION C: (To Be Completed By Department of Finance Only)

DOF: PROCESSED BY: _____ ISSUE CODE(S): _____ DATE: _____

ENTERED INTO ERP SYSTEM: YES [] NO []

JUSTIFICATION: _____

DOF: REVIEWED BY: _____ DATE: _____ REDIRECT DATE: _____

Leave Type (Annual or Sick)	Dept./ Agency	Pay Period End Date	Amount Reported	Correct Amount	Reason for Discrepancy