Employee Name

Employee Mailing Address

Employee Telephone Number

Employee Preferred Email Communication

Address to:

Honorable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commissioner

Department of Education

1834 Kongens Gade

St. Thomas, VI 00802-6746

Dear Commissioner \_\_\_\_\_\_\_\_\_\_\_\_\_:

I hereby request leave **(express type of leave)** from my **(current position)** at **(activity center)** from **[date to date.]** The purpose of my leave is **(indicate for self/family member)** and the location of the treatment center **(on or off-island).**

The leave hours I have remaining are **[indicate number]**, and I am requesting **[the total amount of hours needed]** charged to my **[annual or sick leave]**. **[And in addition to my hour I need/OR]** I do not have any time remaining in my sick balances, therefore I am requesting Donated Leave **[attach DOP forms]**.

I can be reached at **[physical address]** and **[preferred telephone number & email address]**.

Thank you for your favorable response in the matter.

Sincerely,

**Employee Name and Employee Id #**

Approved/Disapproved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name Activity Center

Approved/Disapproved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leadership/Division Head Name

Title

Approved/Disapproved\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

Commissioner