
VOLUNTARY ACCEPTANCE OF EXEMPT (UNCLASSIFIED) POSITION FORM

TO: Dayna Clendinen
Director, Division of Personnel

FROM:

DATE:

SUBJECT: VOLUNTARY ACCEPTANCE OF EXEMPT (UNCLASSIFIED) POSITION

In accordance with Act 5336, Section 6 (c) and Section 8 (a), I,
_____, am electing to be placed in the
Employee Name

EXEMPT SERVICE of the Government of the Virgin Islands by accepting the position of
_____, at a salary of
Position/Title

_____ per annum, in the
Annual Salary

Department/Agency Name

This request is voluntary as certified by the below named witness.

EMPLOYEE SIGNATURE

DATE

Employee No.: _____

WITNESS:

Witness Signature

Print Name

Date

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