



GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES
OFFICE OF THE GOVERNOR



3438 Kronprindsens Gade ✧ GERS Building, 3rd Floor ✧ Charlotte Amalie, St. Thomas, V.I. 00802-5712 ✧ (340) 774-8588 ✧ FAX (340) 714-5040
Orange Grove Shopping Center ✧ Bays # 6, 7, 8 ✧ Christiansted, St. Croix, V.I. 00820 ✧ (340) 773-0341 ✧ FAX (340) 773-5669

ACCEPTANCE

District of _____ Date: _____ 20 ____

Department of _____ Social Security No. _____

Dear Sir/Madam:

I hereby accept the appointment tendered me by you, of _____
(Position Title)
in the _____ of the District of _____
(Department/Agency)
with pay at the rate of \$ _____ per _____ dated _____ 20 ____ and
effective on and after _____ 20 ____.

Respectfully,

(Signature of Employee)

Place of Birth:

Date of Birth:

Nationality:

OATH OF OFFICE

Having been appointed _____ I,
_____, do solemnly swear (or affirm) that I will support and defend the
Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the
same; that I likewise will support the laws of the United States applicable to the Virgin Islands and the laws of the Virgin
Islands; that I take this obligation freely, without any mental reservation or purpose of evasion, and that I will well and
faithfully discharge the duties of the office on which I am about to enter. **SO HELP ME GOD.**

(Signature of employee)

District of _____)
Virgin Islands of the U.S.A.)

SS:

Sworn to and subscribed before me this _____ day of _____ 20 ____

Effective _____ 20 ____.

(Signature of Notary Public)

AN EQUAL OPPORTUNITY EMPLOYER