

VOLUNTARY ACCEPTANCE OF EXEMPT (UNCLASSIFIED) POSITION FORM

TO: Cindy L. Richardson Director, Division of Personnel

FROM:

DATE:

SUBJECT: VOLUNTARY ACCEPTANCE OF EXEMPT (UNCLASSIFIED) POSITION

In	accordan	ce w	vith	А	ct	5336,	See	ctior	n 6	(c)	and	Section	8	3	(a),	I,
											, am	electing to	be	plac	ed in	the
Employee Name																
EXI	EMPT SEI	RVICE	of	the	Gov	rernment	of	the	Virgin	Islands	s by	accepting	the	po	sition	of
Posi	tion/Title											,	at	a s	salary	of
													per a	ากกบ	ım, in	the
Ann	ual Salary												P • • •		,	
Depo	artment/Agen	ncy Name	е													

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

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