GOVERNMENT OF THE VIRGIN ISLANDS

RECORD OF WORK ASSIGNMENTS

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| OFFICER’S NAME: |       |
| MINISTRY/DEPARTMENT: |       |

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| **Date** | **Work Assignment** | **Time In** | **Time Out** | **Breaks** | **Supervisor/****Reporting Officer Name** | **Supervisor/ Reporting Officer Contact Details** | **Supervisor/Reporting Officer Initials** |
|       |       |       |       |       |       |       |  |
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I certify that the information provided in this timesheet is a true and accurate reflection of my activities for the specified time period. I understand that if this information is found to be false, I may be subject to disciplinary action.

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| Officer’s Signature: |  | Date: | DD/MM/YYYY |
| PS/Head of Department Signature: |  | Date: | DD/MM/YYYY |