GOVERNMENT OF THE VIRGIN ISLANDS

RECORD OF WORK ASSIGNMENTS

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Work Assignment** | **Time In** | **Time Out** | **Breaks** | **Supervisor/**  **Reporting Officer Name** | **Supervisor/ Reporting Officer Contact Details** | **Supervisor/Reporting Officer Initials** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

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.

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