Office of The Governor



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



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

	ACC	EPTANCE				
District of		Date:		20	_	
Department of		Social Security No				
Dear Sir/Madam:						
I hereby accept the appoir	ntment tendered n	ne by you, of	(P. 141 TH)		_	
in the(Departmen		of the District of	(Position Title		_	
with pay at the rate of \$				20	and	
effective on and after		20				
		Respectfully,				
		(Signature of Employee)				
Place of Birth:	Date of Birth:	Date of Birth: Nat		ionality:		
	OATI	H OF OFFICE				
Having been appointed					I,	
		, do solemnly swear (or a				
Constitution of the United States agasame; that I likewise will support the Islands; that I take this obligation for faithfully discharge the duties of the o	ninst all enemies, for e laws of the United reely, without any	oreign and domestic; that I ed States applicable to the mental reservation or purp	will bear true Virgin Islands pose of evasion	e faith and all	legiance to the s of the Virgin	
		(Signature	(Signature of employee)			
District of Virgin Islands of th	e U.S.A.)	SS:				
Sworn to and subscribed bef	Fore me this	d	lay of	20		
Effective	20	<u>_</u> .				
		(Signature of Notary l	 Public)			