

LSJ Employees, LLC

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Vacation / Leave Form

Name:

Date of Request:

Dates of Requested:

Date of First Day of Vacation:

Date Return to Work:

Total Number of Days:

Leave Days: Weekend Days: Holidays: Personal / Sick: **Days Remaining:**

Type of Leave:

Vacation with Pay Leave without pay Personal Sick Leave Other

If Other Explain:

List of all contact information:

Phone:

Cell:

Email:

The following must be verified with Estate Manager

1. The number of vacation days you have taken.
2. The number employee in your division / department that are leave at the same time

Approved: