

Zorro Development Corp.

[Redacted] Tel: [Redacted] Fax: [Redacted]
E-mail: [Redacted]

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:

Zorro Development Corp.

49 Zorro Ranch Road Stanley, NM 87056 Tel: 505 938 2920 Fax: 505 938 2924

E-mail: [REDACTED]

Vacation / Leave Form

Name: [REDACTED]

Date of Request: 02/09/16

Dates of Requested:

Date of First Day of Vacation: Wed 17th Feb 2016

Date Return to Work: Tues Feb 23rd 2016

Total Number of Days:

Leave Days: 4 Weekend Days: 2 Holidays: [] Personal / Sick: [] **Days Remaining:** 52 days

Type of Leave:

Vacation with Pay Leave without pay Personal Sick Leave Other

If Other Explain: Days Remaining Based on Vacation to be taken in March/April

List of all contact information:

Phone: [REDACTED]

Cell: [REDACTED]

Email: [REDACTED]

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: Apparel JE 2/9/16