

Zorro Development Corp.

49 Zorro Ranch Road Stanley, NM 87056 Tel: [REDACTED] Fax: [REDACTED]
E-mail: [REDACTED]

Vacation / Leave Form

Name: [REDACTED]

Date of Request: 9/7/15

Dates of Requested:

Date of First Day of Vacation: Friday September 18th 2015

Date Return to Work: Tuesday September 29th 2015

Total Number of Days:

Leave Days: 6 Weekend Days: 4 Holidays: 1 Personal / Sick: [REDACTED] **Days Remaining:** 40 days

Type of Leave:

Vacation with Pay Leave without pay Personal Sick Leave Other

If Other Explain: Holiday - Labor Day

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: JE- 9/7/15

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