

LSJ Employees, LLC

Mailing Address: [REDACTED] St. Thomas, VI 00802-1348

General contact information Tel: [REDACTED]

E-mail: [REDACTED]

Accounts payable department contact information [REDACTED]

Fax: [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: