

LSJ, LLC

6100 Red Hook Quarters Suite B-3 St. Thomas, VI 00802-1348 Tel: 340-775-8100 Fax: 340-775-8108

E-mail: [REDACTED]

Vacation / Leave Form

Name: [REDACTED]

Date of Request: 5/26/10

Dates of Requested:

Date of First Day of Vacation: June 7, 14, 21, 28

Date Return to Work: June 8, 15, 22, 29

Total Number of Days:

Leave Days: 3

Weekend Days: [REDACTED]

Holidays: 1

Personal / Sick: [REDACTED]

Days Remaining: 48 Days

Type of Leave:

Vacation with Pay Leave without pay Personal Sick Leave Other

If Other Explain: Holiday - New Years 2010

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: [REDACTED]