

# LSJ Employees, LLC

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## Vacation / Leave Form

Name:

Date of Request: 5/11/12

### **Dates of Requested:**

Date of First Day of Vacation: June 8th 2012

Date Return to Work:

July 2nd 2012

Total Number of Days:

Leave Days: 16

Weekend Days: 8

Holidays:

Personal / Sick:

**Days Remaining:** 0 days

### **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: