

# LSJ, LLC

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## 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: