

LSJE, LLC

6100 Red Hook Quarters, Suite B-3, St. Thomas, VI 00802-1348

Phone: [REDACTED]

E-mail: [REDACTED]

Vacation/Leave Form

Name: Cuthbert Titre

Cell: [REDACTED]

Division/Department: [REDACTED]

Phone (other): [REDACTED]

Date Request Submitted: 12/17/18

E-mail: [REDACTED]

Dates of Vacation/Leave Requested:

Date of Vacation/Leave to Begin: 01/02/19

Date of Return to Work: 01/07/18

Number of employees in your division/department expected to be absent during your requested vacation/leave?* [REDACTED]

Total Number of Days Away:

Vacation with Pay: 3

Leave without Pay: [REDACTED]

Personal/Sick Days: [REDACTED]

Holidays: [REDACTED]

Weekend Days: 2

Other:** [REDACTED]

Total Days Away: 5

For internal use only:

Number of vacation days permitted annually: [REDACTED]

Number of vacation days used year-to-date: [REDACTED]

Number of vacation days granted per this request: [REDACTED]

Number of vacation days remaining after this request: [REDACTED]

Number of medical days permitted annually: [REDACTED]

Number of medical days used year-to-date: [REDACTED]

Number of medical days granted per this request: [REDACTED]

Number of medical days remaining after this request: [REDACTED]

**If "Other," please explain:

[REDACTED]

Employee Signature: [REDACTED]

Date: [REDACTED]

Authorization: [REDACTED]

Approval Date: [REDACTED]

**Areas indicated must be verified with the supervisor before vacation/leave will be approved.*