

# LSJE, LLC

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

Phone: [REDACTED]

E-mail: [REDACTED]

## Vacation/Leave Form

Name:

Cell:

Division/Department:

Phone (other):

Date Request Submitted:

E-mail:

### Dates of Vacation/Leave Requested:

Date of Vacation/Leave to Begin:

Date of Return to Work:

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

### Total Number of Days Away:

Vacation with Pay:

Leave without Pay:

Personal/Sick Days:

Holidays:

Weekend Days:

Other:\*\*

**Total Days Away:**

### *For internal use only:*

Number of vacation days permitted annually:

Number of vacation days used year-to-date:

Number of vacation days granted per this request:

Number of vacation days remaining after this request:

Number of medical days permitted annually:

Number of medical days used year-to-date:

Number of medical days granted per this request:

Number of medical days remaining after this request:

\*\*If "Other," please explain:

Employee Signature:

Date:

Authorization:

Approval Date:

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