

**SAN JOAQUIN COUNTY MOSQUITO AND
VECTOR CONTROL DISTRICT**

TIME OFF RECORD SHEET

Date: 2 13 19 98 Name: D Bridgewater

It is requested that time off on 2/18 & 2-19

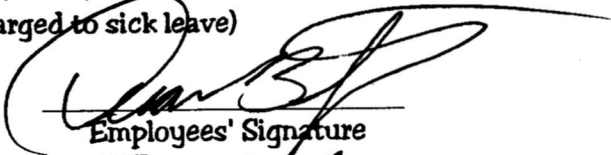
consisting of day(s), 6.5 hour(s) working time, be approved.

For office only

This time off will be charged to:

- Vacation
- Sick Leave (2) DA APPTS X
- Sick leave due to family illness
- Compensation for overtime
- Time off without pay
- Workers' comp. time off
- Jury Duty
- Bereavement Leave 1
- Bereavement Leave 2
(Emps' aunt, uncle, niece,
nephew, charged to sick leave)

<u> </u>	Vac
<u> </u>	Sick
<u> </u>	F.Sick
<u> </u>	Comp.off
<u> </u>	W/C off



Employees' Signature

Date 2/18/98



IMMEDIATE SUPERVISOR'S SIGNATURE