

SAN JOAQUIN COUNTY MOSQUITO AND
VECTOR CONTROL DISTRICT

TIME OFF RECORD SHEET

Date: 19

Name: Rosie Dumas

It is requested that time off on 11-24 12-21-

consisting of days, 14 hours working time, be approved.

This time off will be:

Vacation	<u> </u>
Sick Leave	<u> </u>
Sick leave due to family illness	<u> </u>
Compensation for overtime	<u> </u>
Time off without pay	<u>X</u>
Workers' comp. time off	<u> </u>
Jury Duty	<u> </u>
Bereavement Leave	<u> </u>

For office only

<u> </u>	Vac
<u> </u>	Sick
<u> </u>	F.Sick
<u>14</u>	Comp.off
<u>144.</u>	w/o pay
<u> </u>	WAGE

Employees' Signature

Date 12/16/97

Eddie J. J. J.
IMMEDIATE SUPERVISOR'S SIGNATURE

CAROLWRC/TIMEOFF.FRM

Penmanship
who is This