

**SAN JOAQUIN COUNTY MOSQUITO AND VECTOR CONTROL DISTRICT
TIME OFF RECORD SHEET**

DATE: 1-11-08 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on 1-15-08

consisting of 2 day(s) 2 hour (s) working time, be approved.

This time off be charged to:

Vacation _____

Sick Leave ✓

Sick Leave due to family illness _____

I used or wish to use _____ days or _____ hours of accrued and available sick leave to care for an ill family member. The sick leave was or will be used on _____.

The family member is my _____.

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)

[Signature]
Employees' Signature

Date: _____

Immediate Supervisor's Signature

For Office use only

- _____ Vac
- _____ Sick
- _____ F.Sick
- _____ Comp.Off
- _____ W/C Off

Dr. appt @ 2:00