

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

DATE: 1-19-11 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on January 19, 20, 21  
consisting of 3 day(s) 4.950 hour (s) working time, be approved.

This time off be charged to:

Vacation X 4.950  
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 X then use  
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)

For Office use only

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

19.050  
4.950 ✓  
4.21 ✓  
3.050 ✓

Tiffany Anderson  
Employees' Signature

Date: 1-20-11

[Signature]  
Immediate Supervisor's Signature