

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

DATE: 1-20-11 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
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
Time off without pay: _____
Workers' comp. time off: _____
Jury Duty: _____
Bereavement Leave 1: _____
Bereavement Leave 2: _____

(Emp's aunt, uncle, niece
nephew, charged to sick leave)

For Office
Use only

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

*then use
vacation*

*19.050
1/19 ✓
1/20 ✓
1/21 ✓
3.050 ✓*

[Signature]
Employee's Signature

Date: 1-20-11

[Signature]
Immediate Supervisor's Signature