

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

by phone

DATE 1-24-11

NAME Tiffany Anderson Emp # 306

It is requested that time off on 1-24-11

consisting of 1 day(s) 8 hour (s) working time, be approved.

This time off be charged to:

Vacation: X 8
 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)

For Office use only

12.95 Vac ✓
10.5 Sick ✓
 _____ F.Sick
19.05 Comp. Off ✓
 _____ W/C Off

[Signature]
 Employees' Signature

Date: 1-25-11

[Signature]
 Immediate Supervisor's Signature