

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

DATE: 2-3-11 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on 2-2-11

consisting of 1 day(s) 0 hour(s) working time, be approved.

This time off be charged to:

Vacation _____
Sick Leave X 8
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

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

[Signature]
Employees' Signature

Date: 2-3-11

[Signature]
Immediate Supervisor's Signature