

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

DATE: 2-1-11 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on 2-4-11
consisting of 1 day(s) 0 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 _____
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)

Tiffany Anderson

Employee's Signature

Date: 2-3-11

Scott Anderson

Immediate Supervisor's Signature

For Office
use only

_____ Vac

_____ Sick

_____ F.Sick

_____ Comp. Off

_____ W/C Off