

Please call me to confirm
approved 329-9523

✓

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

NAME Tiffany Quicks Emp # 306

Requested that time off on February 22-23

consisting of 2 day(s) 0 hour(s) working time, be approved.

This time off be charged to:

Vacation X 14
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 _____
WIC comp time off _____
_____ 14
_____ 14
_____ 14
_____ 14
(Days: aunt, uncle, niece
nephew, charged to sick leave)

For Office
use only

24 Vac ✓
24 Sick ✓
_____ F Sick
_____ Comp Off
_____ WIC Off

[Signature]
Employee's Signature

Date: 2-18-11

[Signature]
Immediate Supervisor's Signature