

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

DATE 3-1-11 NAME Tiffany Anderson Emp. # 306

Requested that time off on 3-2-11

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 \_\_\_\_\_

(Grand, aunt, uncle, niece,  
 nephew, changed to sick leave)

For Office  
use only

\_\_\_\_\_ Vac  
 \_\_\_\_\_ Sick  
 \_\_\_\_\_ F.Sick  
 \_\_\_\_\_ Comp.Off  
 \_\_\_\_\_ W/C Off

Tiffany Anderson  
 Employees' Signature

Date: 3-2-11

[Signature]  
 Immediate Supervisor's Signature