

Scan

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

DATE 3-4-11 NAME Tiffany Anderson Emp. # 306

It is requested that time off on 3-8-2011

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

This time off be charged to:

Vacation 8 p.m.
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: 3-10-11

[Signature]
Immediate Supervisor's Signature

For Office use only
_____ Vac
_____ Sick
_____ F.Sick
_____ Comp.Off
_____ W/C Off

8 court hearing
am.