

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

DATE 3-6-09 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on 3-6-09

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

This time off be charged to:

Vacation X 8

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: 3/10/09

Brian G. [Signature]

Immediate Supervisor's Signature

For Office use only

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