

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

DATE: 3-10-11 NAME: Jillina 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 is charged to:

Vacation: X 8 pm

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: _____

Worked comp. time off: X 8 am court hearing

Family Duty: X _____

Recovery Leave 1: _____

Recovery Leave 2: _____

(Emps: aunt, uncle, niece, nephew, charged to sick leave)

Jillina Anderson
Employee's Signature

Date: 3-10-11

[Signature]
Immediate Supervisor's Signature

For Office use only	
_____	Vac
_____	Sick
_____	F.Sick
_____	Comp.Off
_____	WC Off