

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

DATE: 3-5-09 NAME: Tiffany Anderson Emp. # 306

Requested for time off on 3-5-09

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

This time off be charged to:

Vacation \_\_\_\_\_  
Sick Leave X 8  
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 \_\_\_\_\_

(Emp's aunt, uncle, niece, nephew, charged to sick leave)

Tiffany Anderson  
\_\_\_\_\_  
Employee's Signature

Date: 3/10/09

[Signature]  
\_\_\_\_\_  
Immediate Supervisor's Signature

For Office use only

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