

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

DATE: 3-11-09 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on 3-12-09

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)

[Signature]
Employees' Signature

Date: 3/12/09

[Signature]
Immediate Supervisor's Signature

For Office use only

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