

Scanned

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

DATE: 3-23-11 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on 3-18, 21, 22

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

This time off be charged to:

Vacation _____
Sick Leave _____
Sick Leave due to family illness X

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]
Employee's Signature

Date: 3-23-11

[Signature]
Immediate Supervisor's Signature

For Office
use only

28.7 Vac ✓
Sick ✓
11.3 F.Sick ✓
Comp. Off
W/C Off