

**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 over time _____

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: 3-23-11

[Signature]

Immediate Supervisor's Signature

For Office use only

<u>20.1</u>	Vac	<input checked="" type="checkbox"/>
—	Sick	<input type="checkbox"/>
<u>11.3</u>	F. Sick	<input checked="" type="checkbox"/>
—	Comp. Off	<input type="checkbox"/>
—	W/C Off	<input type="checkbox"/>

Handwritten notes: 2/21, 3/22, 4.7, then, call, 11.3, 3/18, 3/22, 11.3, 3/18, 3/22, 11.3