

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

DATE 3-30-11 NAME Tiffany Anderson Emp # 306

It is requested that time off on 3-9-11
consisting of 1 day(s) 8 hour(s) working time, be approved.

This time off be charged to:

Vacation 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)

For Office
Use only

Vac

Sick

F.Sick

Comp.Off

W/C Off

[Signature]
Employees' Signature

Date: 3-30-11

[Signature]
Immediate Supervisor's Signature