

Scan

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

DATE 3-4-11 NAME Tiffany Anderson Emp. # 306

It is requested that time off on 3-8-2011

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

This time off be charged to:

Vacation X 8 h

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 X \_\_\_\_\_

Bereavement Leave 1 \_\_\_\_\_

Bereavement Leave 2 \_\_\_\_\_

(Emps: aunt, uncle, niece nephew, charged to sick leave)

Tiffany Anderson  
Employee's Signature

Date: 3-10-11

[Signature]  
Immediate Supervisor's Signature

For Office use only
_____ Vac
_____ Sick
_____ F.Sick
_____ Comp.Off
_____ W/C Off

8 am court hearing