

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

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

It is requested that time off on 4-1-2011

consisting of 1 day(s) 8 hour (s) working time, be approved.

This time off be charged to:

Vacation \_\_\_\_\_  
 Sick Leave X 8  
 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

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\_\_\_\_\_ Vac

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8 Sick ✓

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\_\_\_\_\_ F.Sick

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\_\_\_\_\_ Comp.Off

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\_\_\_\_\_ W/C Off

Tiffany Anderson  
 Employees' Signature

Date: 4-5-11

[Signature]  
 Immediate Supervisor's Signature