

COPY

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

DATE: 4-6-09 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on 3/25, 26, 27/09

consisting of 3 day(s) \_\_\_\_\_ hour (s) working time, be approved.

This time off be charged to:

PAID DAY 3/27/09

- Vacation \_\_\_\_\_
- Sick Leave X 24
- Sick Leave due to family illness \_\_\_\_\_

Charge SL - Since she was already paid for these days. Per John Stroh.

For Office use only

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 \_\_\_\_\_

<u>24</u>	Vac	✓
<u>34.3</u>	Sick	✓
—	F.Sick	
—	Comp.Off	
<u>2.7</u>	WIC Off	✓

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

*[Handwritten Signature]*

Employees' Signature

Date: 4/6/09

*[Handwritten Signature]*  
Immediate Supervisor's Signature