

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

DATE: 4-13-11 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on 4-29-11

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

This time off be charged to:

Vacation X 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)

Tiffany Anderson  
 \_\_\_\_\_  
 Employees' Signature

Date: 5-6-11

[Signature]  
 \_\_\_\_\_  
 Immediate Supervisor's Signature

For Office use only

<u>32</u>	Vac	<input checked="" type="checkbox"/>
<u>8</u>	Sick	<input checked="" type="checkbox"/>
_____	F.Sick	<input type="checkbox"/>
_____	Comp.Off	<input type="checkbox"/>
_____	W/C Off	<input type="checkbox"/>