

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

DATE: 7-8-11 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on 7-7-11

consisting of 1 day(s) 0 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)

Tiffany Anderson

Employees' Signature

Date: 7-8-11

[Signature]

Immediate Supervisor's Signature

For Office use only

Vac

Sick

F.Sick

Comp.Off

W/C Off