

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

DATE: 7-25-11 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on 7-19, 20, 21, 22-11

consisting of 4 day(s) 4 hour (s) working time, be approved.

This time off be charged to:

Vacation

Sick Leave

X <sup>8h</sup> 16.0 hrs

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

X <sup>8h</sup> 16.0 hrs

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

\_\_\_\_\_  
Vac

\_\_\_\_\_  
Sick

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

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

\_\_\_\_\_  
WIC Off

Sick w/ stomach virus  
6/20/11 called home  
said she had to  
take time off  
what?

[Signature]  
Employees' Signature

[Signature]  
Immediate Supervisor's Signature

Date: 7-25-11