

Copy

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

DATE: 8-10-11 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on 8-16-11

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

This time off be charged to:

Vacation
Sick Leave
Sick Leave due to family illness

8 Actual
VAC

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

For Office
use only

<u> </u>	Vac
<u> </u>	Sick
<u> </u>	F. Sick
<u> </u>	Comp. Off
<u> </u>	W/C Off

Need Blue Sheet
for 8/18-7
AND signed

LAST DAY worked
8/17/11

_____ s my _____
e _____

_____ (piece
sick leave)

she told me
Appt. 8/11
P. 10/11/11

Tiffany Anderson
Employees' Signature

[Signature]
Immediate Supervisor's Signature

Date: 8-12-11