

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

DATE: 1-13-10 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on 9-12-2011

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

This time off be charged to:

Vacation X
 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)

[Signature]
 Employees' Signature

Date: 8-12-11

[Signature]
 Immediate Supervisor's Signature

For Office use only

Vac

Sick

F.Sick

Comp.Off

W/C Off