

Sean

COPY

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

DATE: 8-17-11

NAME: Tiffany Andersen Emp. # 306

It is requested that time off on 8-8, 9-11

consisting of 2 day(s) hour (s) working time, be approved.

This time off be charged to:

Vacation
Sick Leave
Sick Leave due to family illness

x 16 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

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)

For Office use only

<u>19.5</u>	Vac	/
<u>16</u>	Sick	/
<u> </u>	F.Sick	
<u>16</u>	Comp.Off	/
<u> </u>	W/C Off	

[Signature]
Employee's Signature

Date: 8-17-11

[Signature]
Immediate Supervisor's Signature