

Evidence
COPY

PAY PERIOD
8/15-9/11/11

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

DATE: 8/18/11 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on 8/18/11 - 9/20/11

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

This time off be charged to:

Vacation

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)

3RD

X

1ST

X

8/25.050 HR, 8/20/11

8-8/18

2ND

X

4TH

X

8/19, 22, 23, 24.

8/25-7.950 HRS

For Office
use only

20.855 Vac ✓
8 Sick ✓
— F.Sick
39.950 Comp. Off ✓
— W/C Off

As of 8/15/11 Balances

VAC 20.855 SL 8.0 Comp 39.950

8/30-9/20/11 W/O PAY

Employees' Signature

Date: 9-21-11

Immediate Supervisor's Signature

9/22/11 This sheet was returned By Tiffany
w/o her signature. m2

Tiffany Anderson

COPY

8/18 - 9/20/11

WK VAC WK SL CAMP

8/15 16 17 18 19 ✓

Comp Comp Comp Comp VAC

8/22 23 24 25 26 ✓

7.950 L
1050 V

29

30 31 9/1 2 ✓

4.805 VAC

3.195 W/O PAY

W/O PAY

9/5

6 7 8 9 W/O PAY ✓

H - No Pay

9/12

13

14

15

16

W/O PAY

9/19

9/20

W/O PAY

9/21 RETURN TO WK