

COPY

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

DATE: 9.28.11 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on 9.22.11

consisting of 1.0 day(s) 1.0 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)

Tiffany Anderson  
\_\_\_\_\_  
Employees' Signature

Date: 9-28-11

[Signature]  
\_\_\_\_\_  
Immediate Supervisor's Signature

For Office use only

\_\_\_\_\_ Vac  
\_\_\_\_\_ Sick  
\_\_\_\_\_ F.Sick  
\_\_\_\_\_ Comp. Off  
\_\_\_\_\_ W/C Off