

COPY

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

DATE: 10-5-11

NAME: Tiffany Anderson Emp. # 306

It is requested that time off on 10-3, 4-11

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

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: 10-5-11

[Signature]
Immediate Supervisor's Signature

For Office
use only

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

10 Sick w/ Fever