

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

DATE: 10-26-11 NAME: Tiffany Anderson Emp. # 206

It is requested that time off on 10-24 & 25-2011

consisting of 2 1/2 day(s) _____ hour (s) working time, be approved.

This time off be charged to:

Vacation _____

Sick Leave X _____

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 _____

10/24 ✓ / 10/25 ✓
7:05 / 8:00

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)

Employee's Signature

Date: _____

Immediate Supervisor's Signature

For Office
use only

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

10/24
X Pt 7-8:30 1.5 HRS