

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 _____ X

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

16 Sick w/ fever

COPY

OK
10/3/2011

 KAISER PERMANENTE

EMERGENCY DEPARTMENT 1777 W. Yosemite Ave. Manteca CA 95337-5130 Dept: 209-825-3700 Main: 209-825-3500

Kaiser Permanente Visit Verification Form

Patient Name: Tiffany K Anderson

Date Of Visit/Advice: 10/3/11
Date of Illness:

Tiffany K Anderson was seen in ED/Hospital

Tiffany K Anderson has been ill and unable to attend work from 10/3/2011 through 10/4/2011

Generated by SOPHIE KAY DO on 10/3/11
Authorized by SOPHIE KAY DO

<http://kaiserpermanente.org>

Attention John Stroh