

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

DATE: 11-16-09 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on 11-19-09

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

This time off be charged to:

- Vacation _____ x
- Sick Leave _____
- Sick Leave due to family illness _____

*off @
3:00*

For Office
use only

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)

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

Tiffany Anderson
Employees' Signature

Date: 11/16/09

[Signature]
Immediate Supervisor's Signature