

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

DATE 11-14-11 NAME Tiffany Anderson Emp. # 306

It is requested that time off on 11-14-11

consisting of 1 day(s) 1.383 hour (s) working time, be approved.

This time off be charged to:

Vacation 2ND X 1.383
 Sick Leave 1ST X Due to knee
 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)

For Office use only

 Vac

 Sick

 F Sick

 Comp Off

 W/C Off

 W/O Pay Off

 Jury Duty

 Bereavement

FOR REQUESTS FOR VACATION OF ONE (1) FULL DAY OR LESS AND RECEIVED BY THE SUPERVISOR AT LEAST ONE (1) FULL BUSINESS DAY PRIOR TO THE REQUESTED TIME OFF, THE SUPERVISOR WILL RETURN THE VACATION REQUEST TO THE EMPLOYEE BY THE END OF THE BUSINESS DAY IT WAS RECEIVED EITHER APPROVING OR DENYING THE REQUEST. FOR REQUESTS FOR VACATON OF MORE THAN ONE (1) FULL DAY EMPLOYEES ARE REQUIRED TO SUBMIT VACATION REQUESTS THREE (3) FULL BUSINESS DAYS PRIOR TO THE REQUESTED TIME OFF. SUPERVISORS WILL RETURN TO THE EMPLOYEE THE REQUEST FOR VACATION TIME WITHIN TWO (2) BUSINESS DAYS FOLLOWING RECEIPT OF THE VACATION REQUEST EITHER APPROVING OR DENYING THE REQUEST. (6/11)

[Signature]
 Employees' Signature

Date: 11-17-11

[Signature] per John d.
 Immediate Supervisor's Signature