

~~WOTK~~ & Dr. Phan

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

Chronic Pain

DATE: 11-2009 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on 12-2-09

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 \_\_\_\_\_

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)

[Signature]  
Employees' Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Immediate Supervisor's Signature

For Office use only

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

off at 3:00