

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

DATE 11-23-11 NAME T. Anderson Emp # 306

It is requested that time off on 11-21-11, 22-11

consisting of 2 day(s) 0 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 over time

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)

*Handwritten notes:*  
735  
X 5 6-254-11/21  
X - O BAC

*Handwritten notes:*  
11/21 11/22  
2ND X 1.746 8.0

For Office use only

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

\_\_\_\_\_  
Employee's Signature

Date 11/28/11

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