

COPY

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

DATE: 11-24-10 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on 11/24/10  
consisting of 1 day(s)      hour (s) working time, be approved.

This time off be charged to:

Vacation      X 7 hrs  
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      X 1 hr 3-4 pm  
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

[Signature]  
Employees' Signature

Date: 11-30-10

[Signature]  
Immediate Supervisor's Signature