

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

DATE: 12-8-10 NAME: Tiffany Anderson Emp. # 306

It is requested that time off on Dec. 8, 9, 10
consisting of 3 day(s) 24 hour (s) working time, be approved.

This time off be charged to:

Vacation X 24
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: 12-8-10

[Signature]
Immediate Supervisor's Signature

For Office
use only

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