

# MONTEREY COUNTY

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## CLERK OF THE BOARD OF SUPERVISORS



### EMPLOYEE TIME-OFF REQUEST FORM

Date: 5/20/22

Name: Julian Lorenzana

Time Off Requested (Dates): 6/27/22

Leave Balance: 227

Reason for Time Off: Celebrating LC's birthday

I will code my hours: CHECK ONE

Vacation Leave  8 Hours

Sick Leave  Hours

Unpaid Leave  Hours

Duties assigned in need of coverage during time off:

This is not my e-mail week, currently its listed as Emmanuel's mail week

Coverage (Name): \_\_\_\_\_

#### Acknowledgement to:

Activate Automatic Replies (Out of Office) before being off

Activate DND on my phone (Out of Office) before being off

Comments: I've set a reminder to turn on my auto-replies on my calendar

**Note: This is a request form only. It does not guarantee the request time will be granted.**

- **Please complete the form and attach with your meeting invite to your manager.**