



Carlson Building Maintenance

PTO Form

03-11-2024

PTO Form

Employee name: _____ -Juan
Employee number: _____ 10989
Department: _____ Human Resources
Manager: _____ Cruz Hernandez
Dates of absence: From: _____ 03-01-2024 To: _____ 03-11-2024
Number of hours **50**

Manager Approval

Approval

Comments:

El tomó estos días de vacaciones.

Manager Signature

03-11-2024

Date