Carlson Building Maintenance

PTO Form **02-01-2024**

PTO Form

Employee name: maria-Olivera

Employee number: 11524

Department: Service

Manager: Lino Huerta

Dates of absence: From: 02-01-2024 To: 02-09-2024

Number of hours **45**

Manager Approval

☑ Approval

Comments:
She requesting thsi days for PTO

Manager Signature 02-01-2024
Date