



# Carlson Building Maintenance

**PTO Form**

**12-12-2024**

## PTO Form

Employee name: Emilia-Mendoza

Employee number: 12531

Department: Service

Manager: Pedro Amaro

Dates of absence: From: 12-12-2024 To: 12-20-2024

Number of hours 40.0

## Manager Approval

Approval

Comments:  
this EE request for this PTO

  
\_\_\_\_\_  
Manager Signature

12-12-2024  
\_\_\_\_\_  
Date