



# Carlson Building Maintenance

**PTO Form**

**03-25-2024**

## PTO Form

Employee name: Maria -Macario

Employee number: 12600

Department: Service

Manager: Pedro Amaro

Dates of absence: From: 03-23-2024 To: 03-25-2024

Number of hours 15.0

## Manager Approval

Approval

Comments:  
this EE request for this PTO

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

03-25-2024  
\_\_\_\_\_  
Date