



# Carlson Building Maintenance

**PTO Form**

**02-05-2025**

## PTO Form

Employee name: Kari -Rivera

Employee number: 13303

Department: Service

Manager: Lino Huerta

Dates of absence: From: 01-31-2025 To: 02-01-2025

Number of hours 10.0

## Manager Approval

Approval

Comments:

She didn't work as was sick and requesting to pay this time

Manager Signature

02-05-2025

Date