



Carlson Building Maintenance

PTO Form

03-10-2025

PTO Form

Employee name: _____ Susana -Ortis
Employee number: _____ 13679
Department: _____ Service
Manager: _____ Pedro Amaro
Dates of absence: From: _____ 03-05-2025 To: _____ 03-06-2025
Number of hours _____ 9.5

Manager Approval

Approval

Comments:

this EE request for this PTO just for 2 days 3/5 and 3/8

Manager Signature

Date

03-10-2025