



Carlson Building Maintenance

PTO Form

12-16-2024

PTO Form

Employee name: _____ Nolvia-santos _____

Employee number: _____ 13838 _____

Department: _____ Service _____

Manager: _____ Pedro Amaro _____

Dates of absence: From: _____ 12-01-2024 _____ To: _____ 12-06-2024 _____

Number of hours **9.0** _____

Manager Approval

Approval

Comments:

this EE request for this PTO ON 12/6 she call sick and the 12/6 a family member passed away and she wants to used his pto time

 Manager Signature

12-16-2024

 Date