



# Carlson Building Maintenance

**PTO Form**

**01-16-2025**

## PTO Form

Employee name: \_\_\_\_\_ Francisco-Gonzalez \_\_\_\_\_

Employee number: \_\_\_\_\_ 13889 \_\_\_\_\_

Department: \_\_\_\_\_ Service \_\_\_\_\_

Manager: \_\_\_\_\_ Lino Huerta \_\_\_\_\_

Dates of absence: From: \_\_\_\_\_ 01-14-2025 \_\_\_\_\_ To: \_\_\_\_\_ 01-18-2025 \_\_\_\_\_

Number of hours **24.0** \_\_\_\_\_

## Manager Approval

Approval

Comments:

he requested this days for pto

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

\_\_\_\_\_  
Date

01-16-2025