



# Carlson Building Maintenance

**PTO Form**

**08-18-2025**

## PTO Form

Employee name: Jose -Amador

Employee number: 14020

Department: Service

Manager: Pedro Amaro

Dates of absence: From: 08-19-2025 To: 09-02-2025

Number of hours **80.0**

## Manager Approval

☒ Approval

Comments:  
this EE request for this PTO

Manager Signature

08-18-2025

Date