



Carlson Building Maintenance

PTO Form

03-07-2025

PTO Form

Employee name: Isabel-Fuentes

Employee number: 14202

Department: Service

Manager: Eduardo Espejel

Dates of absence: From: 03-04-2025 To: 03-10-2025

Number of hours **30.0**

Manager Approval

Approval

Comments:

Ee had an accident and is not able to work, she presented a doctors note and will be back on 3/10/25

Manager Signature

03-07-2025

Date