



Carlson Building Maintenance

PTO Form

08-22-2024

PTO Form

Employee name: Maria-Trochez

Employee number: 14670

Department: Service

Manager: Bob Kay

Dates of absence: From: 08-12-2024 To: 08-17-2024

Number of hours 30.0

Manager Approval

Approval

Comments:
PTO 08/12-08/17 Fest Foods West Allis

Manager Signature

08-22-2024

Date