

## **Carlson Building Maintenance**

PTO Form 07-15-2024

|                   |             | PTO Form         |           |            |
|-------------------|-------------|------------------|-----------|------------|
| Employee name:    |             |                  | will-sosa |            |
| Employee number:  | 1470        |                  |           |            |
| Department:       | Operations  |                  |           |            |
| Manager:          | Josh Dellwo |                  |           |            |
| Dates of absence: | From:       | 07-15-2024       | To:       | 07-19-2024 |
| Number of hours   | 40.0        |                  |           |            |
|                   | M           | Ianager Approval |           |            |
|                   |             |                  |           |            |
| Comments:         |             |                  |           |            |
|                   |             |                  |           | 07-15-2024 |
| Manager Signature |             |                  | Da        | te         |