

Carlson Building Maintenance

PTO Form 09-24-2024

		PTO Form		
Employee name:		Robin	nson-Gutierrez	
Employee number:	14821			
Department:	Service			
Manager:	Bob Kay			
Dates of absence:	From:	09-14-2024	To:	09-20-2024
Number of hours	33.25			
	N	Ianager Approval		
☑ Approval				
Comments:				
	_			09-24-2024
Manager Signature			Da	te