



Carlson Building Maintenance

PTO Form

11-05-2024

PTO Form

Employee name: Leopoldina-Santorum

Employee number: 14844

Department: Service

Manager: Bob Kay

Dates of absence: From: 10-20-2024 To: 10-22-2024

Number of hours 17.25

Manager Approval

Approval

Comments:

Manager Signature

11-05-2024

Date