

Carlson Building Maintenance

PTO Form 02-23-2025

| | | TIOFOIM | | |
|-------------------|--------------------|------------------|-----|------------|
| | | | | |
| Employee name: | Neurelis-Fuenmayor | | | |
| Employee number: | 14944 | | | |
| Department: | Service | | | |
| Manager: | Bob Kay | | | |
| Dates of absence: | From: | 01-28-2025 | To: | 02-02-2025 |
| Number of hours | 36.0 | | | |
| | | | | |
| | N | Ianager Approval | | |
| ☑ Approval | | | | |
| Comments: | | | | |
| 22 | | | | 02-23-2025 |
| Manager Signature | | | Da | te |