



Carlson Building Maintenance

PTO Form

01-16-2025

PTO Form

Employee name: _____ Marcia -Noques

Employee number: _____ 15022

Department: _____ Service

Manager: _____ Lino Huerta

Dates of absence: From: _____ 01-16-2025 To: _____ 01-25-2025

Number of hours **54.0** _____

Manager Approval

Approval

Comments:

She requested this days for pto

 Manager Signature

01-16-2025

 Date