

Carlson Building Maintenance

PTO Form

Employee name:		Pablo -Casares				
Employee number:		15133				
Department:		Human Resources				
Manager:		Cruz Hernandez				
Dates of absence:	From:	02-09-2025	To:	03-16-2025		
Number of hours	35.0					

Manager Approval

☑ Approval

Comments: I forgot to send this form for the PTO.

Manager Signature

03-09-2025

Date