



# Carlson Building Maintenance

**PTO Form**

**09-08-2025**

## PTO Form

Employee name: Jenri-Bravo

Employee number: 15264

Department: Operations

Manager: Rene Cedillo

Dates of absence: From: 09-02-2025 To: 09-05-2025

Number of hours 20.0

## Manager Approval

☒ Approval

Comments:

EE was hospitalized , Will forward doctors note through email.

Manager Signature

09-08-2025

Date