

# Carlson Building Maintenance

**PTO Form**

**01-19-2026**

## PTO Form

Employee name: Linda Cruz

Employee number: 15438

Department: Service

Manager: Pedro Amaro

Dates of absence: From: 01-19-2026 To: 01-20-2026

Number of hours 4.0

## Manager Approval

☒ Approval

Comments:  
this EE request for this PTO



Manager Signature

01-19-2026

Date