

Carlson Building Maintenance

PTO Form

01-19-2026

PTO Form

Employee name: Linda Cruz

Employee number: 15438

Department: Service

Manager: Pedro Amaro

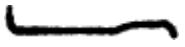
Dates of absence: From: 01-19-2026 To: 01-20-2026

Number of hours 4.0

Manager Approval

Approval

Comments:
this EE request for this PTO


Manager Signature

01-19-2026
Date