

Carlson Building Maintenance

PTO Form 09-16-2025

PTO Form					
Employee name:		Linda -Cruz			
Employee number:		15438			
Department:		Service			
Manager:		Pedro Amaro			
Dates of absence:	From:	09-15-2025	To:	09-16-2025	
Number of hours	5.0				
	N	Ianager Approval			
☑ Approval					
Comments: this EE request for this	s PTO				
				09-16-2025	
Manager Signature			Da	te	