



# Carlson Building Maintenance

**PTO Form**

**03-12-2024**

## PTO Form

Employee name: Tester-Testing

Employee number: 2345

Department: Human Resources

Manager: Joe Schaeppi

Dates of absence: From: 03-12-2024 To: 03-18-2024

Number of hours 20.25

## Manager Approval

Approval

Comments:

This is a test, please don't process.

Manager Signature

03-12-2024

Date