



Carlson Building Maintenance

PTO Form

01-15-2024

PTO Form

Employee name: Tester-Testing

Employee number: 2355

Department: Human Resources Manager: _____

Joe Schaeppi Dates of absence: _____

From: 01-15-2024 To: 01-19-2024

Number of hours 24

Manager Approval

Approval

Comments:

This is a test submission testing mobile functionality

Manager Signature

01-15-2024

Date