



Carlson Building Maintenance

PTO Form

03-10-2025

PTO Form

Employee name: Laura-Ramos
 Employee number: 3656
 Department: Service
 Manager: Pedro Amaro
 Dates of absence: From: 03-08-2025 To: 03-09-2025
 Number of hours **5.0**

Manager Approval

Approval

Comments:

this EE request for this PTO she call out for sick

 Manager Signature

_____ Date

03-10-2025