



Carlson Building Maintenance

PTO Form

01-14-2024

PTO Form

Employee name: Tester-Testing

Employee number: 4235

Department: Operations Manager: Joe Schaeppi

Dates of absence:

From: 01-15-2024 To: 01-17-2024

Number of hours **26**

Manager Approval

Approval

Comments:

This is a test, don't process this.

Manager Signature

01-14-2024

Date