

# Carlson Building Maintenance

PTO Form

04-13-2026

## PTO Form

Employee name: \_\_\_\_\_ Salome Morales \_\_\_\_\_

Employee number: \_\_\_\_\_ 4971 \_\_\_\_\_

Department: \_\_\_\_\_ Service \_\_\_\_\_

Manager: \_\_\_\_\_ Pedro Amaro \_\_\_\_\_

Dates of absence: From: \_\_\_\_\_ 04-17-2026 \_\_\_\_\_ To: \_\_\_\_\_ 04-19-2026 \_\_\_\_\_

Number of hours \_\_\_\_\_ 15.0 \_\_\_\_\_

## Manager Approval

Approval

Comments:  
This employee request for this PTO

\_\_\_\_\_ 04-13-2026  
Manager Signature Date