

Carlson Building Maintenance

PTO Form

| Employee name: | | Salome-Morales | | | |
|-------------------|-------|----------------|-----|------------|--|
| Employee number: | | 4971 | | | |
| Department: | | Service | | | |
| Manager: | | Pedro Amaro | | | |
| Dates of absence: | From: | 04-28-2024 | To: | 04-29-2024 | |
| Number of hours | 5.0 | | | | |

Manager Approval

☑ Approval

Comments: this EE request for this PTO

Manager Signature

04-29-2024

Date