

Carlson Building Maintenance

PTO Form 06-02-2025

		PTO Form		
Employee name:		Gera	rdo-Ascencio	
Employee number:	5002			
Department:	Service			
Manager:	Bob Kay			
Dates of absence:	From:	05-18-2025	To:	05-18-2025
Number of hours	6.0			_
	N.	Ianager Approval		
☑ Approval				
Comments:				
	$\overline{}$			06-02-2025
Manager Signature			Da	te